



**PATIENT**

Daisy Creek

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

104 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA McKenzie Animal  
Hospital

**REFERRING VET**

Dr. Arpaia

**INVOICE**

74983

**DATE**

5/6/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: 9/15/2025- developed VPC's during pre-anesthetic monitoring - procedure aborted. ECHO/ECG recommended (client declined) 4/22/2026- Episode of collapse, white/grey mucous membranes noted at home, generalized urticaria developed - ER visit reported steroid injection exacerbated symptoms.

ABNORMAL Labwork Values Chemistry profile - SuperChem w/ SDMA: WNL except Globulin 3.9 (1.6-3.6), Cholesterol 332 (92-324); CBC - Wnl except WBC 20.8 (4-15.5), Neutrophilia 17264 (2060-10600), monocytosis 1040 (0-840); Thyroid hormones - TT4 0.7 (0.8-3.5); Urinalysis - USG 1.008, pH 6.5, urine chems: wnl, urine sedi: nsf, MA:0.8 (<2.5); Accuplex - Heartworm (Antigen) NEGATIVE, Borrelia burgdorferi NEGATIVE, Ehrlichia canis NEGATIVE, Anaplasma phagocytophilum NEGATIVE

Current Medications: diphenhydramine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.59 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.67 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (1.4 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.63 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is difficult to fully visualize/isolate from surrounding organs, but the parenchyma that is able to be assessed is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. The liver is subjectively possibly mildly decreased in size. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is unable to be well visualized, but in one video the area of the gallbladder appears normal without evident pathology.

***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

- Possible microhepatica can't be ruled out, but the liver is difficult to fully assess in these images, and this finding should be confirmed radiographically, as ultrasound is not the most specific diagnostic for assessing a small liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history, a full cardiac evaluation including echocardiogram and potentially consultation with a veterinary cardiologist is recommended. Additionally, if not recently evaluated, a blood pressure is recommended.



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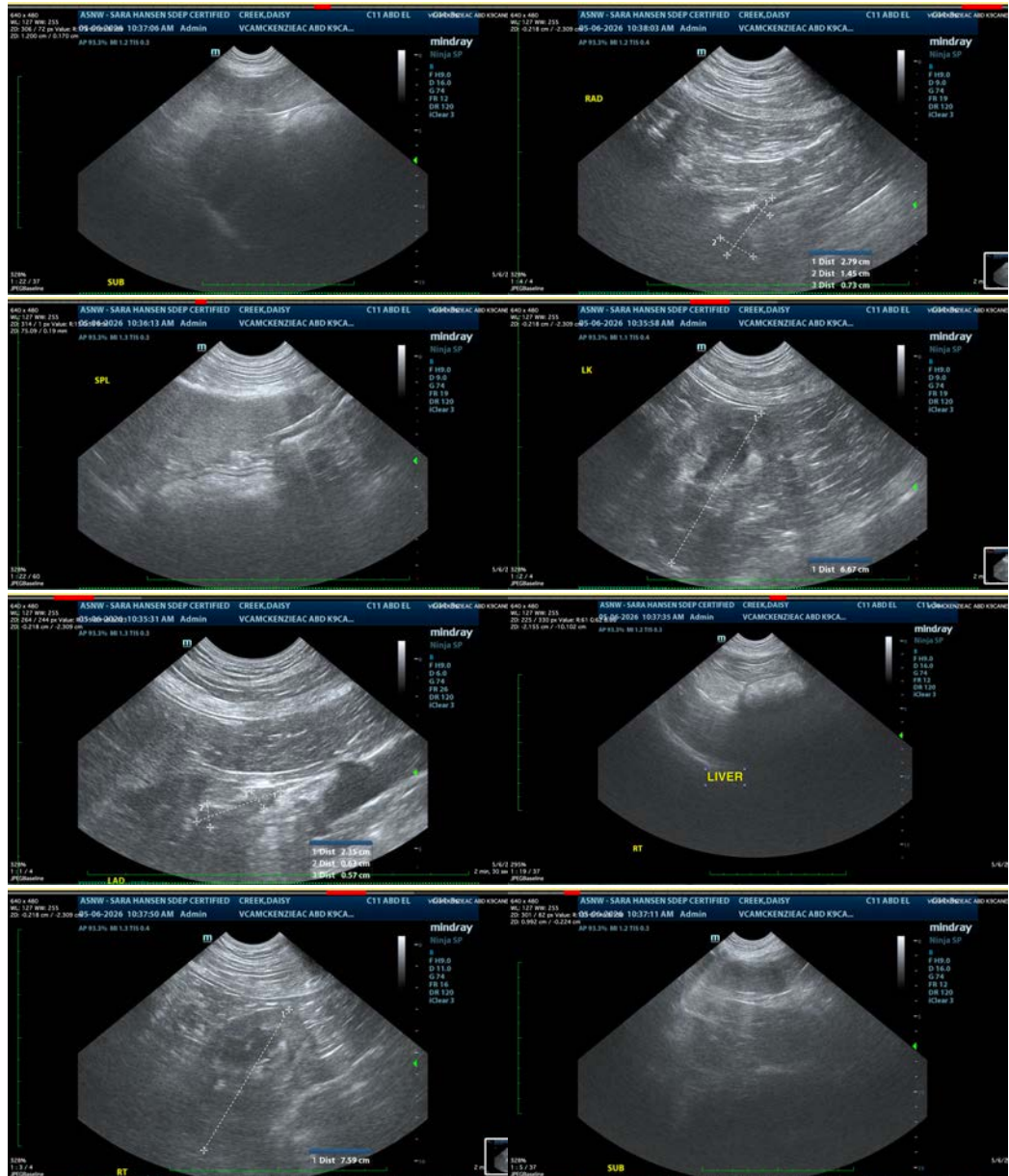
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
 info@sonopath.com