



PATIENT PRESENTING CLINICAL SIGNS

Snoopy Mainelli

BAR, bloody diarrhea, inappetence. May have eaten some of his own stuffing from his dog bed on Wednesday. Vomiting on Thursday(after every meal and after water). Stopped vomiting on Saturday after Cerenia inj. Still not eating. Was having frequent projectile bloody stools. Started IV fluids on Saturday. Meds Metronidazole, Cerenia, Famotidine, Buprenorphine. Had one dark coloured stool today which was not bright red and watery in clinic.

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7yr

Abnormal PE/Chem/CBC/UA Results: Chem - normal other than ALKP 241, Amylase 439, Snap CPLi results seemed wishy-washy. CBC high RBCs, high HGB, high PCT and MPV. Rads: The peritoneal and retroperitoneal detail is normal. The liver, spleen, kidneys, and urinary bladder are unremarkable. The stomach is normally positioned and is primarily gas-filled. The gastric lumen also contains a small amount of amorphous soft tissue or fluid and stippled gas, which is reduced in amount from previous. The gastric outflow tract is incompletely defined. The small intestinal segments are of uniform population and are normal in size. The transverse colon is transiently corrugated. Newly, the descending colon to rectum contains a small amount of semi formed feces. Only in the let lateral radiograph, the thorax is summated by mineral tubing. Dorsal of the thoracolumbar junction, the soft tissues are summated by few tiny gas foci, commonly iatrogenic from subcutaneous administration of medications.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention. Variably prominent urinary bladder walls exhibiting areas of mild asymmetrical luminal surface contour were present. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate dependent to non-dependent sediment which may indicate cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 5.2 cm in length.

The residual prostate was mildly prominent in size with symmetrical capsule contour and subtle non-homogeneous mildly hypoechoic non-mineralized parenchyma measuring 1.7 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 1.8 cm length.

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

WEIGHT

13.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Mellish

INVOICE

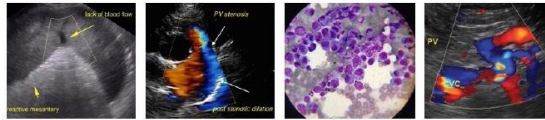
11660ag

DATE

09/19/2022



PATIENT	thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
Snoopy Mainelli	
	Liver
SPECIES	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-dependent hyperechoic non-organized debris. The cystic and common bile ducts were normal.
Canine	
BREED	
Terrier Mix	Gastrointestinal
SEX	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
MN	
AGE	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.
7yr	
WEIGHT	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
13.6kg	Pancreas
INTERPRETED BY	The left pancreatic limb was prominent in size with asymmetrical contour and mixed hypoechoic to hyperechoic echogenicity. No signs of active inflammation or neoplasia.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Free Abdomen
IMAGING PERFORMED BY	Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.59 cm diameter.
Crystal Hill	Generalized peripancreatic to peri-intestinal hyperechoic mesentery was present. A small pocket of scant perihepatic free fluid was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Beatties PH Stoney Creek	<ul style="list-style-type: none"> • Reactive/vacuolar hepatopathy pattern-subjectively benign • Acute/subacute gastroenterocolitis pattern with gastric and segmental small bowel hypomotility • Acute on chronic left pancreatitis pattern • Intermittent benign/reactive mesenteric lymph nodes-probable minor secondary hyperplasia or lymphadenitis • Generalized peri-intestinal/peripancreatic hyperechoic mesentery, small pocket of scant perihepatic free fluid
REFERRING VET	
Dr. Mellish	
INVOICE	Secondary:
11660ag	<ul style="list-style-type: none"> • Mild asymmetrical cystitis • Mildly prominent symmetrical residual prostate gland-non-specific, probable patient variant • Early age-related renal changes
DATE	
09/19/2022	



