



PATIENT

Penny Rosol

SPECIES

Canine

BREED

Doodle/KC Sp Mix

SEX

FS

AGE

7

WEIGHT

11.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Nelson

INVOICE

13722ag

DATE

05/05/2023

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea with blood in stool for last 4 days

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.2 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width 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/Gallbladder

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 with moderate non-organized hyperechoic sludge. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental to generalized mildly prominent to hyperechoic submucosa layer was present to the level of the ileocolic junction. The mucosa exhibited mild decreased echogenicity with occasional mucosal



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speckling. A minor segmental to diffuse non-obstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present.

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Mild peri intestinal to generalized increased omental echogenicity was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

- Acute non-specific gastroenterocolitis pattern-dietary indiscretion / food hypersensitivity, dysbiosis, infectious disease, occult parasitism, emerging IBD or other gastroenterocolopathy, occult Addison's disease, infiltrative neoplasia (less likely) possible.
- Associated minor benign/reactive mesenteric lymphadenopathy.
- Gallbladder debris (non-mucocele).
- Mild heterogenous pancreas-not sonographically consistent with active pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for acute hemorrhagic diarrhea syndrome with potential hospitalization pending degree of GI signs, evidence of dehydration or if electrolyte abnormalities is warranted.

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If persistent/recurring GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is suggested.

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Sonographic reassessment of the GI tract to assess for progressive mural changes or for evidence of pancreatitis is suggested if no response to empirical therapy. No evidence of GI obstructive criteria or foreign body.

