



**PATIENT**

Bear Mussen

**SPECIES**

Canine

**BREED**

Mixed breed

**SEX**

MN

**AGE**

3yr

**WEIGHT**

5.1

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Magguilli

**HOSPITAL NAME**

Willamette Veterinary  
Hospital

**REFERRING VET**

Dr. Magguilli

**INVOICE**

11298ag

**DATE**

08/07/2022

**PRESENTING CLINICAL SIGNS**

History: Brief History: went camping Tuesday, v Wednesday (5 times), watery diarrhea with gravel or wood chips, became more coffee ground like, improved by Thursday, Friday worse and was seen here and had 8/5 CBC = nsf. HCT 50.7%, WBCs 13.74k with stress shift, neuts 11.47k chem17 = elevated ALT 245. all other wnl. Tbili 0.3. ALP 28, GGT 1 lytes = wnl lactate = elevated 4.35 cPL snap = wnl. 159 FecalG, unable to collect sample Radiographs CONCLUSIONS: 1. The appearance of the colon is consistent with diarrhea. There is no evidence of a gastrointestinal obstruction. Possible causes of vomiting and diarrhea would include: gastroenteritis/colitis (dietary indiscretion, food intolerance, infectious, parasitic), pancreatitis, and metabolic/systemic disease. 2. The heterogeneous soft tissue opacities over the stomach have the appearance of rugal folds. The possibility of a small amount of gastric foreign material silhouetting with the wall/luminal fluid cannot be entirely ruled out. 3. Decreased cranial abdominal serosal detail may be a technical artifact or associated with regional peritonitis (pancreatitis, gastroenteritis). rx ondasetron, fortiflora, panacur, entyce Started having more diarrhea nd at intake 103.1F, qar dehydrate 6%, tarter, fecal scalding-applied bnp, tacky with delayed CRT, seen at 2pm, p vomited and had diarrhea, FECAL PENDING 8/7 diagnostics CBC: Mild non-regenerative anemia (38.1%), normal wbc (11.87), platlets (324) (previous Hct 50.7 % on 8/5/22) Chem17: low creatinine (0.7), normal ALT (106), low normal albumin (2.6) EPOC (within 7 days): BG 125 mg/dL, low creatinine Cortisol: negative for Addison's disease: Fecal OP/G Antech In house direct fecal smear (look for salmon flukes): Negative. recheck 2 view radiographs: Empty stomach. Chest: Normal cardiac siloette. Clear lungs. Abdomen: Empty stomach with small amount of gas. No evidence of intestinal obstruction. Ongoing care: LRS 10 ml/hr Cerenia 1 mg/kg IV q 24 hr Metronidazole 10 mg/kg IV q 12 hr Buprenex 0.015 mg/kg IV q 8 hr - then out of stock-transition to Ongoing morphine 0.3 mg/kg SQ q 6 hr Adding pantoprazole 1 mg/kg IV q 12 hr FS Sucralfate 1 g tabs: Give 1/4 tab in 3 ml warm water (allow to dissolve)as slurry PO q 8 hr x 7 days. Owners meds (previously purchased) Rx: entyce 0.23mL PO q24hr. #0.69mL - ask tonight about 1am. Rx: forti-flora canine daily x7d. #7 Rx: panacur granules. 1G PO q24hr x5d. #5g - if eating. New Rx: Pro-Pectalin 1 ml PO q 8 hr for 3-5 days or until no stool for 24 hr.. 1 tube. Give 1-2 hr prior to or after other meds (it will bind)

Abnormal PE/Chem/CBC/UA Results: 8/5 CBC = nsf. HCT 50.7%, WBCs 13.74k with stress shift, neuts 11.47k chem17 = elevated ALT 245. all other wnl. Tbili 0.3. ALP 28, GGT 1 lytes = wnl lactate = elevated 4.35 cPL snap = wnl. 159 FecalG, unable to collect sample

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

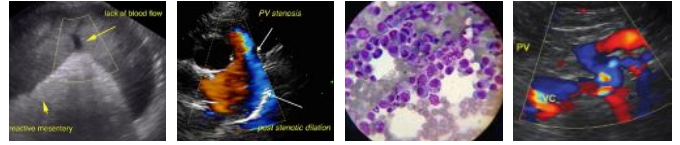
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

**Adrenal Glands**



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No overt pathology in the area of the left or right adrenal glands.

