

**PATIENT**

Penelope Marra

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

1.5 yr

WEIGHT

44 lb

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

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**

Family Pet Practice

INVOICE

11258ag

DATE

08/02/2022

PRESENTING CLINICAL SIGNS

History: Current Medications: None currently. Patient History: Patient has a history of eating toys. Did get a new treat last week, vomiting shortly afterwards. Patient vomited a squeaker from a toy Wednesday. Patient vomited Wednesday 7/27, Saturday 7/30 and Monday 8/1. Straining to defecate, semi loose stools in smaller amounts. Patient having decreased appetite since last week. Lethargic at home, hiding more. O did not offer food this morning due to upcoming appointment.

Abnormal PE/Chem/CBC/UA Results: Still active in exam room, alert. No gut sounds ausculted and mildly tense on ab palpation. Intestines do not feel dilated/distended, but discussed concern for poss ileus vs obstruction with recent FB ingestion. Rule out pancreatitis with recent vomiting from new treat. O approved rads + u/s to monitor for obstruction. Rads show small amount of gas within stomach, no abnormal distention appreciated. Homogenous SI seen, some gas noted around cecum. Some formed stool noted within colon with a small fragment of radiodense material (bone?) within colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 5.3 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

A visualized medial iliac lymph node exhibited normal size, position and echogenicity measuring 1.8 cm x 0.51 cm.

Adrenal Glands

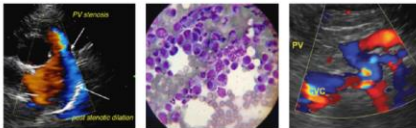
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.56 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

**PATIENT**

Penelope Marra

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**SPECIES**

Canine

The stomach presented intact wall yet mildly prominent layering owing to prominent gastric mucosa. The lumen of the stomach contained a mild amount of retained pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.45 cm in width.

BREED

Border Collie Mix

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 overt foreign material. The duodenum wall measured 0.37 cm in width. The jejunum wall measured 0.28 cm in width.

SEX

FS

The colon exhibited intact yet mild to variably prominent wall layering noted in the descending colon. The segmental descending colon contained subjective semi formed to soft feces along with luminal gas. The descending colon wall measured up to 0.35 cm in width.

Pancreas**AGE**

1.5 yr

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**WEIGHT**

44 lb

No peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.85 cm x 0.89 cm

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern
- Intermittent subjectively benign mild mesenteric lymphadenopathy

IMAGING PERFORMED BY

Amy Mayhew LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

SVS Imaging
Michigan

Overall the appearance of the GI tract was consistent with suspected inflammatory bowel episode with concurrent intermittent mesenteric secondary lymphoid hyperplasia or reactive lymphadenitis. No evidence of gastroenterocolic foreign material although technically the possibility of a small amount of passed material within the colon cannot be excluded. Continued monitoring of fecal output is recommended. Empirical therapy for gastroenterocolitis or inflammatory bowel episode potentially owing to dietary indiscretion should prove beneficial. If persistent or recurrent GI signs, underlying inflammatory gastroenteropathy such as IBD or occult parasitism could be considered. A hydrolyzed diet trial and empirical deworming i.e. Panacur 50 mg/kg PO SID even if fecal testing is negative would be reasonable. A resting cortisol level to rule out occult Addison's disease although considered unlikely could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if GI signs recur. No indication for immediate surgical intervention.

