



## PATIENT

Perry Blacklock

## SPECIES

Canine

## BREED

Shar Pei

## SEX

MN

## AGE

10yr

## WEIGHT

27kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Canter

## REFERRING VET

Dr Rodriguez

## INVOICE

23637

## DATE

01/21/2026

## PRESENTING CLINICAL SIGNS

- Patient is represented yesterday for continued lethargy and hyporexia (only interested in a tiny piece of Trader Joes chicken today). Patient came in last night through ER for lethargy and acting strangely - patient was walking very slow and seemed out of it. Patient is on Apoquel 16mg SID and UTD on monthly prevention. Patient is extremely aggressive at the vet and requires pre visit medications (not on anything today). Last night, pancreatitis was diagnosed along with a high fever. Shar Pei was a differential and patient was given a Rimadyl injection (also treated with SQ fluids and Ondansetron). Hospitalization was recommended if patient did not improve overnight - which is what prompted owner to come in today. Patient does have exposure to wildlife and has a history of hunting wild animals. Owner gave Rimadyl and Ondansetron this morning.
- HX of chronic intermittent vomiting

Abnormal PE/Chem/CBC/UA Results: 1. Febrile 2. Pancreatitis 3. Leukopenia, Neutropenia (progressive) (SUSPECT SEPSIS) 4. Thrombocytopenia (progressive) 5. Hyporexia 6. Elevated liver enzymes (ALP, ALT, GGT) 7. Hypoglycemia (NEW) (SUSPECT SEPSIS) 8. Abscess - ventral chest (NEW) - WBC 2.19K (L) - NEUT 1.19K (L), bands suspected - LYMPH 0.43K (L) - PLT 122K (L) (confirmed with manual plt count) 2. Chemistry: - GLU 60 (L) - ALT 168 (H) - ALP 1565 (H) - TBILI 1.0 (H) - CHOL 332 (H) - AMY 2253 (H) - NA 141 (L) - CL 107 (L) 3. Lepto SNAP: Negative Radiographs unremarkable CPL abnormal 2 days ago and Panoquel started

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or 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 mild 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 6.2 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.69 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### 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.



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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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non-distended in size with mild, non-organized gravity dependent hyperechoic debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

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.

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Generalized normal omental echogenicity was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Structurally normal gastrointestinal tract with mild non-shadowing gastric and segmental intestinal ingesta
- Normal area of pancreas
- Hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Mild non-specific chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal inflammation i.e. abscess or peritonitis. The hepatopathy is non-specific yet



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given subjective hypoechoic hepatic parenchyma may suggest acute hepatopathy including vacuolar or non-obstructive cholestatic hepatopathy, acute hepatitis (viral, bacterial, leptospirosis, toxin) or non-cardiogenic congestion. Occult hepatic neoplasia thought less likely yet not definitively excluded.

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Further assessment may include assuming normal clotting status, hepatic FNA cytology, leptospirosis titer/ PCR and CBC pathology review. No evidence of post-hepatic obstruction.

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Mild pancreatitis may present sonographically normal and may be suspected if persistent or progressive elevated CPL or discomfort on palpation.