Bear Mussen

**Spleen**

**SPECIES**

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.

Canine

**BREED**

**Liver**

Mixed breed

The liver presented normal in size. The hepatic parenchyma revealed mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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The stomach presented intact yet mildly thickened wall layering with a normal wall layer ratio. The lumen of the stomach was empty with luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.52 cm in width. The pylorus wall measured 0.23 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent duodenojejunal mucosal speckling along with segmental nonshadowing chyme was present. No signs of ileus, obstruction or foreign material.

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The colon exhibited intact yet prominent wall layering. The descending colon wall measured 0.22 cm in width. Generalized mild distention with non formed fecal matter was observed.

**Pancreas**

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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**

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No significant mesenteric lymphadenopathy although minor isoechoic benign or reactive lymph nodes suspected. No peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

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- Acute to subacute gastroenterocolitis pattern-dietary indiscretion, infectious, enterotoxaemia, IBD or less likely infiltrative neoplasia possible
- Sonographically unremarkable pancreas
- Low grade hepatopathy-reactive, low-grade hepatitis possible

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of mechanical obstructive pattern or overt GI foreign material was observed. No indication for immediate surgical intervention. In addition to current GI support, increasing antibacterial coverage i.e. ampicillin or enrofloxacin in addition to metronidazole may prove beneficial. A hydrolyzed diet trial with potential long term dietary therapy may be indicated. A GI panel to assess



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Cobalamin/Folate is recommended if persistent/progressive GI signs despite empirical therapy are present. A recheck sonogram is recommended to assess for progressive inflammatory gastroenterocolic changes if clinical signs continue.

