



PATIENT

Angel Viyulie

PRESENTING CLINICAL SIGNS

Presented for acute onset of vomiting and bloody diarrhea <24hrs. Owner mentioned that pet got into table food 2 days ago and something on the street.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lethargic, inappetence, pale m. m. , tacky, CRT 2- 3sec , vomiting and hematochezia .

The submitted study contained 23 videos for review.

BREED

PitBull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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.

AGE

7yr

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 7.0 cm in length. The right kidney measured 7.8 cm in length.

WEIGHT

82.5lb

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

INTERPRETED BY

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

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

IMAGING

PERFORMED BY

Dr. Lara Cabugawan

The spleen was not definitively visualized.

Liver/Gallbladder

HOSPITAL NAME

Kew Gardens Animal
Hospital

The liver presented mildly enlarged in size. 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized sediment. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Lara Cabugawan

Gastrointestinal

The stomach presented intact borderline prominent wall layering with a normal wall layer ratio. The stomach was moderately distended with anechoic fluid and a mild amount of non-shadowing hyperechoic ingesta. No signs of ileus, obstruction or foreign material.

INVOICE

14554ag

DATE

08/10/2023



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The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no obvious signs of ileus, obstruction or foreign material.

SPECIES

Canine

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

PitBull

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

SEX

FS

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

AGE

7yr

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with retained fluid and mild ingesta.
- Overtly normal empty visualized small bowel.
- Colitis with generalized non-formed feces.
- Benign hepatopathy with mild gallbladder sediment (non-mucocele)

WEIGHT

82.5lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Suspect acute inflammatory bowel episode with metabolic/functional gastric stasis and concurrent colitis likely secondary to dietary indiscretion or enterotoxic insult given patient history. The possibility of non-visualized gastric or possibly passed foreign body cannot be definitively excluded yet without definitive evidence of small intestinal obstructive pattern, no overt indication for immediate surgical intervention.

IMAGING PERFORMED BY

Dr. Lara Cabugawan

Hospitalization with empirical therapy for acute inflammatory bowel episode or acute hemorrhagic diarrhea syndrome with close monitoring, assessment of clinical response and potential sonographic reassessment if progressive clinical signs is recommended.

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Although considered unlikely a resting cortisol level to rule out occult Addison's disease is recommended.

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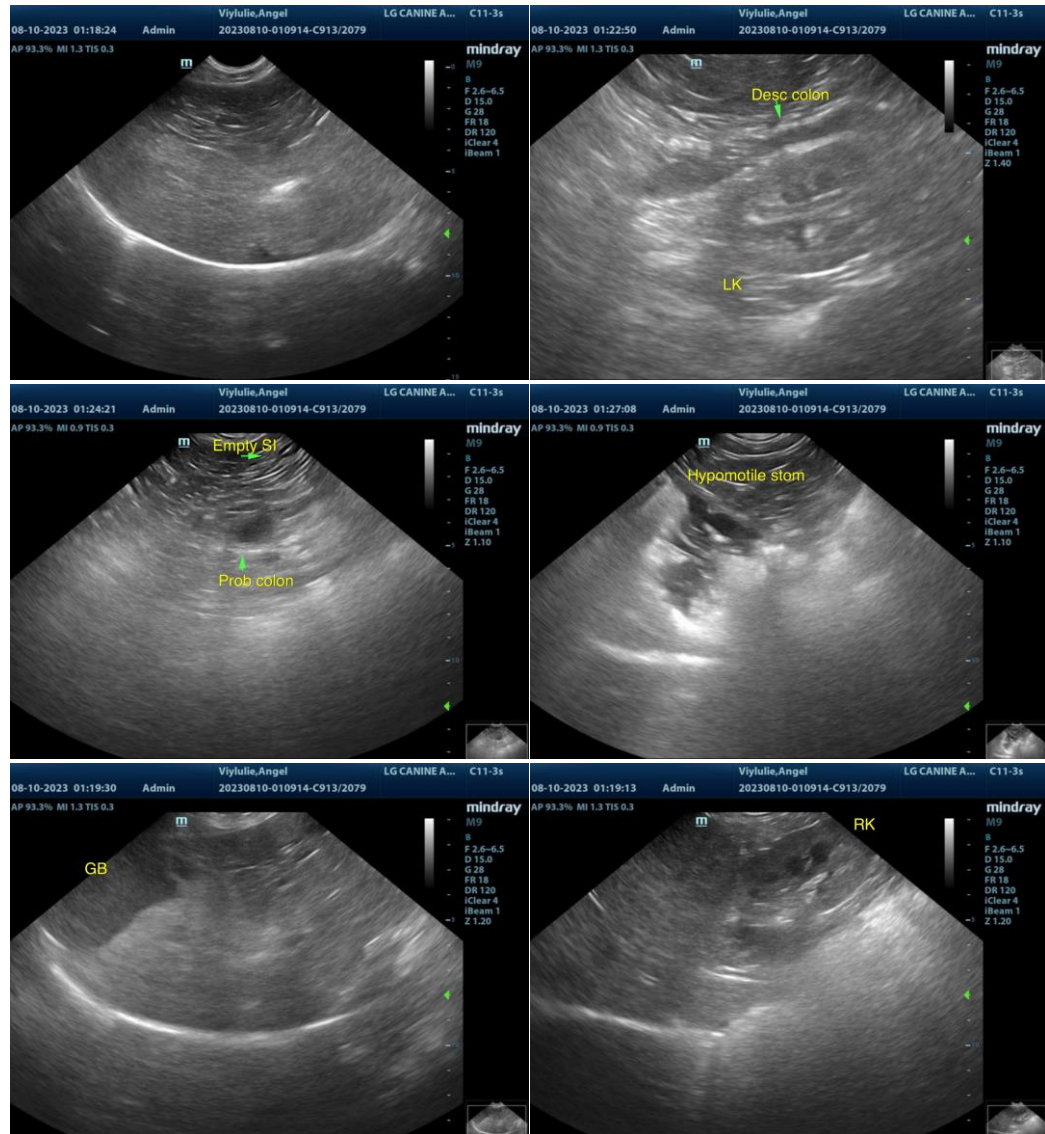
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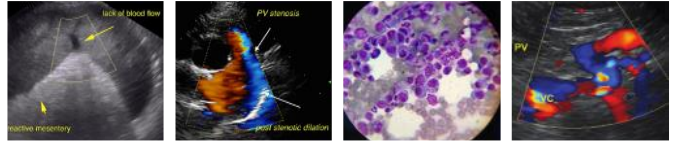
08/10/2023



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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