PATIENT

Snoopy Mainelli

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7yr

WEIGHT

13.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Mellish

INVOICE

11660ag

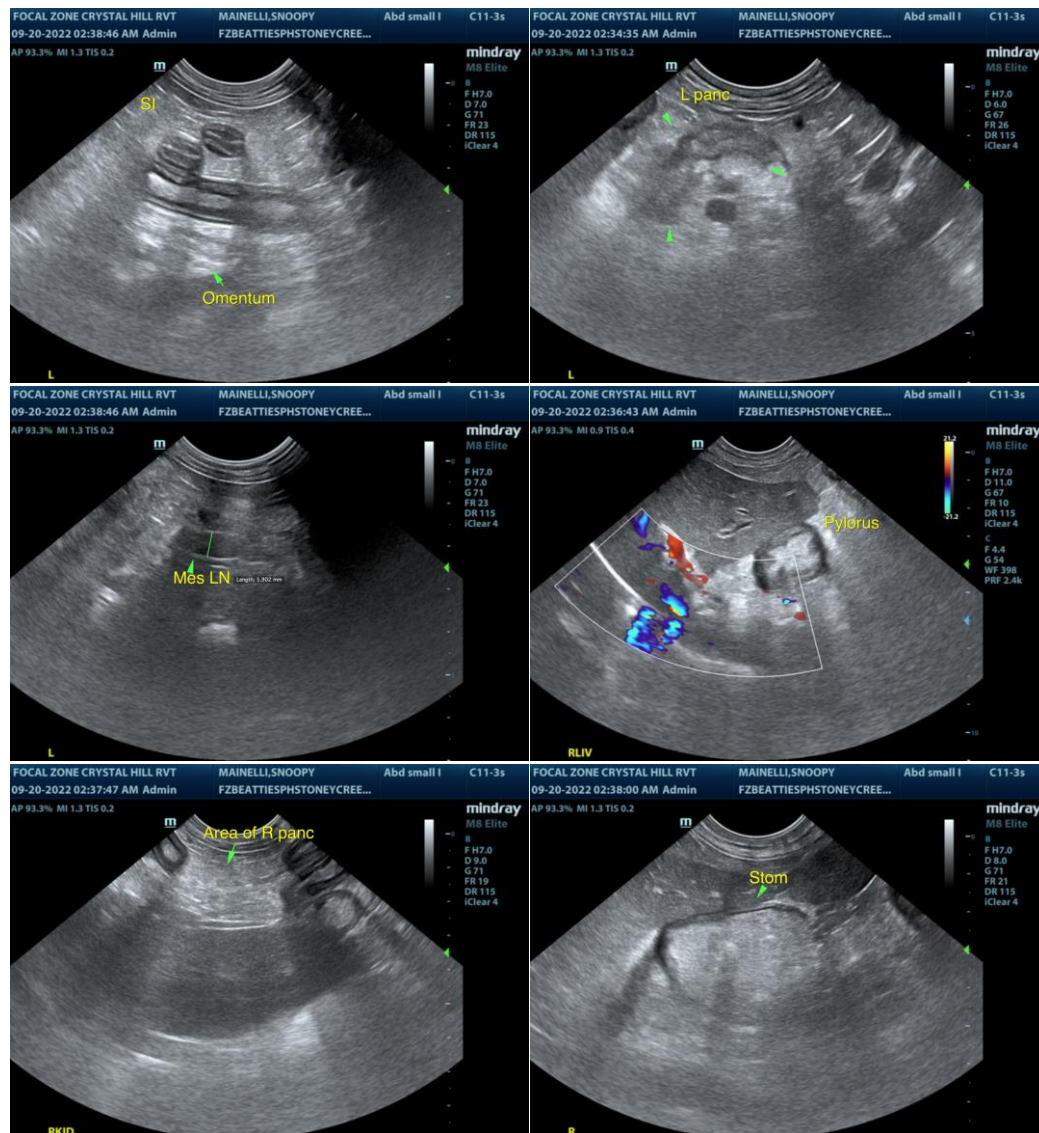
DATE

09/19/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of GI obstructive foreign material was observed, potential for small amount of foreign material passing into the colon given the patient history cannot be definitively excluded. Dietary intolerance / food hypersensitivity, gastroenterotoxin insult, acute hemorrhagic diarrhea syndrome, occult parasitism, inflammatory bowel disease or less likely occult GI neoplasia are possible.

No overt indication for immediate surgical intervention. Continued aggressive therapy for acute gastroenterocolitis/hemorrhagic gastroenteritis with continued reassessment would be reasonable. Recheck sonogram to assess for progressive inflammatory GI, pancreatic or omental changes if persistent clinical signs is suggested.