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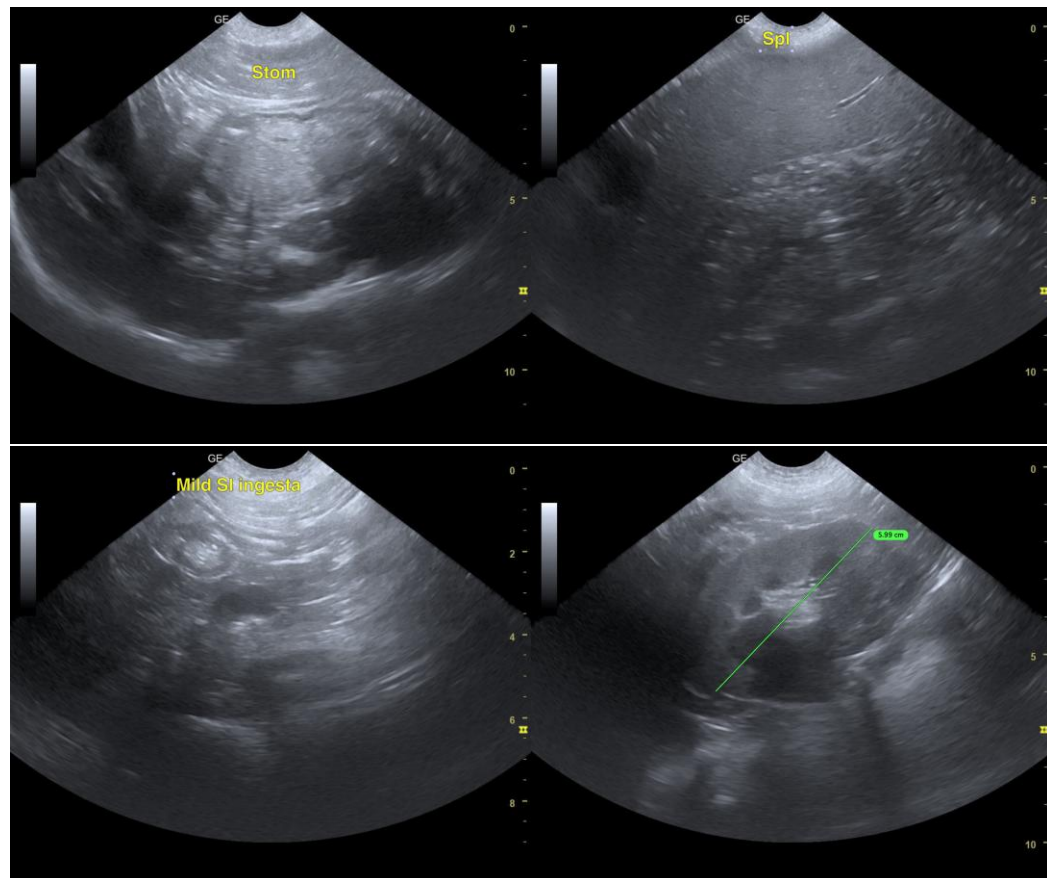
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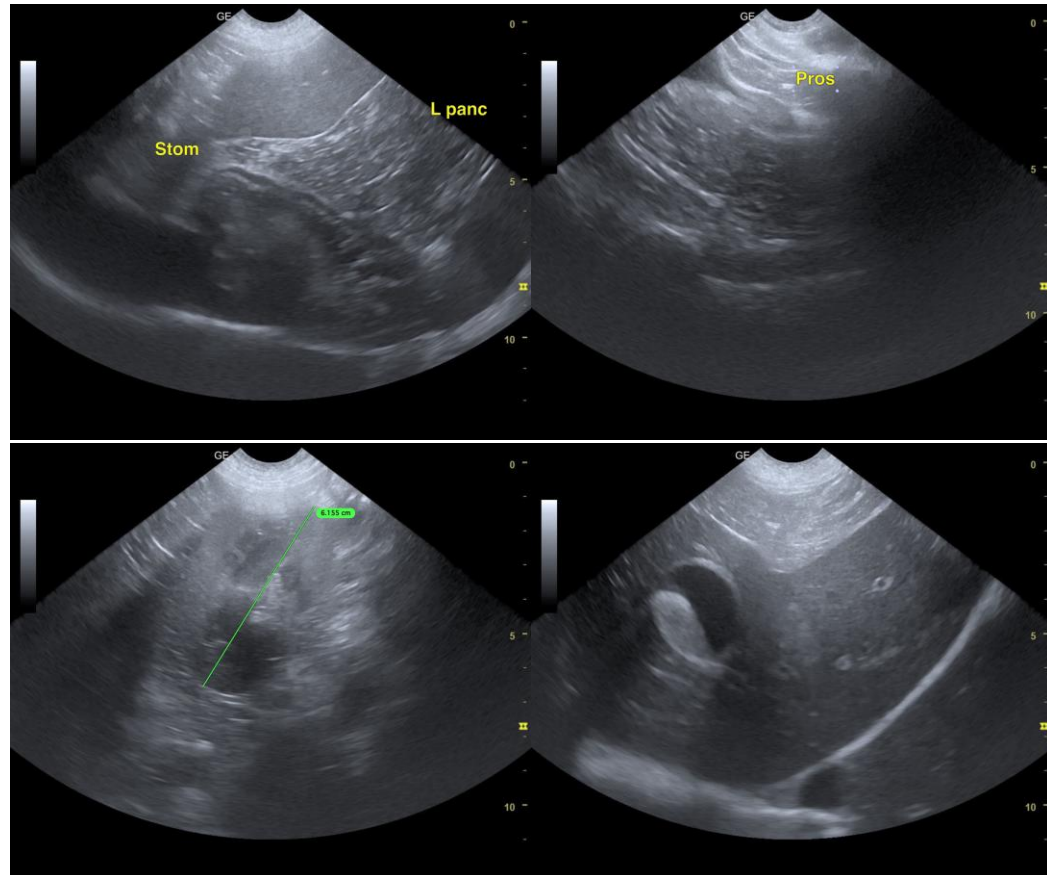
