



**PATIENT**

Bree Bartisch

**SPECIES**

Canine

**BREED**

Irish Terrier

**SEX**

FS

**AGE**

8 yr

**WEIGHT**

15.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Alejandro Lumbreras  
RVT

**HOSPITAL NAME**

Central Island  
Veterinary Emergency  
Hospital

**REFERRING VET**

Dr. Daniel

**INVOICE**

10962ag

**DATE**

06/26/2022

**PRESENTING CLINICAL SIGNS**

Traveling June 23-24 (moving truck and ferry). Vomited a couple times, O thought motion sick. Still drinking but not eating, lethargic. Started having bloody diarrhea 24th. Has a history of GI upset - on pet store GI diet: low protein, low fat; N&D Quinoa Digestive formula). Not currently on any medications or known dietary indiscretion.

Admitted on IVFT, Cerenia, Pantoprazole, Methadone, Mirtazapine.

**Abnormal PE/Chem/CBC/UA Results**

Tense and painful abdominal palpation - generalized. Tacky mm, lip licking, wet burps, mild skin tent. Frank blood on rectal exam w/ scant feces. Hydration status normalized after 24h IVFT. Still not interested in eating in spite of treatment, and continues having hemorrhagic diarrhea. CBC: WNL. CHEM: ALKP = 793 U/L (23-212). SNAP cPL = abnormal. Baseline Cortisol = 196 nmol/L

**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 5.5 cm in length. The right kidney measured 5.5 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 0.71 cm width at the caudal pole and 0.51 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 0.43 cm width at the caudal pole and 0.51 cm width at the cranial 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 with minor luminal debris-potentially secondary to fasting and incidental. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Bree Bartisch

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained retained anechoic fluid and mild nonshadowing chyme with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without mechanical obstruction or foreign material.

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Irish Terrier

Sonographically normal visible colon wall layers were present with mild generalized colonic distention with apparent nonformed to liquid feces in lumen.

**SEX**

**Pancreas**

FS

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.

**AGE**

**Free Abdomen**

8 yr

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

15.6 kg

- Acute gastroenterocolitis pattern with mild gastric hypomotility and segmental non obstructive SI ileus
- Hepatopathy - subjectively benign and consistent with vacuolar hepatopathy
- Mild gallbladder debris
- Overtly normal pancreas

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
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No evidence of mechanical GI mechanical obstruction / foreign body. Acute GI insult / dietary indiscretion, infectious disease, occult parasitism, emerging IBD, less likely occult GI neoplasia possible. The appearance of the pancreas was not consistent with significant pancreatitis as a primary etiology but low grade pancreatitis could be present and sonographically normal as a contributing factor. Tx for acute hemorrhagic diarrhea syndrome is recommended. A GI panel to include B12 / folate +/- endoscopic biopsies could be considered if persistent GI signs.

