



**PATIENT**

Mazie Heitzman

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

7.9 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Anna Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Anna Wepprich

**INVOICE**

37505

**DATE**

5/7/22

**PRESENTING CLINICAL SIGNS**

Acutely vomiting and having diarrhea with hematochezia beginning 5/6. Ate normally 5/6 morning, may have gotten into sunflower seeds/ birdseed. Pale MM, hypothermic frequent regurgitation of brown fluid, persistent hematochezia on rectal temperature.

Abnormal PE/Chem/CBC/UA Results: Bloodwork from rDVM 5/6 mild lymphopenia 0.74K/uL, eosinopenia 0.01K/uL, Hct 55 chem - glu 57, hypochloremia 108 mmol/L, alb 2.8 Fecal at rDVM - (Imagyst) negative Lab/trends: EPOC venous blood gas 5/6 7:53pm- hypocalcemia 1.03 mmol/L, lactate 3.33 mmol/L, glu 97 5/7 EPOC 7a Na 139, K 3.3, Ca 1.09, glu 93 \*\* cPL abnormal \*\*

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Moderate non-dependent to particulate sediment present. 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 left kidney. 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 4.6 cm.

The right kidney was not definitively visualized. No overt pathology in the area of the right kidney.

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 0.42 cm at the cranial pole and 0.48 cm at the caudal pole.

The right adrenal gland was not definitively visualized. No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Potential volume contraction. 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. Mild debris noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited intact and sonographically normal visualized wall layering. The stomach exhibited moderate distention with retained mildly echogenic fluid along with non-shadowing antrum and pyloric



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chyme. Pylorus wall measured 0.44 cm. No overt evidence of gastric shadowing echoes or overt mechanical pyloric outflow obstruction.

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The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental prominent to mildly indistinct jejunal wall layering. Mild segmental jejunal ileus present. Duodenum wall measured 0.36 cm. Generalized reactive mesentery and scant to mild volume peritoneal free fluid noted. The jejunum wall exhibited mildly prominent to indistinct wall layering, measuring 0.42 cm in width. No overt evidence of mechanical small intestinal obstructive pattern or overt small intestinal foreign material.

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The colon exhibited sonographically unremarkable wall layering. Non-formed feces present in the colon, consistent with reported diarrhea.

## SEX

Spayed Female

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

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## ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern with subjective non-obstructive gastric stasis – acute inflammatory bowel episode, diarrhea indiscretion, infectious enterotoxemia, occult intestinal neoplasia (less likely) all possible.
- Overtly normal pancreas – not consistent with active pancreatitis as the primary etiology, reactive or potential concurrent low-grade pancreatitis possible.
- Generalized reactive mesentery and scant to mild volume peritoneal free fluid.
- Urinary bladder sediment
- Minor gallbladder debris – suspect secondary to inappetence.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction. Aggressive supportive care for acute inflammatory bowel episode may include gastrointestinal support, IV fluids, appropriate antibiotics, with recheck sonogram in clinical signs persist/progress. Abdominocentesis with effusion analysis and cytology +/- culture and sensitivity suggested if possible. Urinalysis +/- culture and sensitivity, if inflammatory cells are present, could be considered.

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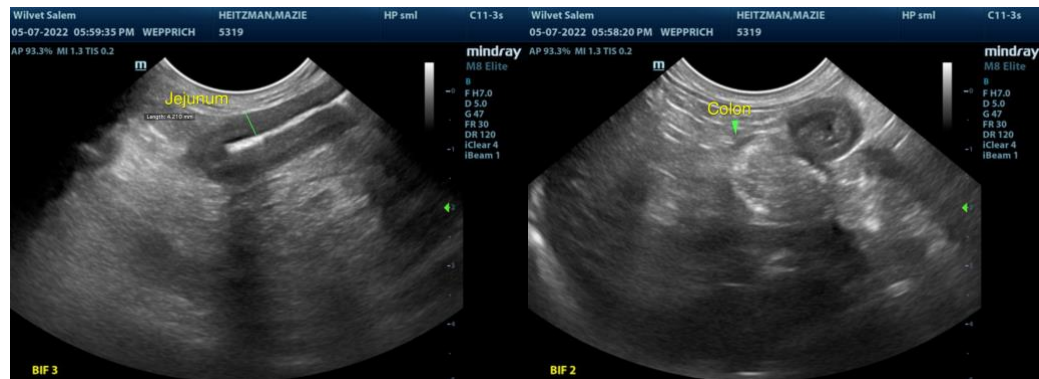
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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info@SonoPath.com

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