



**PATIENT**

Scout Harmatuk

**PRESENTING CLINICAL SIGNS**

History: Hyporexia, hematachezia, vomiting yesterday

Abnormal PE/Chem/CBC/UA Results: Fecal neg. Bloodwork pending

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Morkie

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.

**SEX**

MN

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 3.3 cm in length. The right kidney measured 3.0 cm in length.

**AGE**

8yr

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**WEIGHT**

9.5lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 1.5 cm length.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

A. Rodriguez

**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 mild debris likely owing to fasting. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

A. Rodriguez

**Gastrointestinal**

**INVOICE**

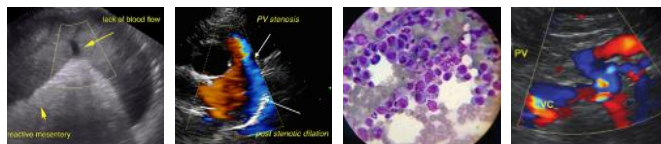
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained fluid and luminal gas with no signs of ileus, obstruction or foreign material.

**DATE**

07/26/2022

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 minor segmental



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ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with apparent non formed to liquid feces in lumen.

**SPECIES**

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**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.

**BREED**

Morkie

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern-likely acute

**AGE**

8yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, acute hemorrhagic diarrhea syndrome or infectious gastroenterocolitis possible. Conservative therapy for acute hemorrhagic diarrhea syndrome should prove beneficial. If persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Correlation with pending labs is recommended.

**WEIGHT**

9.5lb

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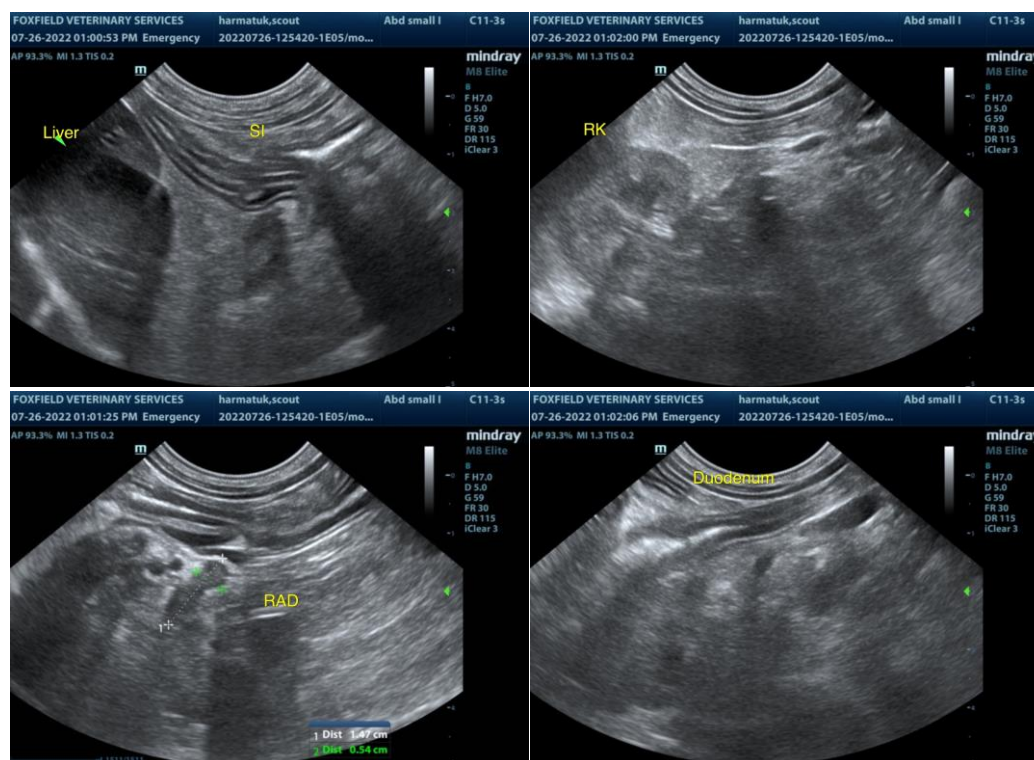
A. Rodriguez

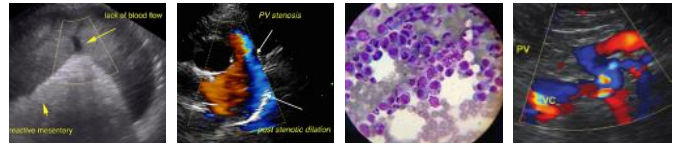
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**SPECIES**

Canine

**BREED**

Morkie

**SEX**

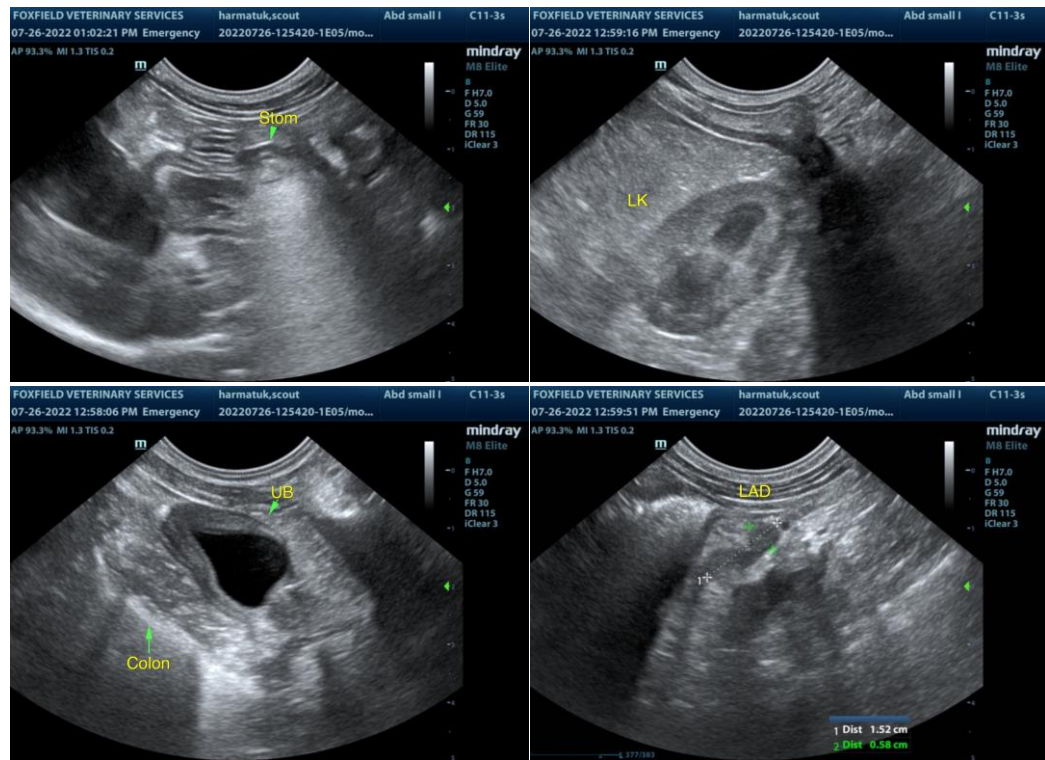
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**AGE**

8yr

**WEIGHT**

9.5lb



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

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