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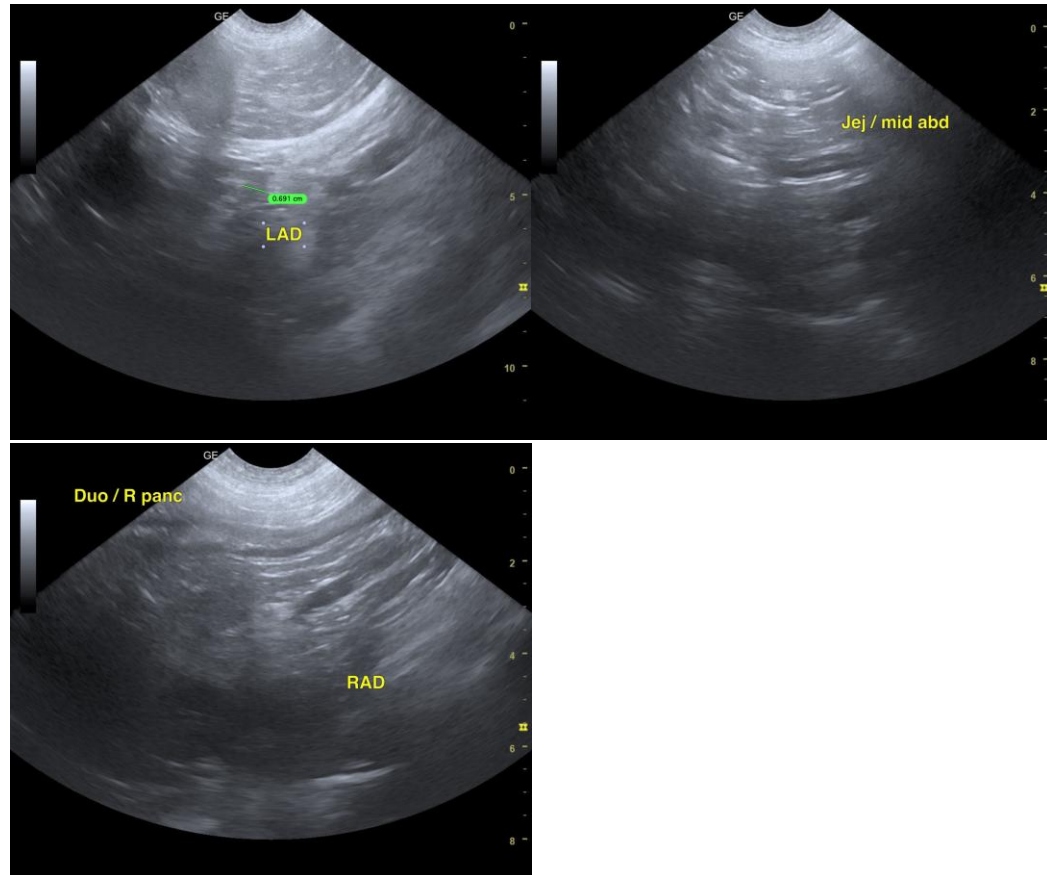
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)