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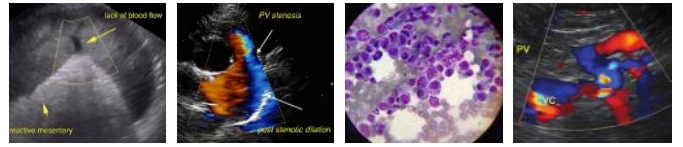
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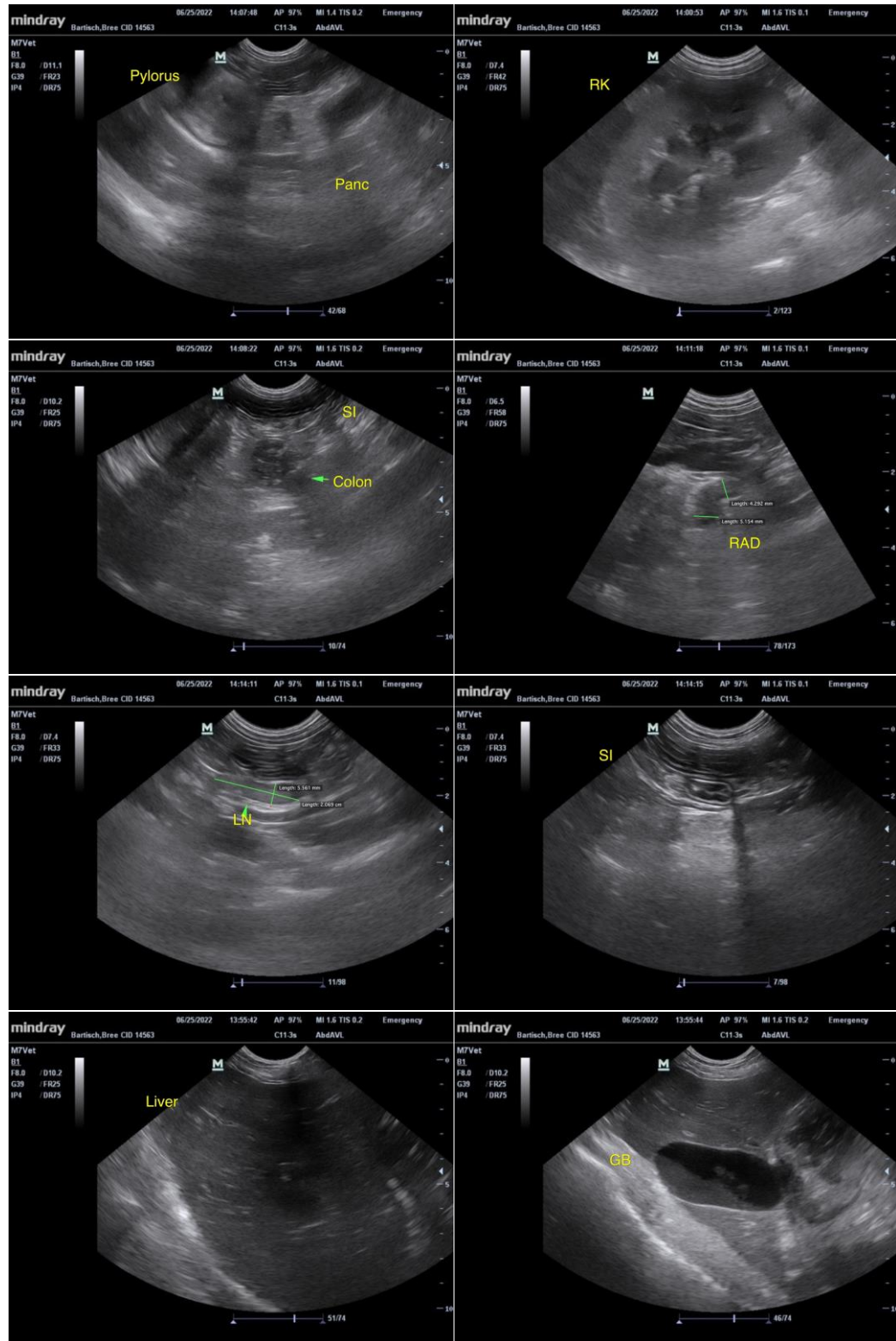
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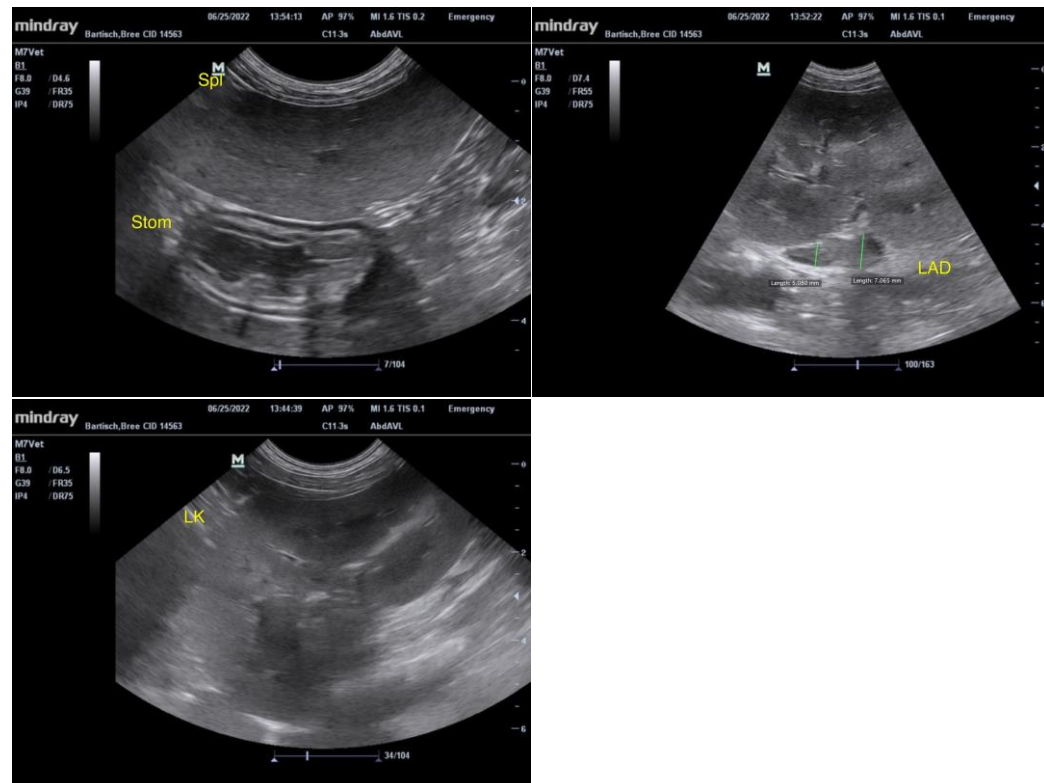
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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