REFERRING VET

Family Pet Practice

INVOICE

11258ag

DATE

08/02/2022

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Penelope Marra

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

1.5 yr

WEIGHT

44 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

REFERRING VET

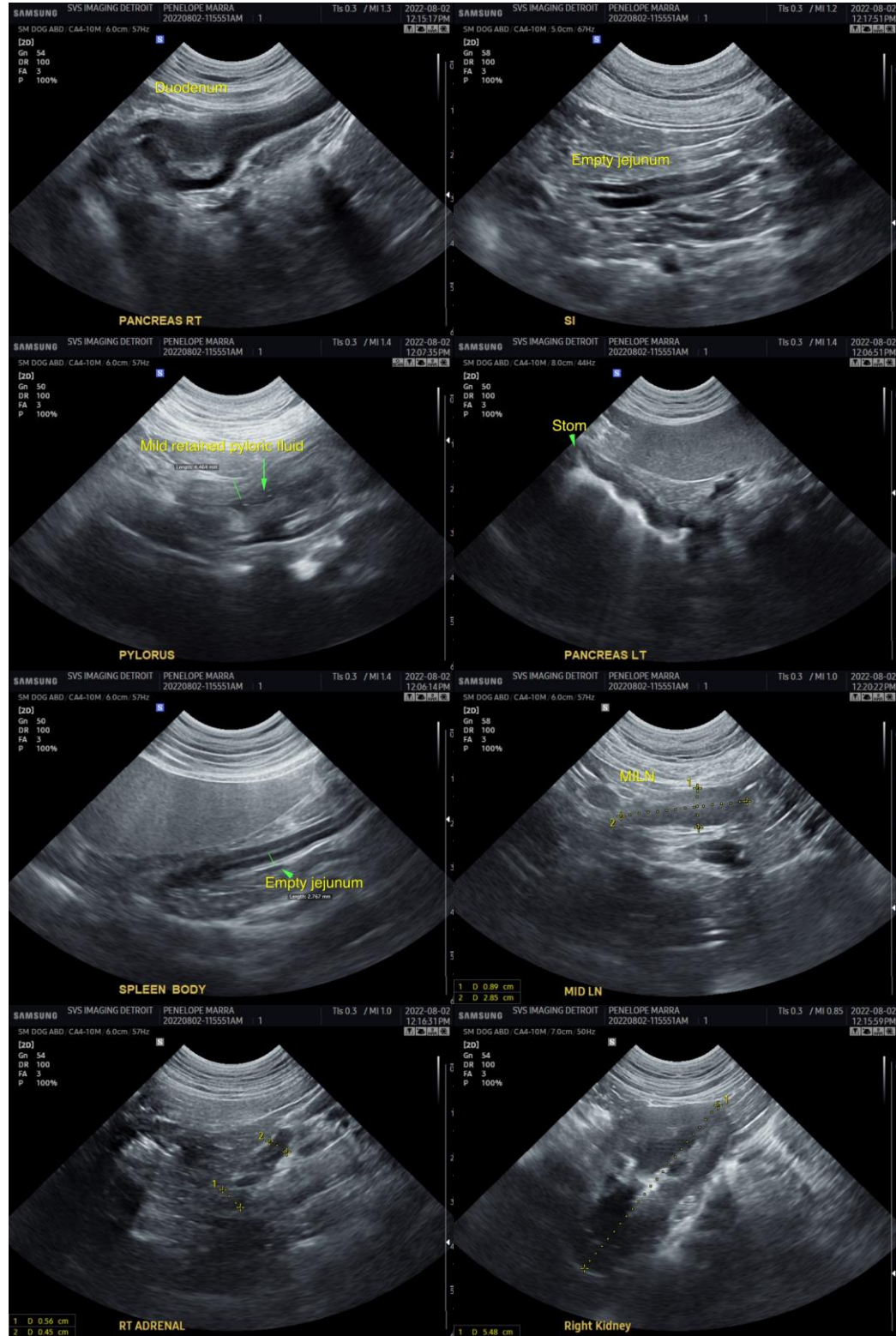
Family Pet Practice

INVOICE

11258ag

DATE

08/02/2022



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Penelope Marra

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

1.5 yr

WEIGHT

44 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

REFERRING VET

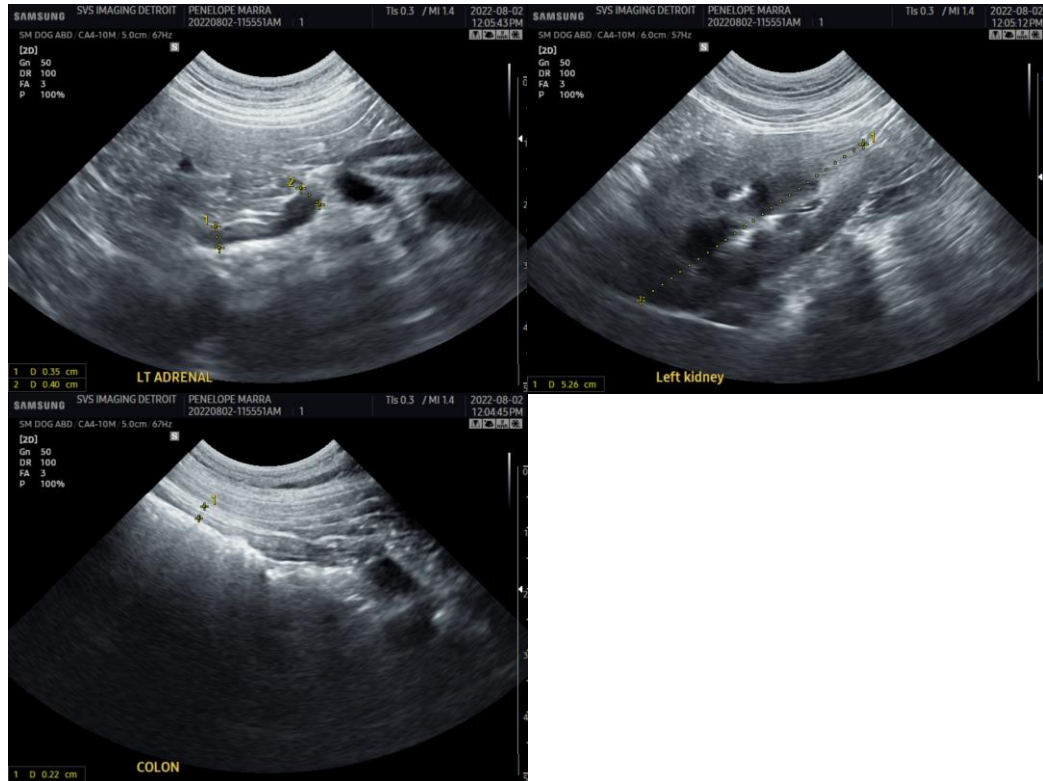
Family Pet Practice

INVOICE

11258ag

DATE

08/02/2022



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