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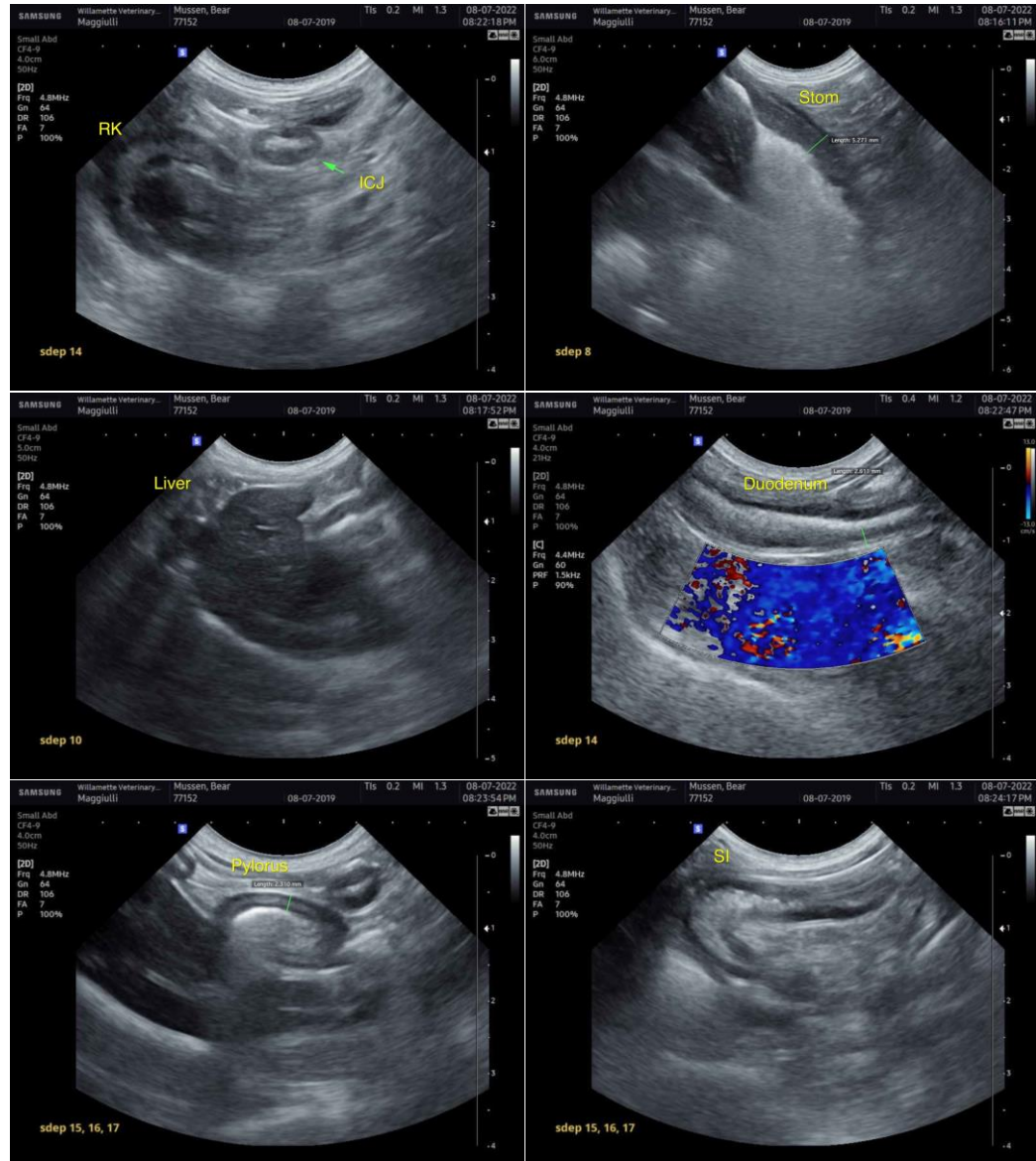
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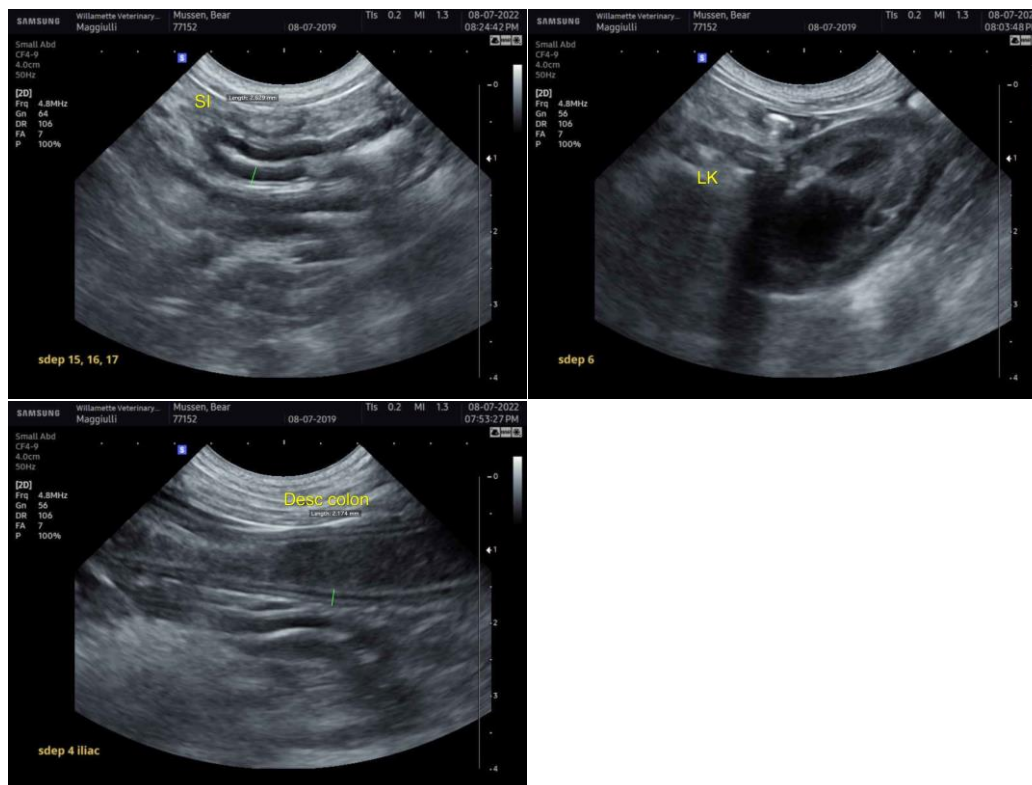
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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