



**PATIENT**

Luna Hart

**SPECIES**

Canine

**BREED**

Pit X

**SEX**

FS

**AGE**

4 years

**WEIGHT**

47 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

14457

**DATE**

7/29/22

**PRESENTING CLINICAL SIGNS**

Anorexia. ADR since Tuesday  
Abnormal PE/Chem/CBC/UA Results: Pending

**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. 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 was noted.

Solitary, normal medial iliac lymph node exhibiting no evidence of inflammatory or neoplastic criteria 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 medial iliac lymph node measured 0.56 cm width.

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 5.4 cm in length. The right kidney measured 5.5 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were subjectively normal in size, position, and shape. The left adrenal gland measured 2.4 cm length x 0.51 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.52 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 exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Mild nondependent yet nonorganized mildly hyperechoic gallbladder debris was present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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***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 very minor retained anechoic fluid. No evidence of gastric distention with retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.33 cm.

**SPECIES**

Canine

The small intestine presented intact wall layering with subjective propensity for segmentally prominent to mildly hyperechoic submucosa layer. No evidence of small intestinal mechanical / metabolic ileus, loss of intestinal wall layering, or other mural pathology to the level of the ileocolic junction. The small intestinal wall width measured 0.34 cm.

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The colon exhibited generalized distention with nonformed feces more prominent in the proximal colon and cecum. Subtle evidence of pericolic reactive mesentery was noted.

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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 were evident.

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***Free Abdomen***

No overt lymphadenopathy, omental masses, or evidence of peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Subjective inflammatory enterocolonopathy pattern with possible typhlitis
- Subjective mild hepatomegaly - overtly benign
- Mild gallbladder debris, no evidence of cholecystitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine and colon exhibited subtle mural changes suggestive of underlying inflammatory enterocolic process. Recent dietary indiscretion / food allergy, occult parasitism, enterocolitis, typhlitis, and IBD, are possible. Correlation with clinical presentation and pending lab work, to assess for evidence of underlying metabolic disease, is suggested.

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Resting cortisol level to rule out occult Addison's Disease may be considered If clinically Indicated.

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No Indication for immediate surgical intervention. As-needed gastrointestinal support and medical therapy for suspect inflammatory enterocolonopathy and potential typhlitis could be considered if clinically applicable and pending lab work.

