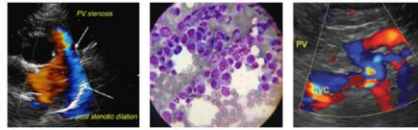


**IMAGING PERFORMED BY**SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com**PATIENT**

Mirabelle Sanchez

**SPECIES**

Canine

**BREED**

Maltese/Poodle Mix

**SEX**

Female Intact

**AGE**

4 M

**WEIGHT**

10 lbs.

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Advanced Animal  
Hospital - Dr. Schnuelle**INVOICE**

14532

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

Patient presented for vomiting/diarrhea/lethargy. Previously parvovirus positive at rDVM clinic on 8-7-22. P was treated with cerenia and convenia there but continues to vomit. Owner declines hospitalization.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs showed a large, mass-like structure in cranial abdomen, could be an abnormal stomach?

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

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology was noted associated with the uterus or bilateral ovaries.

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

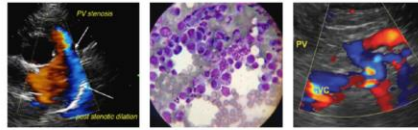
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.74 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/ Gallbladder**

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.

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***Gastrointestinal***

The stomach is moderately distended with retained anechoic fluid extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall width measured 0.33 cm.

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. No obvious evidence of obstructive small intestinal mural pathology or overt foreign material.

The colon presented sonographically unremarkable with generalized mild colonic distention containing non-formed to liquid fecal matter, consistent with diarrhea. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.29 - 0.30 cm width.

***Pancreas***

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.

***Free Abdomen***

Several to multiple mesenteric and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a mesenteric lymph node size was 3.2 cm x 1.2 cm. Small pockets of scant peri intestinal to peritoneal free fluid were present which may be physiologic or potential secondary to intestinal inflammation, assuming normal albumin levels.

**ULTRASONOGRAPHIC FINDINGS**

- Acute gastroenterocolitis pattern with moderate gastric and mild segmental small bowel ileus - probable metabolic gastric and segmental intestinal ileus without overt evidence of mechanical obstruction
- Intermittent subjectively benign / reactive mesenteric and medial iliac lymphadenopathy - reactive hyperplasia, lymphadenitis, or immunologic immaturity likely
- Small pockets of scant peri intestinal to peritoneal free fluid

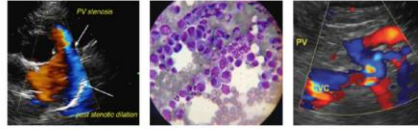
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the small intestine may indicate dietary indiscretion / food intolerance, enterotoxemia, or infectious gastroenterocolitis, given the recent positive Parvo test. No overt indication for immediate surgical intervention.

Hospitalization with aggressive gastrointestinal support which may include antibiotic therapy, given Parvo virus positive, and monitoring of albumin levels and clinical response is recommended. No overt evidence of intraabdominal masses or neoplastic criteria is noted. Sonographic reassessment of the

