



PATIENT

Mikey Hamilton

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

9yr

WEIGHT

31.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danna Markland
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Central Island
Veterinary
Emergency Hospital

INVOICE

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DATE

09/19/2022

PRESENTING CLINICAL SIGNS

Presented to regular veterinarian on 9/14 with a history of inappetence and doing prayer position/not wanting to lay down. Bloodwork from rDVM showed neutrophilia, panhypoproteinemia with concentrated urine (1.050) and 1+ proteinuria. Mikey was nauseated even with cerenia. He was treated with metronidazole and cerenia as an outpatient. On 9/17, he was brought to the emergency hospital for continued diarrhea. On PE, he had a painful cranial abdomen. Bloodwork showed that the albumin was the same as 3 days before but the globulin had improved. Mild anemia and neutrophilia. cPL abnormal. He is hospitalized on IV fluids, cerenia, pantoprazole, ampicillin, metronidazole, and methadone.

Abnormal PE/Chem/CBC/UA Results: 9/17/22: TP=44 (52-82) Alb=15 (22-39) ALP<10
Cholesterol=2.04 (2.84-8.26) Chloride=123 (109-122) HCT=34.9% (37.3-61.7) retics=98.2 (10-110)
Neut=24.92 (2.95-11.ion.64)\ Baso=0.13 (0.0-0.10) cPL snap=abnormal

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 6.3 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of overt pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.56 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 0.62 cm width at the caudal 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.



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Gastrointestinal

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The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 foreign material.

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

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.

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Free Abdomen

Generalized peri-intestinal mildly hyperechoic mesentery was present. Potential small pocket of scant pericolic free fluid adjacent to the ascending colon.

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Focally enlarged jejunocolic 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 lymph node size was 4.6 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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Primary

- Generalized acute gastroenterocolitis pattern with moderate ileitis/possible typhlitis
- Associated mildly prominent to hypoechoic jejunocolic lymphadenopathy-probable secondary reactive lymphadenitis
- Generalized peri-intestinal mild hyperechoic mesentery, possible small pocket of scant pericolic free fluid
- Overtly normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, gastroenterotoxic insult, occult parasitism, infectious disease, inflammatory bowel disease/PLE or other while the possibility of occult infiltrative neoplasia cannot be excluded. No obvious evidence of active pancreatitis was present although potential for low grade concurrent inflammation which may present sonographically normal could be possible.

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No indication for immediate surgical intervention. Given lack of overt proteinuria and with normal hepatic appearance/function, intestinal protein loss is a primary concern. Antibiotic therapy and plasma expanders may be considered.

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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 although considered less likely.