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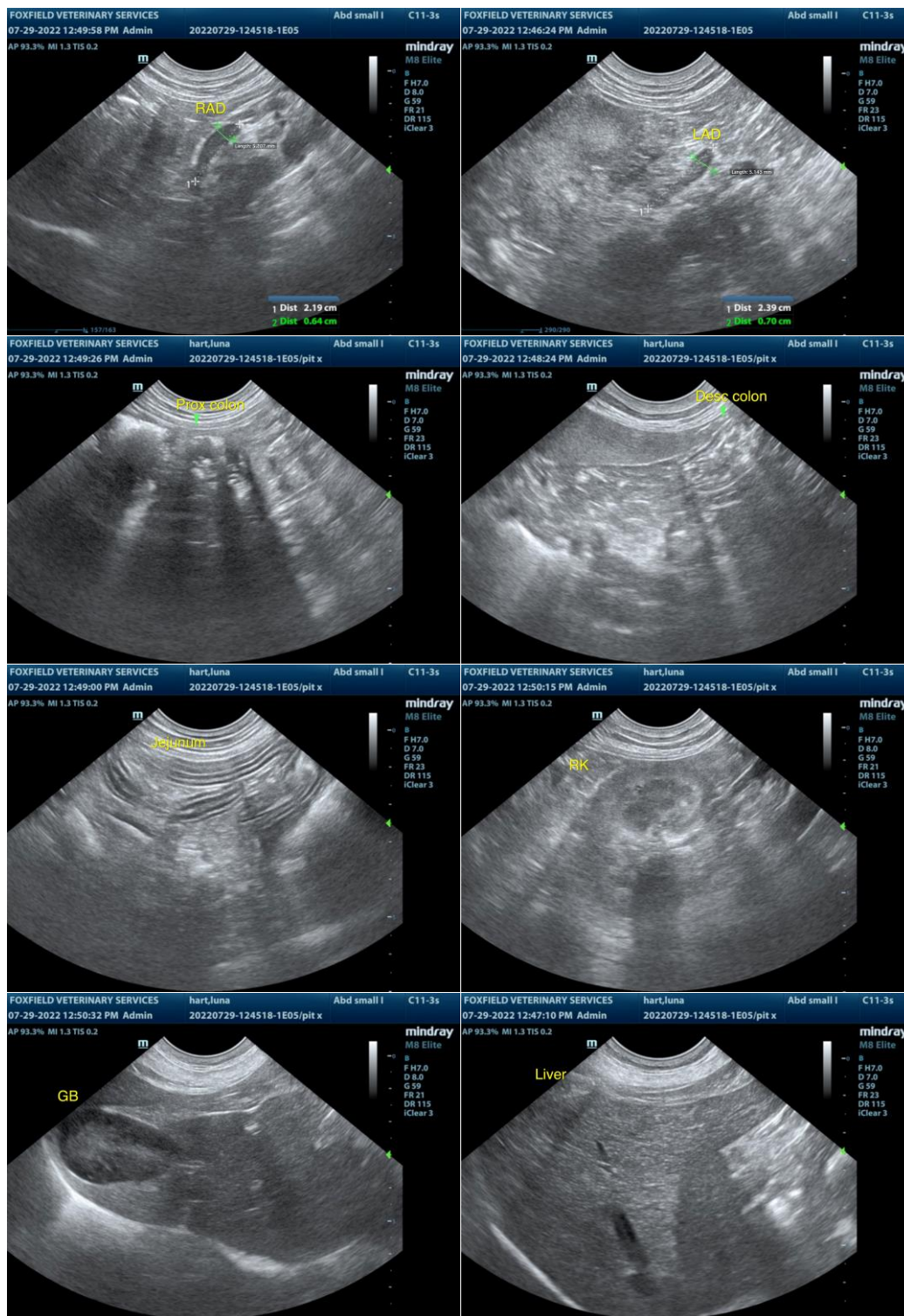
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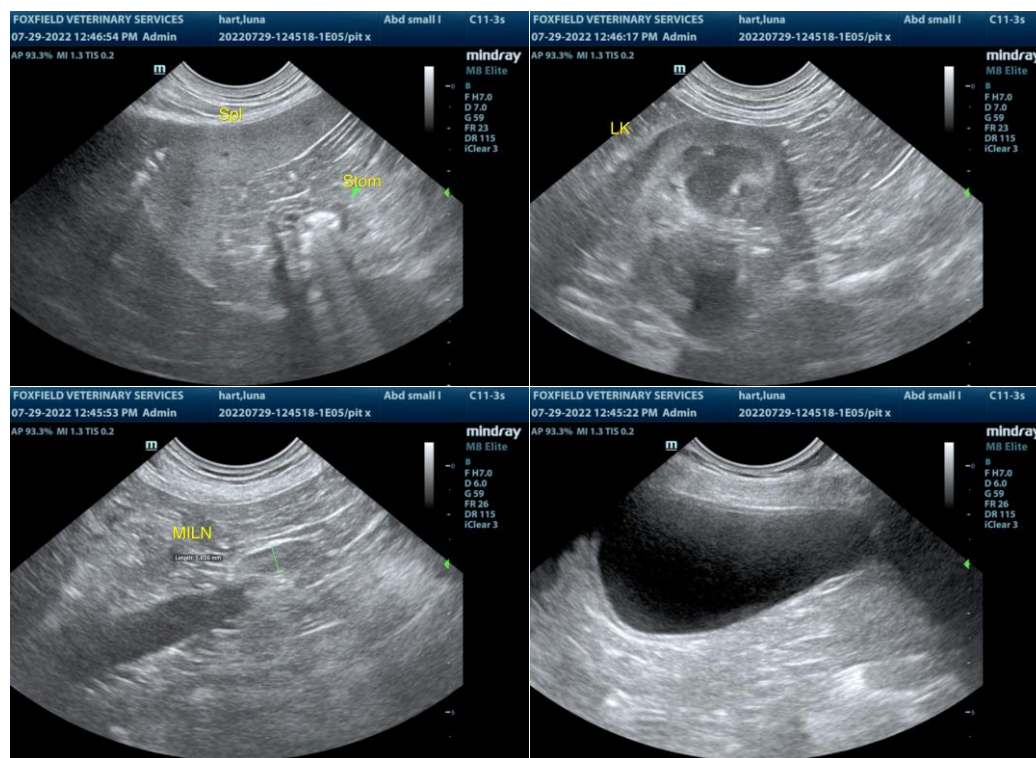
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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