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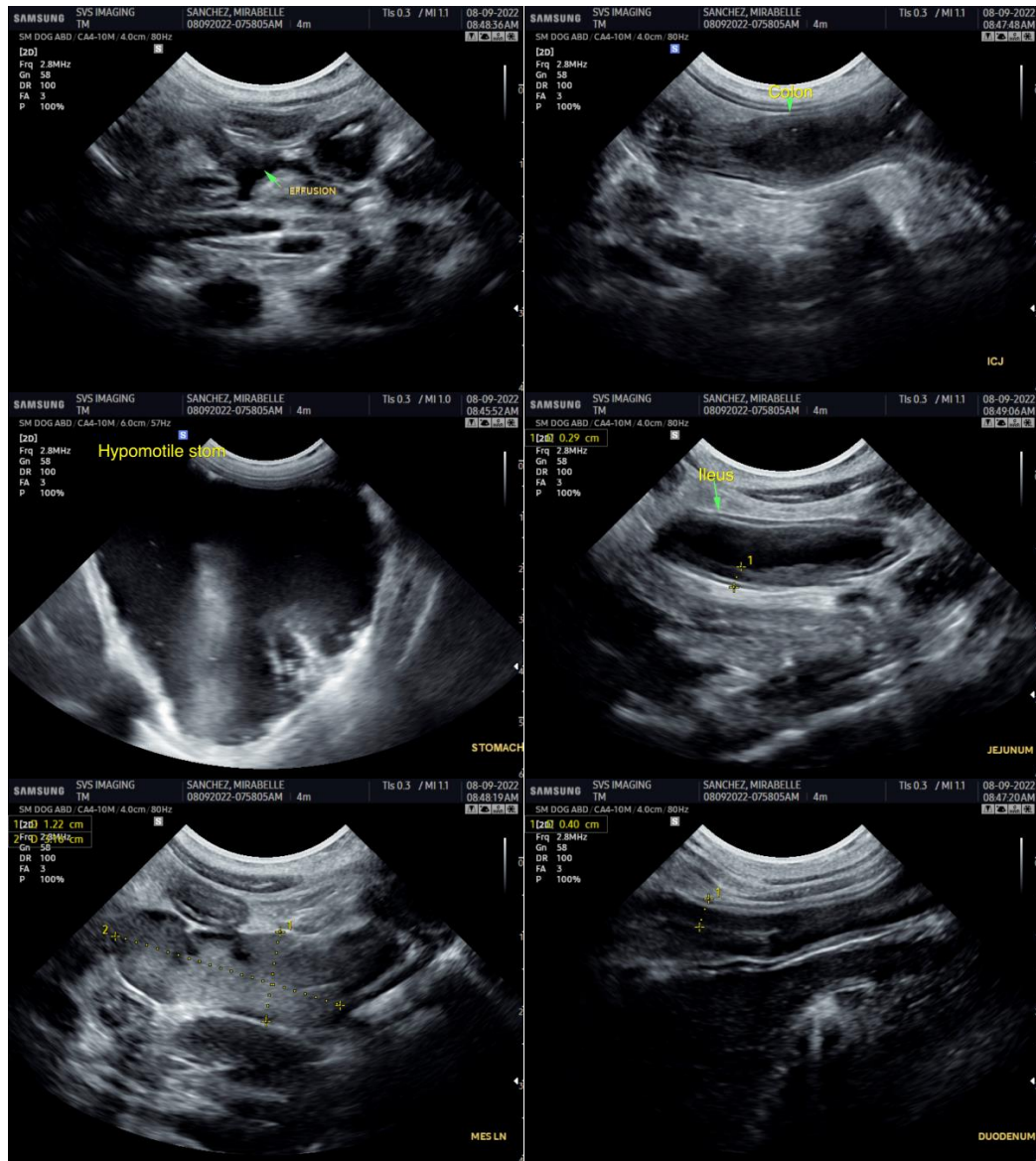
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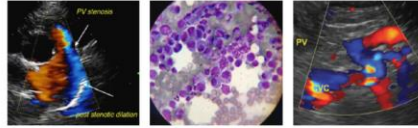
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gastrointestinal tract is suggested if persistent / progressive gastrointestinal signs despite empirical therapy.



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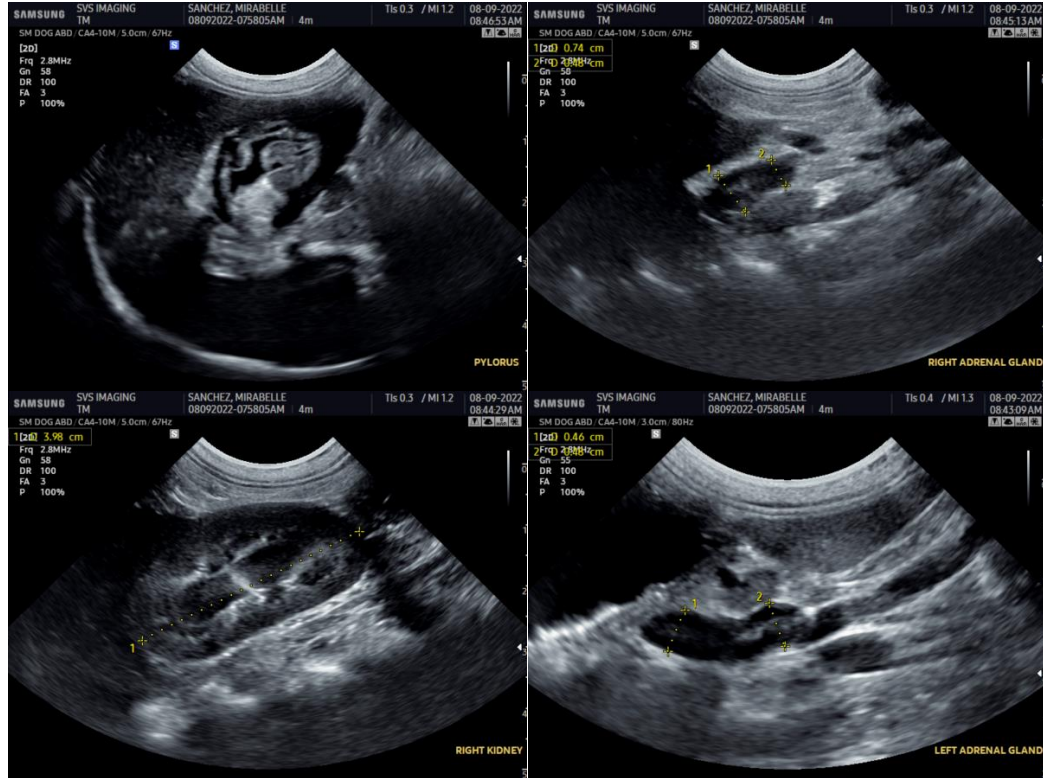
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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