**PATIENT**

Milo Popa

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

MN

**AGE**

1yr7mo

**WEIGHT**

40.4lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**

Family Pet Practice

**INVOICE**

11212ag

**DATE**

07/26/2022

**PRESENTING CLINICAL SIGNS**

History: Sat/Sun patient woke owner up to go outside and had diarrhea. Same Sun/Mon evening. Monday still having soft stool. No blood or mucous. Vomited breakfast Monday. Eating small amounts bland diet.

Abnormal PE/Chem/CBC/UA Results: 1. BAR 9/10. Mildly tense on mid to cranial abdominal palpation, no overt masses/fb palpated. Rectal exam- mildly thickened rectal tissue, stool soft/normal color. Fecal- Clostridium 1+, bacterial overgrowth cbc/chemistry AUS Dx: gastroenteritis- OPEN Tx: Metronidazole 250mg 1.5 tab PO BID x 5d #15 Provable 1 cap PO SID x 10d Provable paste 3cc PO up to q8h as needed for loose stool. Do not give if no BM #15mL \*\*See attached labs.

**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 5.7 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

No pathology in the area of the residual prostate.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.33 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 0.76 cm width at the caudal pole and 0.79 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. The cystic and common bile ducts were normal.

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.57 cm in width.

**SPECIES**

Canine

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 duodenum wall measured 0.54 cm in width. The jejunum wall measured 0.48 cm in width.

**BREED**

Goldendoodle

The colon walls presented intact yet variably prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured up to 0.38 cm in width.

***Pancreas*****SEX**

MN

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*****AGE**

1yr7mo

No peritoneal effusion was present.

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A solitary mildly prominent to enlarged colic/potential medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.5 cm x 0.6 cm. Not consistent with neoplastic criteria. Lymphoid hyperplasia or mild reactive lymphadenitis is possible.

**ULTRASONOGRAPHIC FINDINGS**

- Colitis
- Overtly normal stomach/small bowel
- Focal reactive colic or medial iliac lymph node

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical therapy for colitis should prove beneficial in this case. There was no obvious evidence of GI mural changes which may indicate concurrent SI disease, however this potential may be considered if persistent/recurrent GI signs are noted. Dietary indiscretion or occult parasitism may be playing a role in the patient's clinical signs. Pending response to therapy long term bland or novel protein diet trial as well as empirical deworming i.e. Panacur 50 mg/kg PO SID for at least 5 consecutive days would be reasonable.