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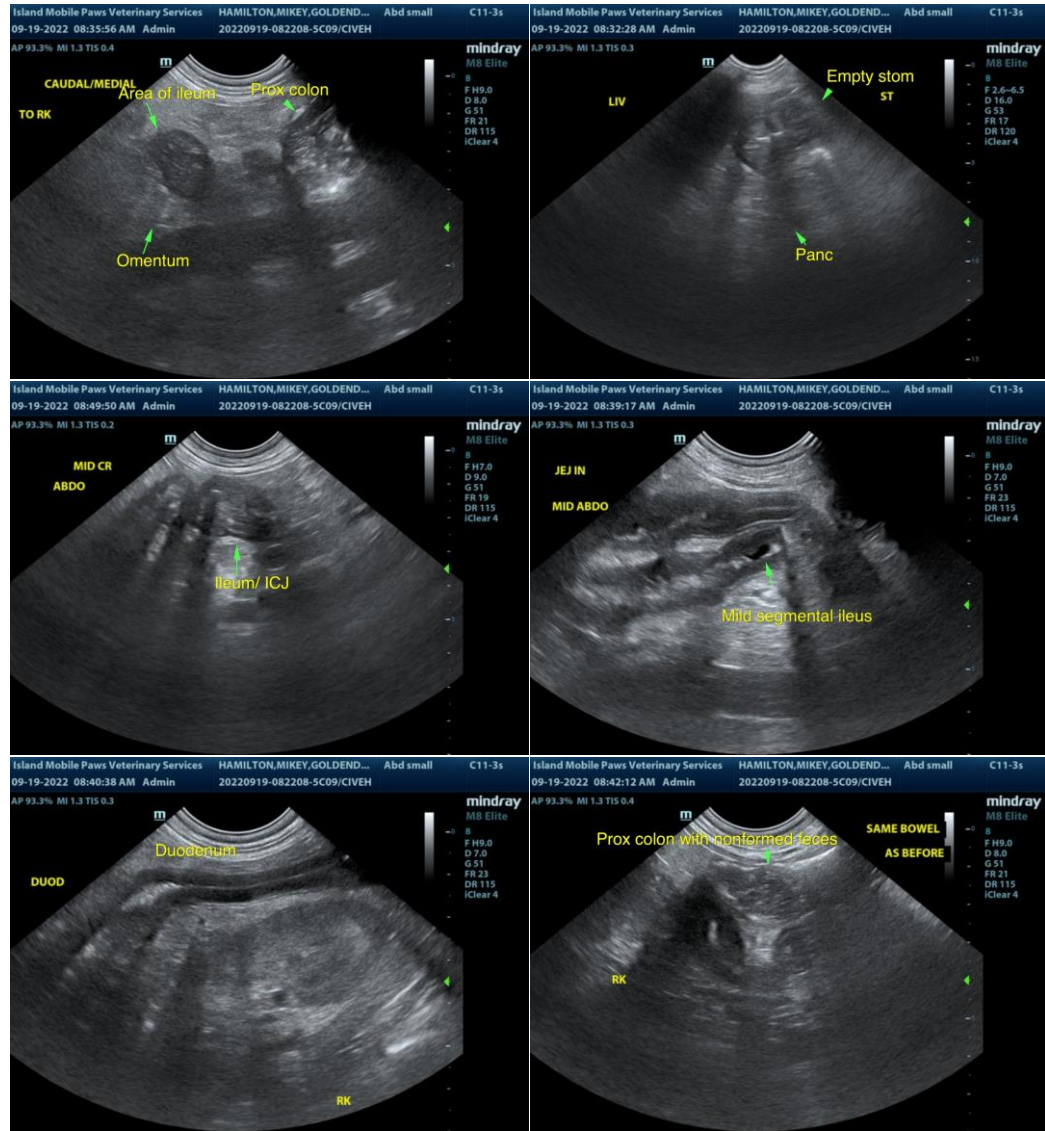
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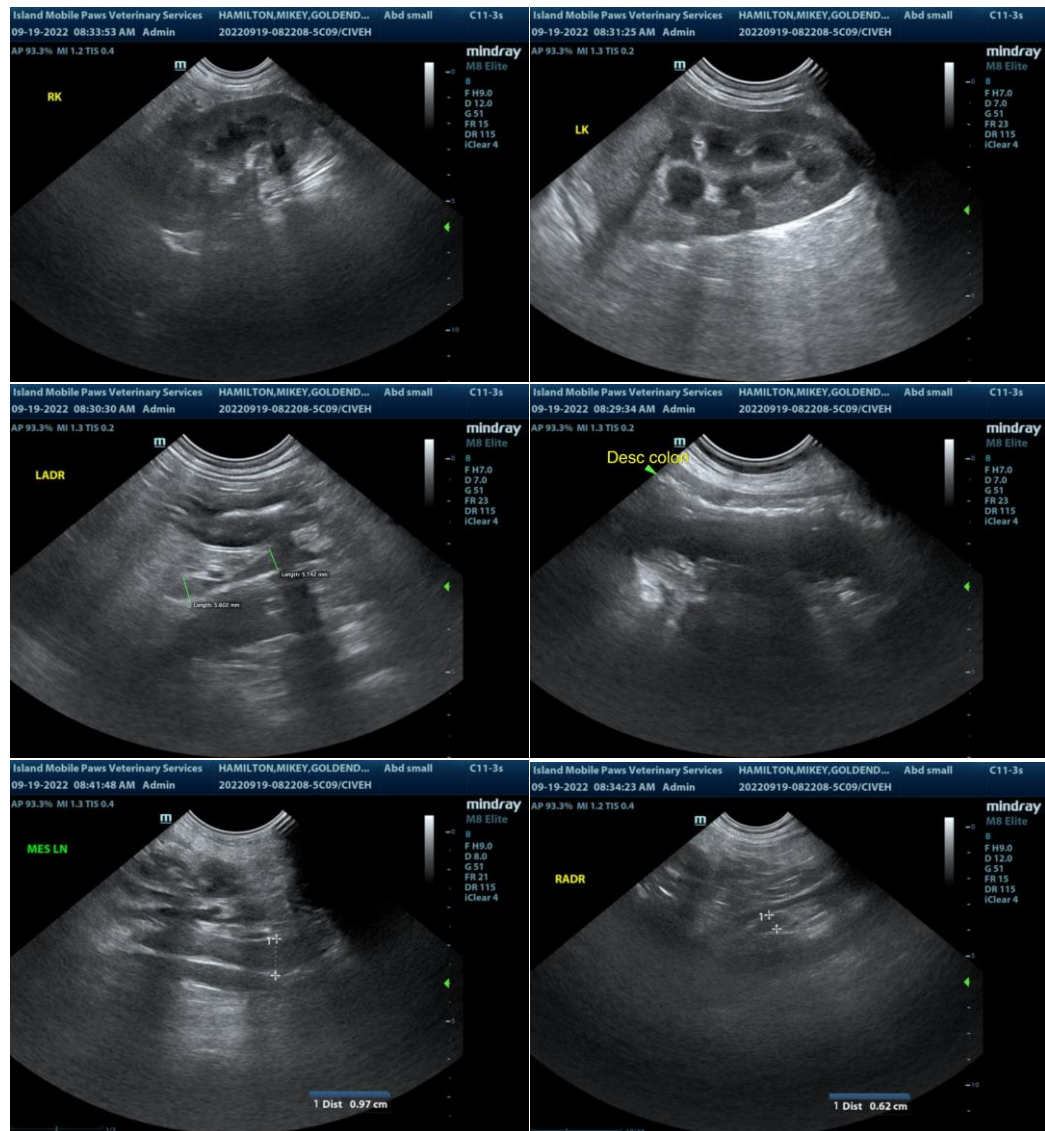
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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