REFERRING VET

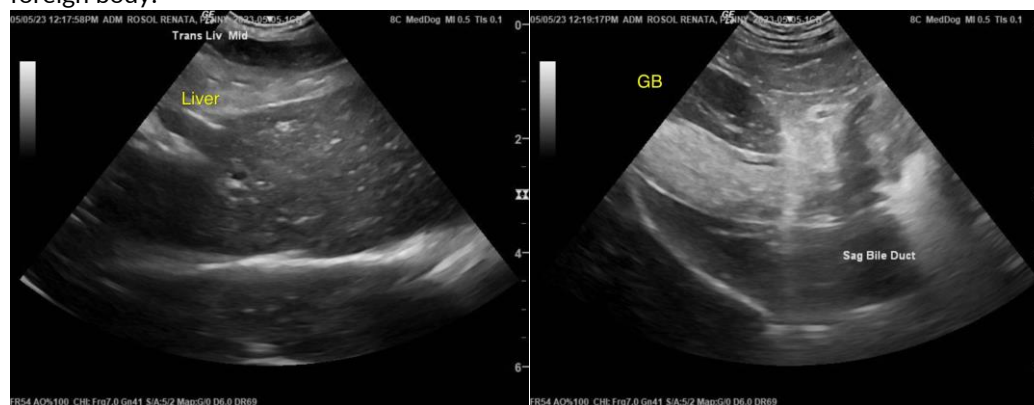
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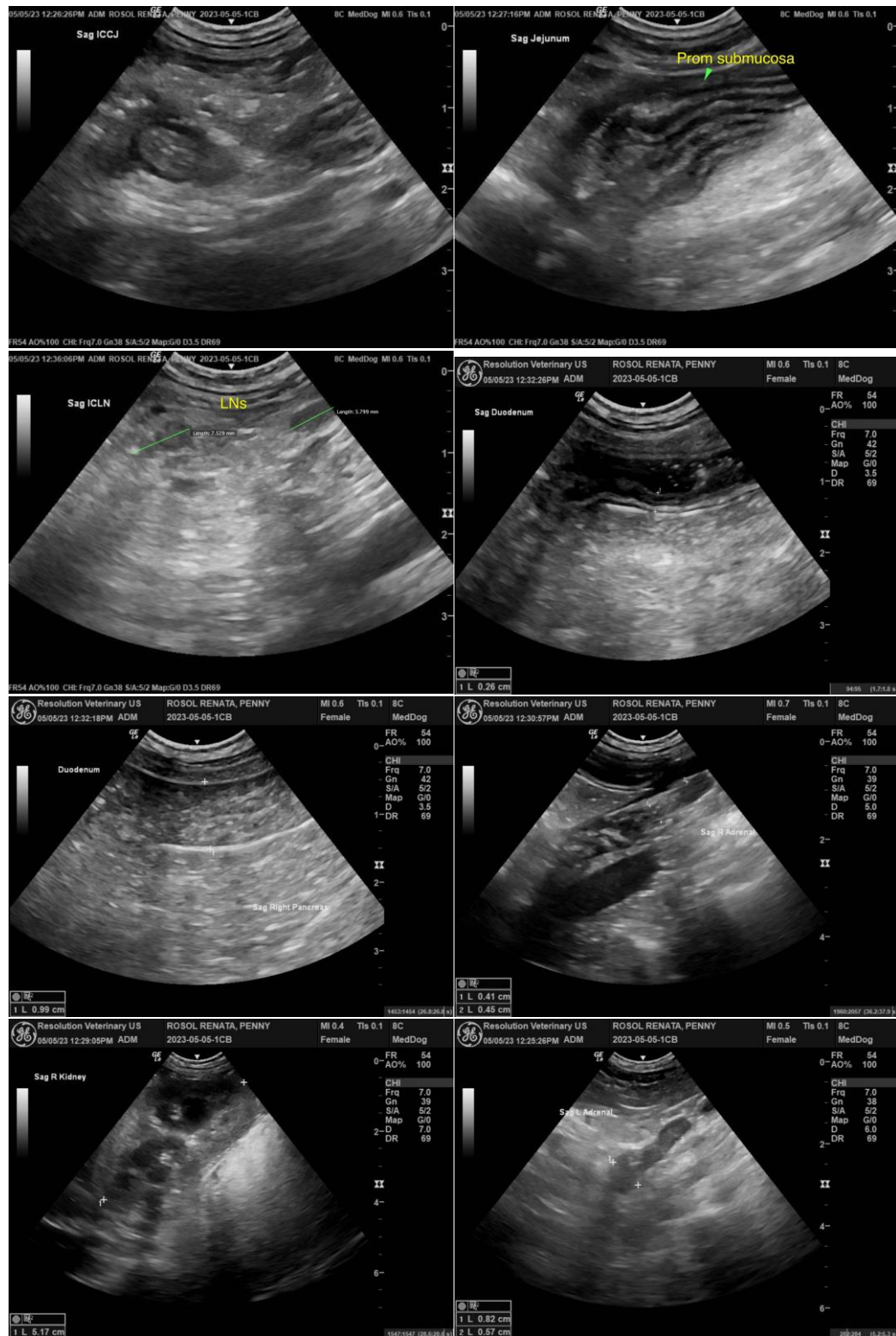
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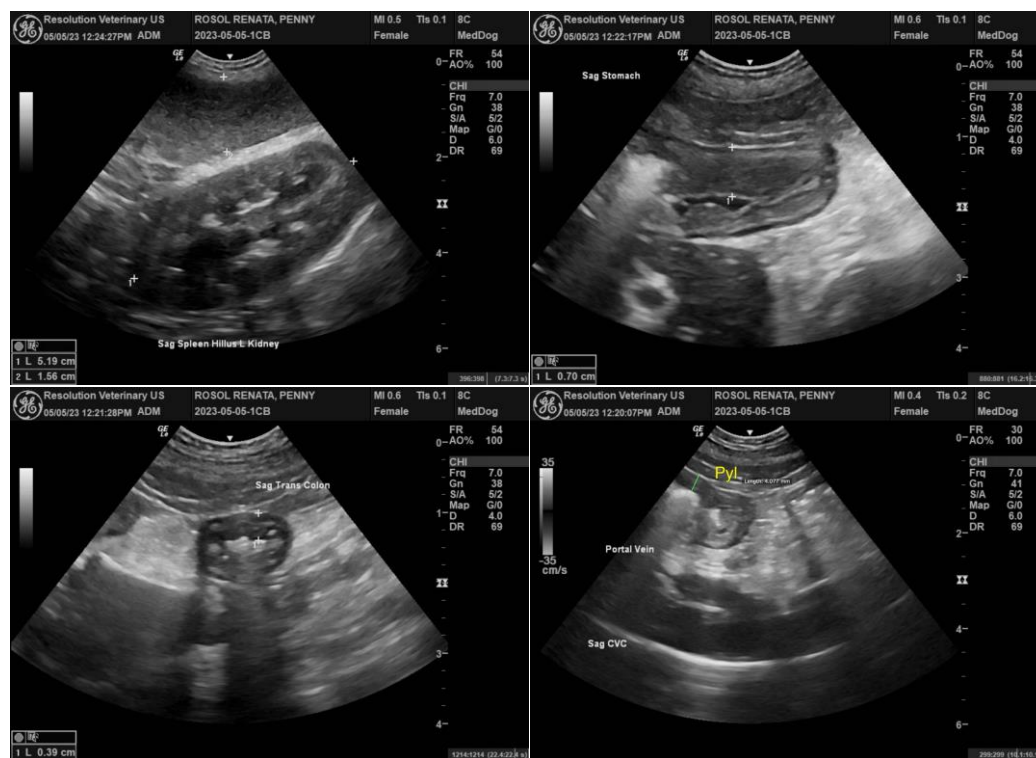
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com