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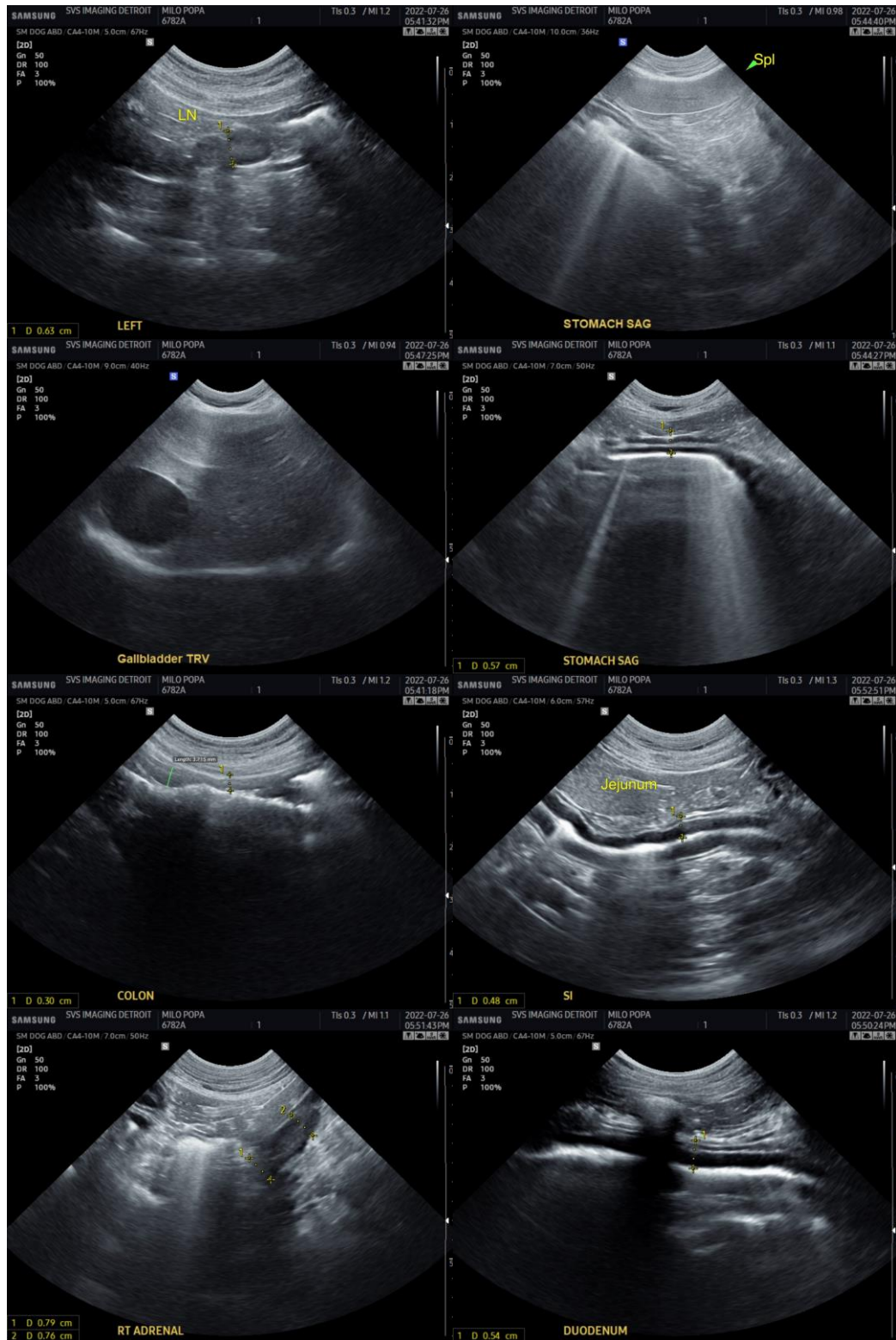
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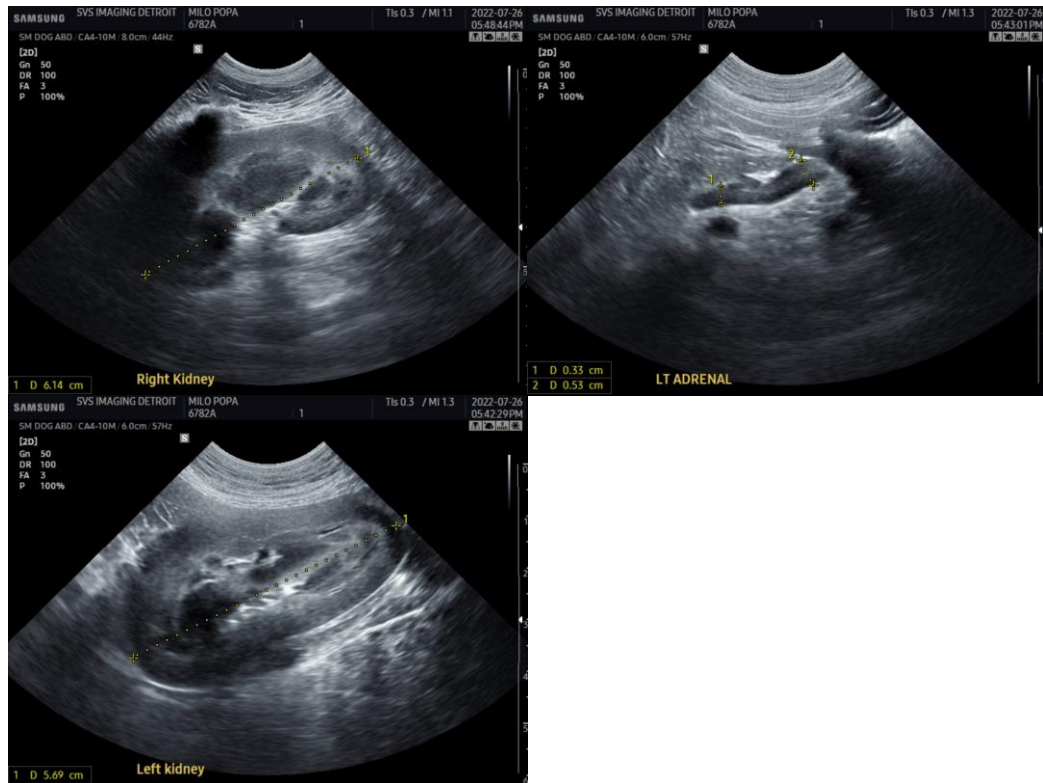
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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