



PATIENT

Magic
Peerman/Korosec

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

8Y

WEIGHT

24kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville
Veterinary Clinic

REFERRING VET

Heather Culbertson,
DVM

INVOICE

74884

DATE

5-6-26

PRESENTING CLINICAL SIGNS

Presented for lethargy, inappetence, and an acute episode of diarrhea. On Sunday night, he experienced multiple episodes of very watery diarrhea, occurring hourly from 10 PM until about 3 AM.

The patient has a history of inflammatory bowel disease (IBD), and per O a nodule on the spleen.

The owner administered one dose of Metronidazole at midnight on Sunday.

His appetite has been poor; he may go for a full day with minimal food intake, which is abnormal for him.

The owner also reports increased anxiety and panic, particularly when left alone.

Abnormal PE/Chem/CBC/UA Results: BW today: Reticulocytes a little low, chem normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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. Normal hepatic vascular volume was present. 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic bile with a mild area of suspect peripheral lumen, congealed possibly adhered, sediment; potential for a gallbladder polyp thought less likely. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall measured 0.36 cm wall width.

Normal visible colon wall layers were present with formed to semi-formed fecal matter in lumen.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta and formed to semi-formed fecal matter in colon – ingesta consistent with food echogenicity.
- Normal area of the pancreas.
- Probable mild congealed to adhered gallbladder debris, possible gallbladder polyp.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

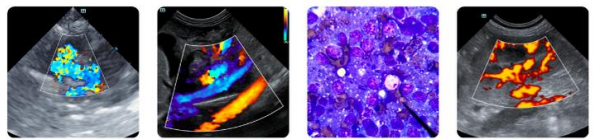
No evidence of gastroenterocolic mural pathology or active pancreatitis. Mild to chronic pancreatitis may present sonographically normal as well as microscopic or sonographically non-evident intestinal disease given the patient's history. A flare up of nonstructural inflammatory bowel may be suspected in conjunction with potential infectious disease, enterotoxin, dietary intolerance, mild to chronic pancreatitis, occult parasitism, or occult Addison's disease.

No evidence of previously noted splenic nodule which may suggest resolved previous hematopoiesis or lymphoid hyperplasia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Screening cortisol level to assess for occult Addison's disease is suggested.

Gastrointestinal support is indicated with clinical monitoring. Sonographic reassessment is recommended if non-responsive or persistent gastrointestinal signs.