PATIENT

Snoopy Mainelli

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7yr

WEIGHT

13.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

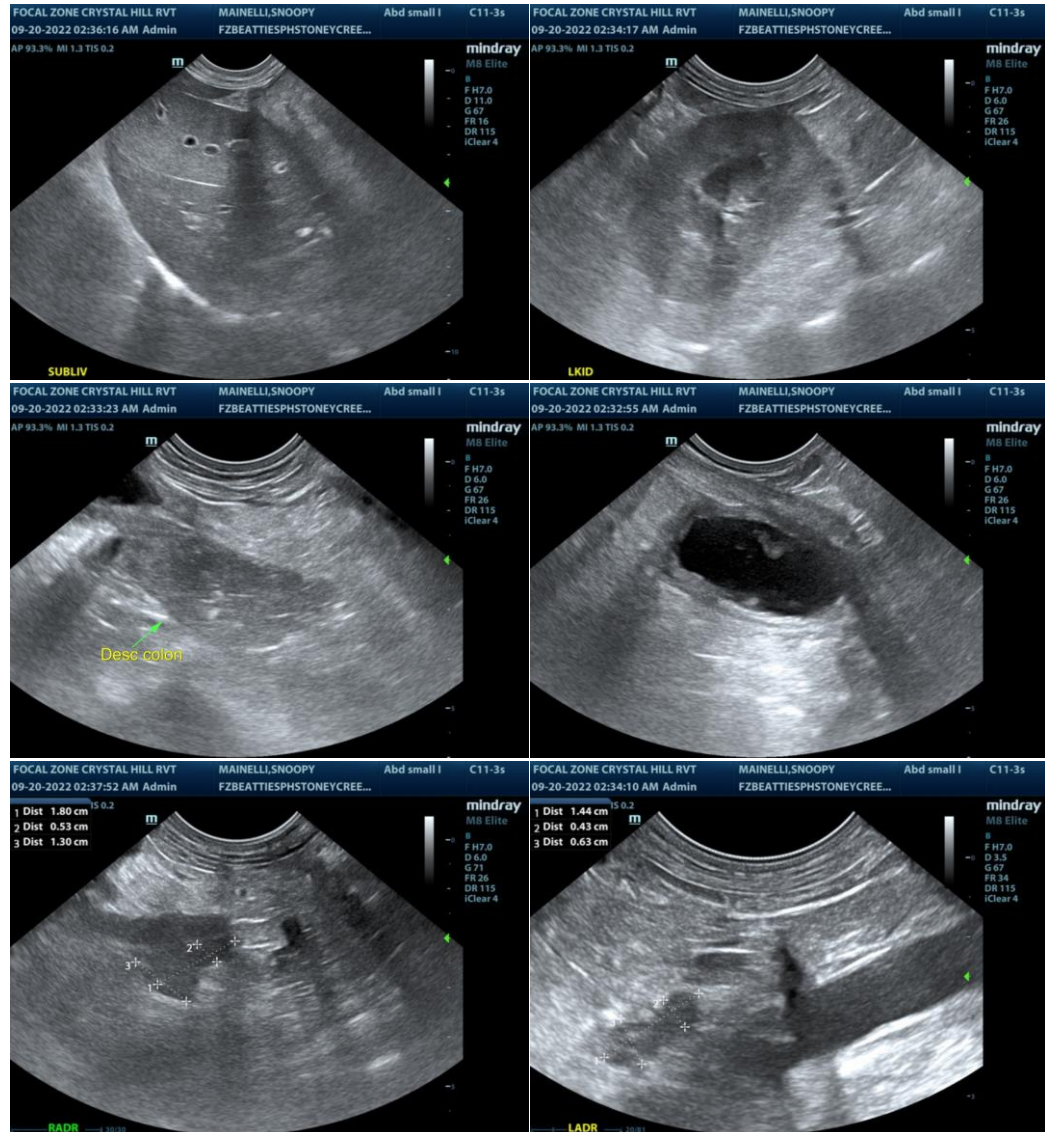
Dr. Mellish

INVOICE

11660ag

DATE

09/19/2022



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