



## PATIENT

Fidalgo Baima

## SPECIES

Canine

## BREED

Whippet

## SEX

Neutered Male

## AGE

13

## WEIGHT

42

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Schiess

## INVOICE

13160

## DATE

01/15/26

## PRESENTING CLINICAL SIGNS

diarrhea for 4 days, vomited once, azotemia, increased LE's, pancreatitis, Hx of splenectomy and adrenalectomy.

Abnormal PE/Chem/CBC/UA Results: BUN 40 Creat 2.8 ALT 191 ALP 1234 Lipase 356 proteinuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral and intermittent small cortical cysts were present bilaterally. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.65 cm width in the caudal pole.

### Spleen

The spleen was not definitively visualized.

### Liver & Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended with mild nonshadowing ingesta/chyme and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



**PATIENT**

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Fidalgo Baima

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Whippet

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Mildly enlarged nonhomogenous liver.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract with semi formed/soft fecal matter in colon.
- Normal area of the pancreas.
- Nonvisualized spleen- previous splenectomy.
- Bilateral chronic renal changes.
- Normal right adrenal gland.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sonographically, the hepatopathy is most consistent with benign criteria with occult hepatic neoplasia thought less likely. Further assessment may include (assuming normal clotting status) FNA cytology +/- leptospirosis titers/PCR in conjunction with azotemia.

R. McKenzie Daniel,  
DVM, DABVP

A GI panel to include PLI, TLI, cobalamin, and folate and screening cortisol level is warranted. Hepatogastrintestinal and renal support with clinical monitoring and sonographic reassessment if progressive azotemia, gastrointestinal signs or hepatopathy is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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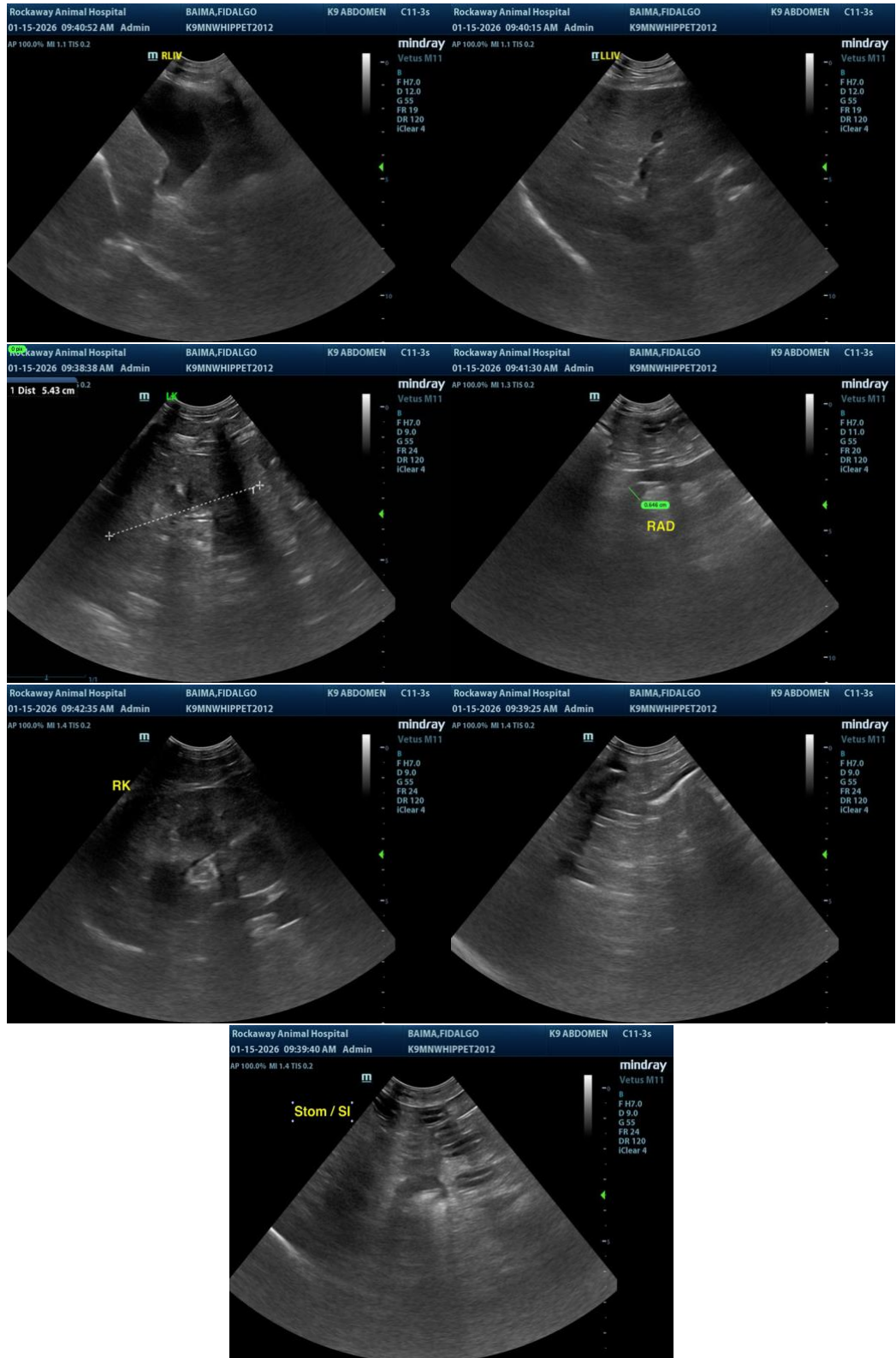
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)