



**PATIENT**

Farley Nutella Hill

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

75.4 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Weagley

**INVOICE**

37888

**DATE**

5/23/22

**PRESENTING CLINICAL SIGNS**

Vomiting for 2 days. Hives on face - possible toxic ingestion. Current meds: Diphenhydramine 50mg/ml (1.3ml), Cerenia 10mg/ml (3.5ml), Dexamethasone 2mg/ml (3.5ml)  
Abnormal PE/Chem/CBC/UA Results: platelet count little low (139)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm. The right kidney measured 6.1 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.43 cm at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.63 cm at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet prominent wall layering. A mild amount of retained non-shadowing fluid and chyme was present in the stomach lumen. Ventral gastric body wall measured 0.50 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor concurrent duodenal ileus, yet empty jejunum and ileum to the level of the colon. Small intestinal wall measured 0.36 cm. No overt evidence of mechanical/metabolic small intestinal ileus or overt foreign material.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon contained generalized nonformed to liquid feces, consistent with potential diarrhea. Descending colon wall measured 0.26 cm.



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## Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## BREED

Lab

## Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. Example measured 6.6 cm x 1.8 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

## SEX

Neutered Male

No evidence of free fluid.

## AGE

1 Year

## ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern with mild gastric stasis.
- Associated mesenteric lymphadenitis, likely secondary to inflammatory bowel episode.

## WEIGHT

75.4 Pounds

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion/food intolerance, enterotoxemia, infectious gastroenterocolitis, inflammatory bowel disease all may be considered potential differential diagnoses. No evidence of gastrointestinal mechanical obstruction or overt foreign material, and therefore no indication for surgical intervention.

Therapy for acute gastroenterocolitis and mesenteric lymphadenitis including gastrointestinal support, IV fluids, and appropriate antibiotics with assessment of clinical response would be reasonable.

Recheck sonogram may be considered if persistent/progressive gastrointestinal signs despite supportive therapy to assess for evidence of progressive inflammatory gastroenterocolic mural changes and/or mesenteric lymphadenopathy. No overt evidence of occult neoplasia, which is thought unlikely.

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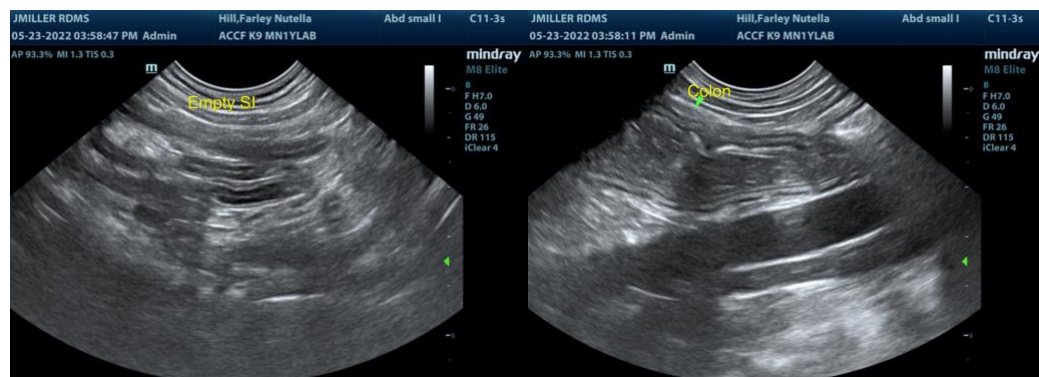
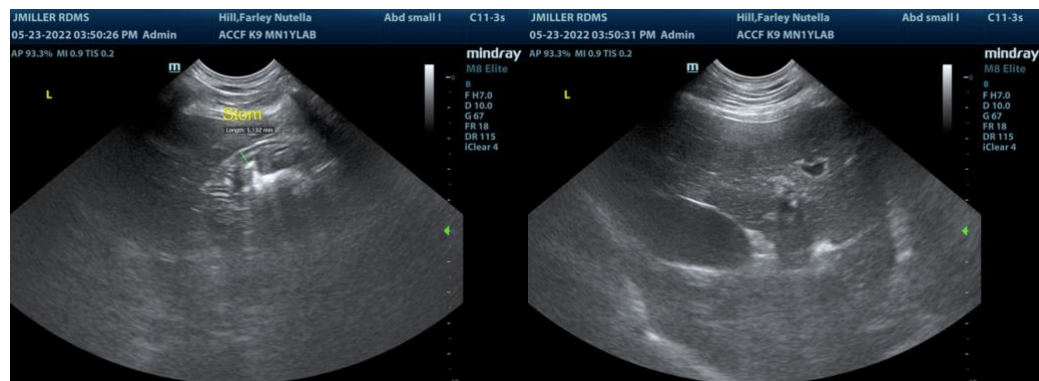
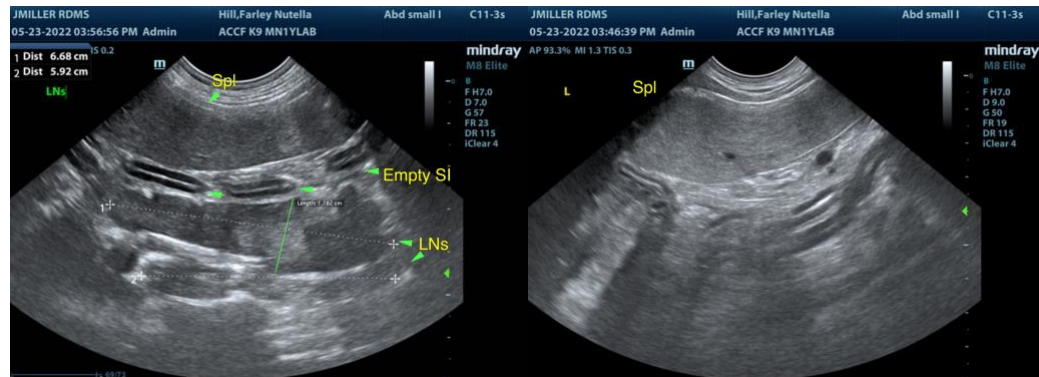
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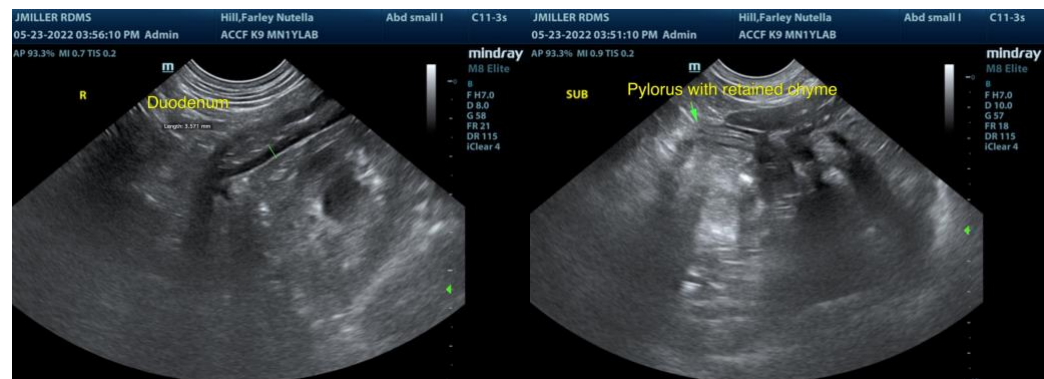
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com