

**PATIENT**

Bowie Hazel

**SPECIES**

Canine

**BREED**

PitBull Mix

**SEX**

MN

**AGE**

2yr

**WEIGHT**

~50lb

**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**

11470ag

**DATE**

08/22/2022

**PRESENTING CLINICAL SIGNS**

Owners were out of town and pet stayed family. Returned home and yesterday pet had mucous diarrhea with reluctance to eat, but still eating. Today continued diarrhea and vomiting food/water. Very BAR.

Abnormal PE/Chem/CBC/UA Results: PE NSF, BW pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 6.8 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 1.0 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.38 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 0.77 cm width at the caudal pole and 0.68 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**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mildly distended with luminal gas. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. No overt evidence of pyloric obstructive mural pathology was observed. The gastric body wall measured 0.39 cm in width.

**IMAGING PERFORMED BY**

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EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or visualized foreign material. The jejunum wall measured 0.25 cm in width. The duodenum wall measured 0.35 cm in width.

The colon exhibited intact yet prominent wall layering. The descending colon wall measured 0.27 cm in width. The colon contained apparent formed feces in lumen.

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern with mild to moderate gastric gas distention and segmental mild small bowel ileus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gastrointestinal tract was suggestive for inflammatory criteria with suspected mild gastric and segmental small bowel ileus to non-obstructive inefficient peristalsis pattern. No evidence of foreign material or obstruction was observed. A small amount of passing material cannot be definitively excluded. No evidence for immediate surgical intervention. Dietary intolerance / food hypersensitivity, occult parasitism, enterotoxic insult, infectious gastroenterocolitis, inflammatory bowel disease without evidence of mural changes or other.

If continued /recurrent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

Empirically, a bland or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

Sonographic reassessment could be considered if persistent/progressive GI signs or evidence of GI stasis despite empirical therapy.

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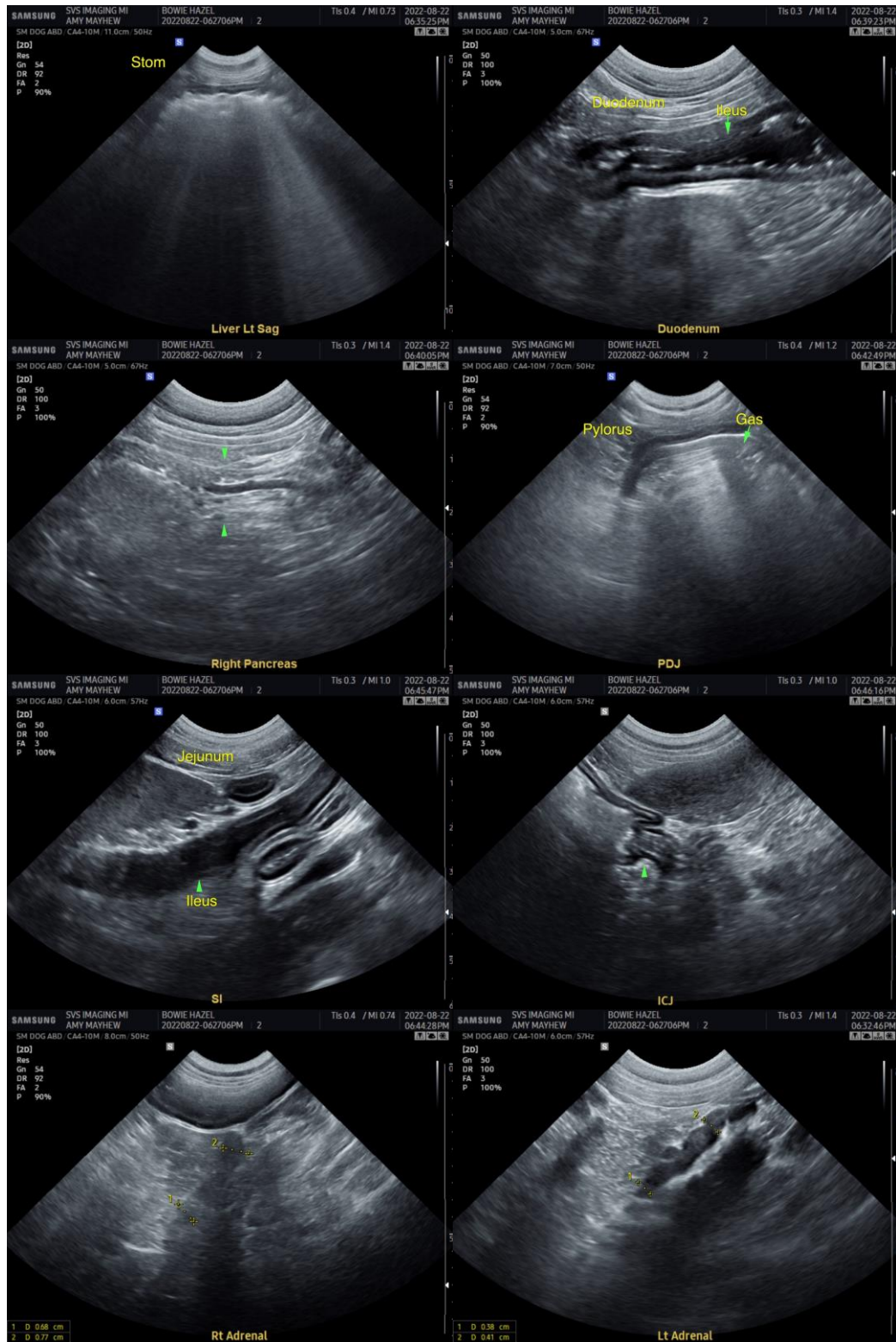
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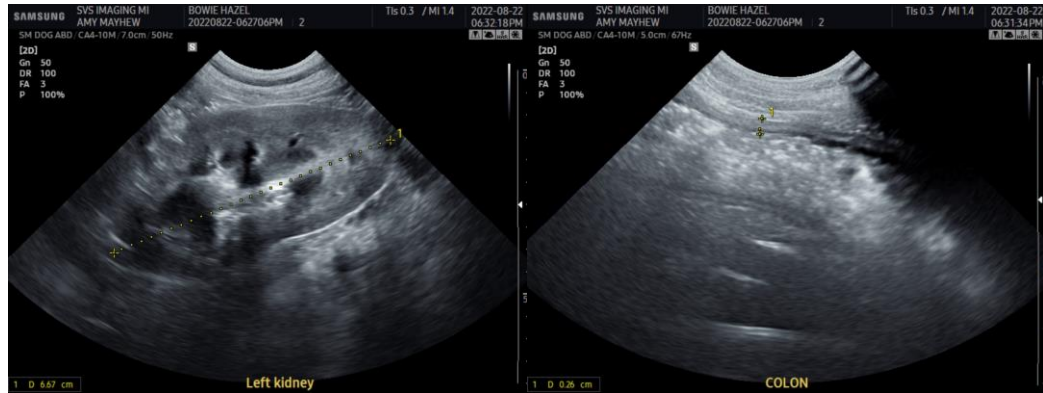
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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