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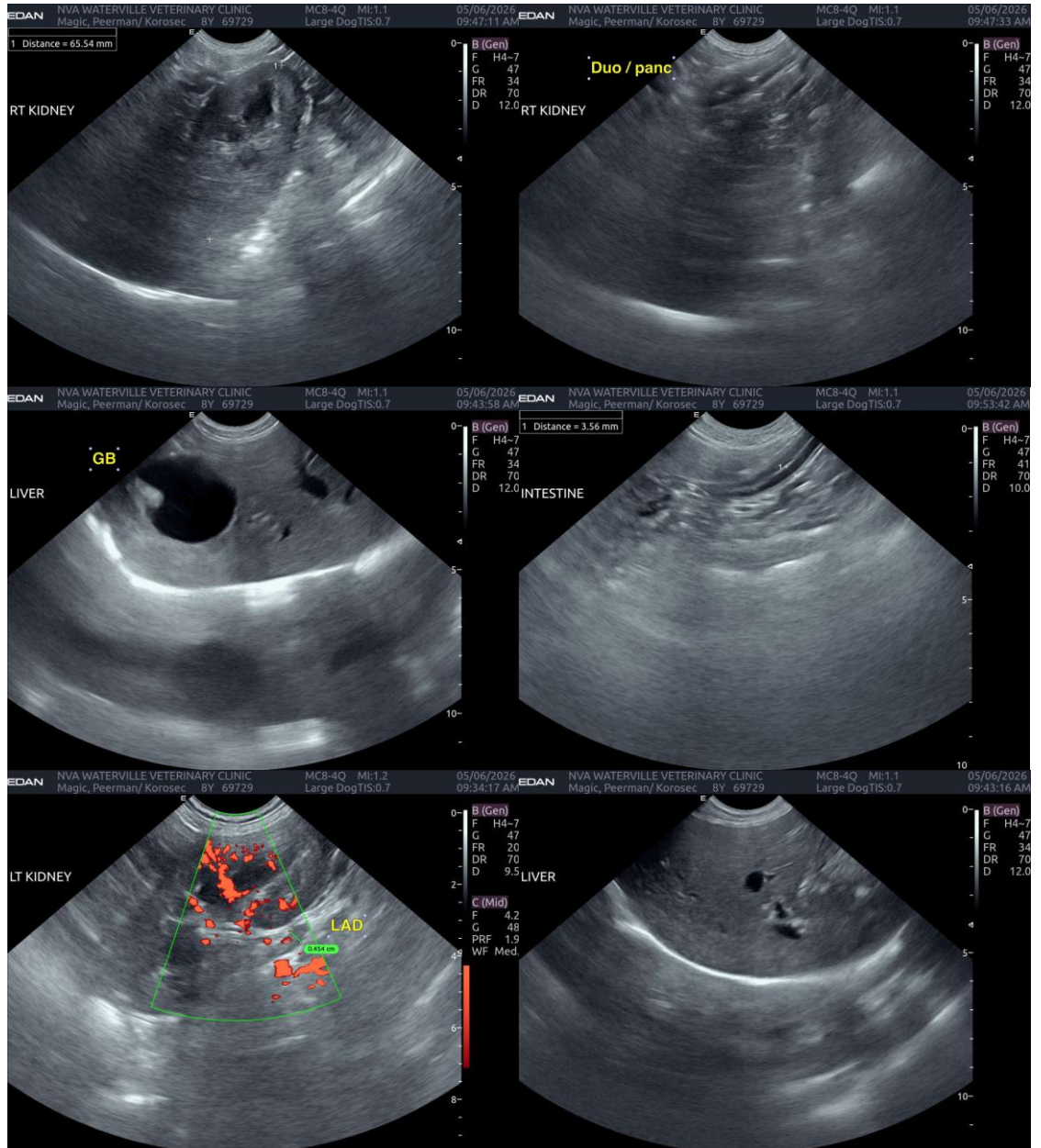
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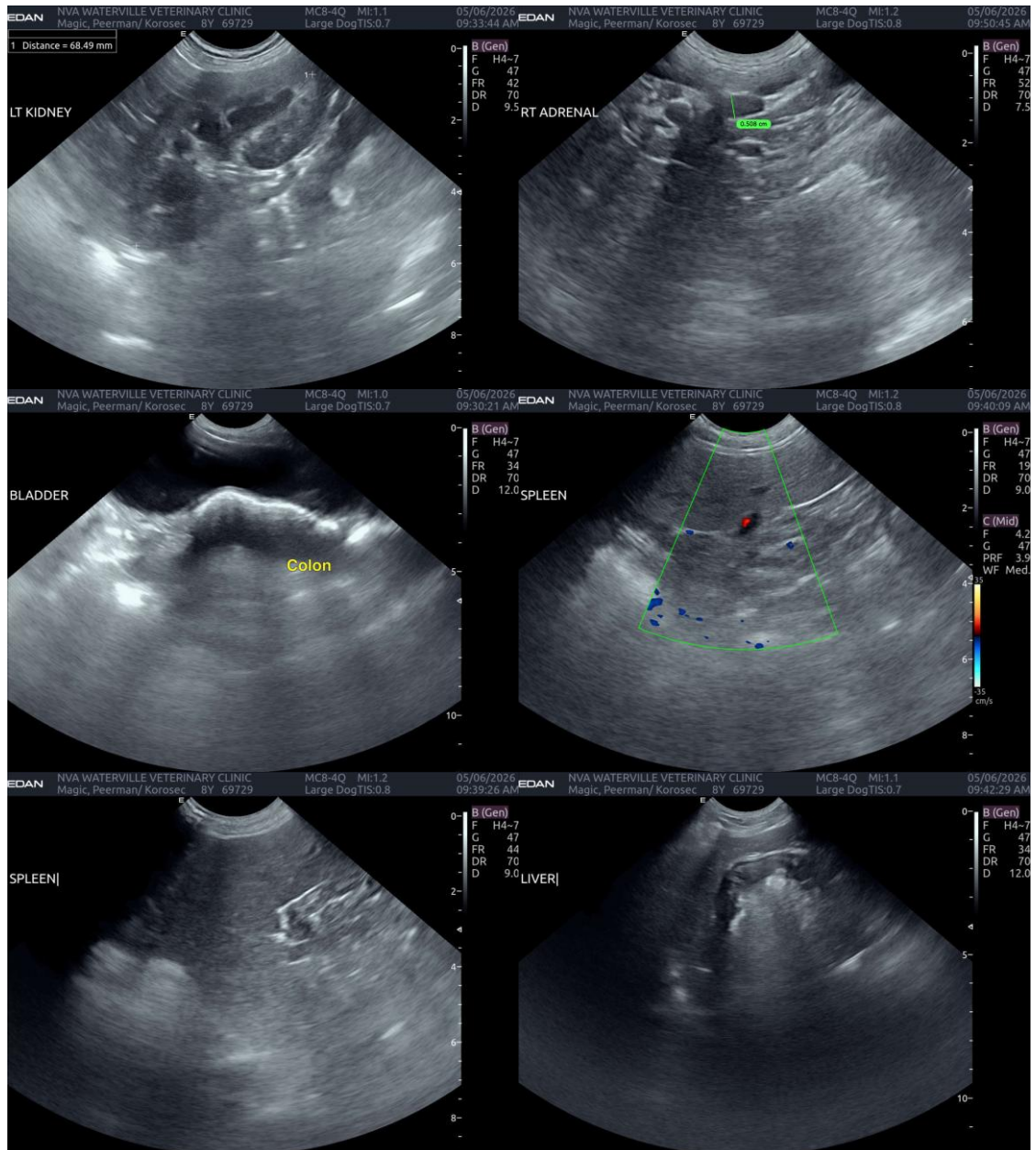
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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