

PATIENT

Cooper Thompson

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

17 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

13498

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- Multiple episodes of vomiting starting ~9:30 AM, progressing from pink-tinged to frank blood. Anorexic, drooling, lethargic. No diarrhea initially; normal BM earlier. Developed frankly bloody diarrhea
- Acute GI hemorrhage with markedly elevated pancreatic enzymes—suspected pancreatitis.

Exam: QAR, mildly dehydrated, pale pink MM, abdominal discomfort with doughy palpation. Vitals otherwise stable. No significant findings on other systems. Diagnostics: CBC: WNL Chemistry: Amylase >2500, Lipase 4900

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The sediment is likely consistent with cellular or crystalline debris.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 6.2 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 & Gallbladder

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.



PATIENT

Cooper Thompson

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

17 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

13498

DATE

01/30/26

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented borderline to mild thickened wall most notable in the pylorus without evidence of mechanical pyloric outflow obstruction or pyloric mural pathology. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with minor upper duodenal corrugation.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mildly enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern accentuated by moderate nonobstructive gastric stasis.
- Normal colon containing semi formed to soft fecal matter.
- Mild heterogeneous pancreas.
- Intermittent mild benign mesenteric lymphadenopathy.
- Minor urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant or active pancreatitis. Mild pancreatitis at times may present sonographically normal. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Sonographic monitoring or reassessment indicated if non-responsive or progressive gastrointestinal signs. No indication for surgical intervention.



PATIENT

Cooper Thompson

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

17 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

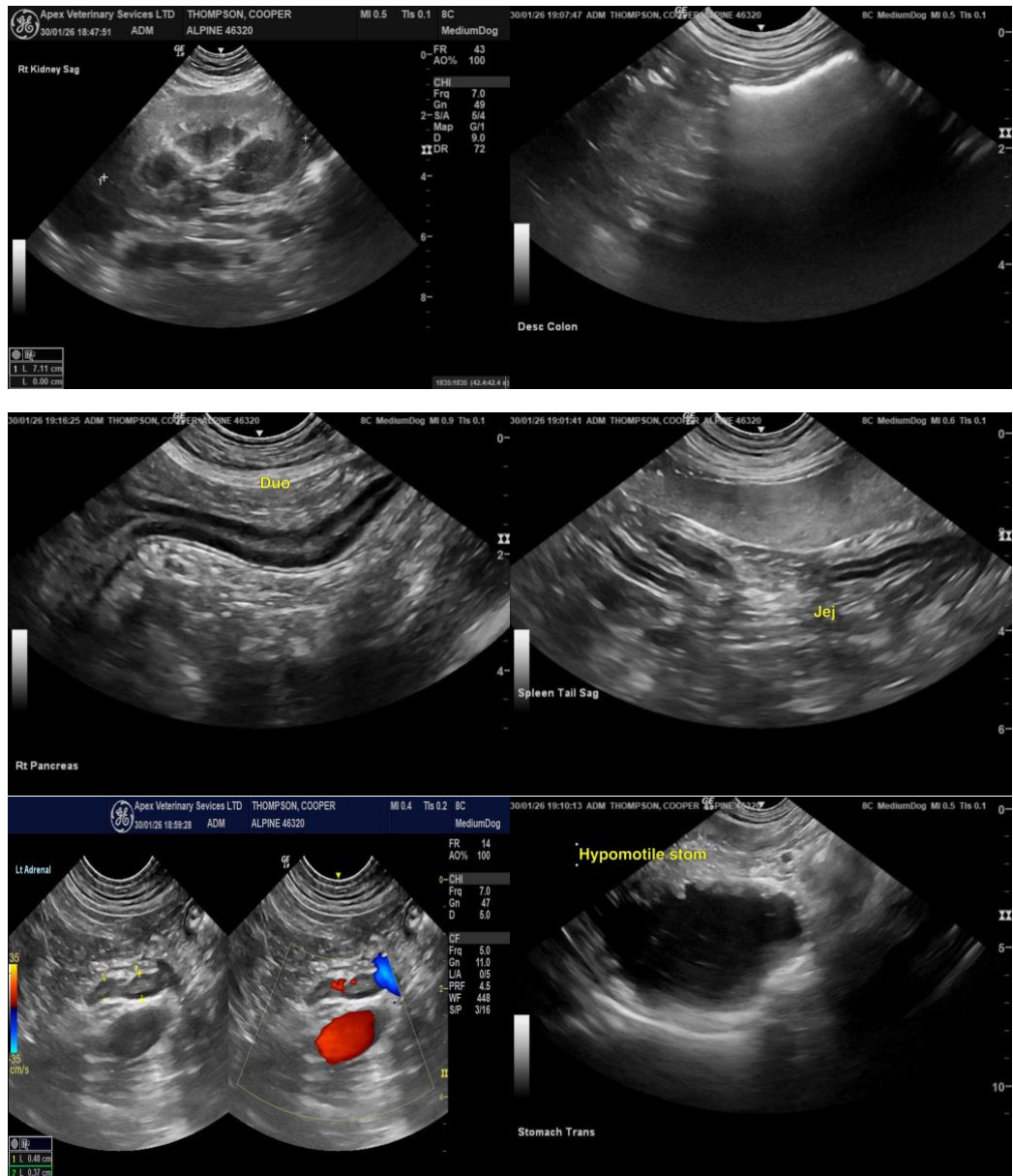
Alpine 24/7 ER Doctor

INVOICE

13498

DATE

01/30/26





PATIENT

Cooper Thompson

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

17 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

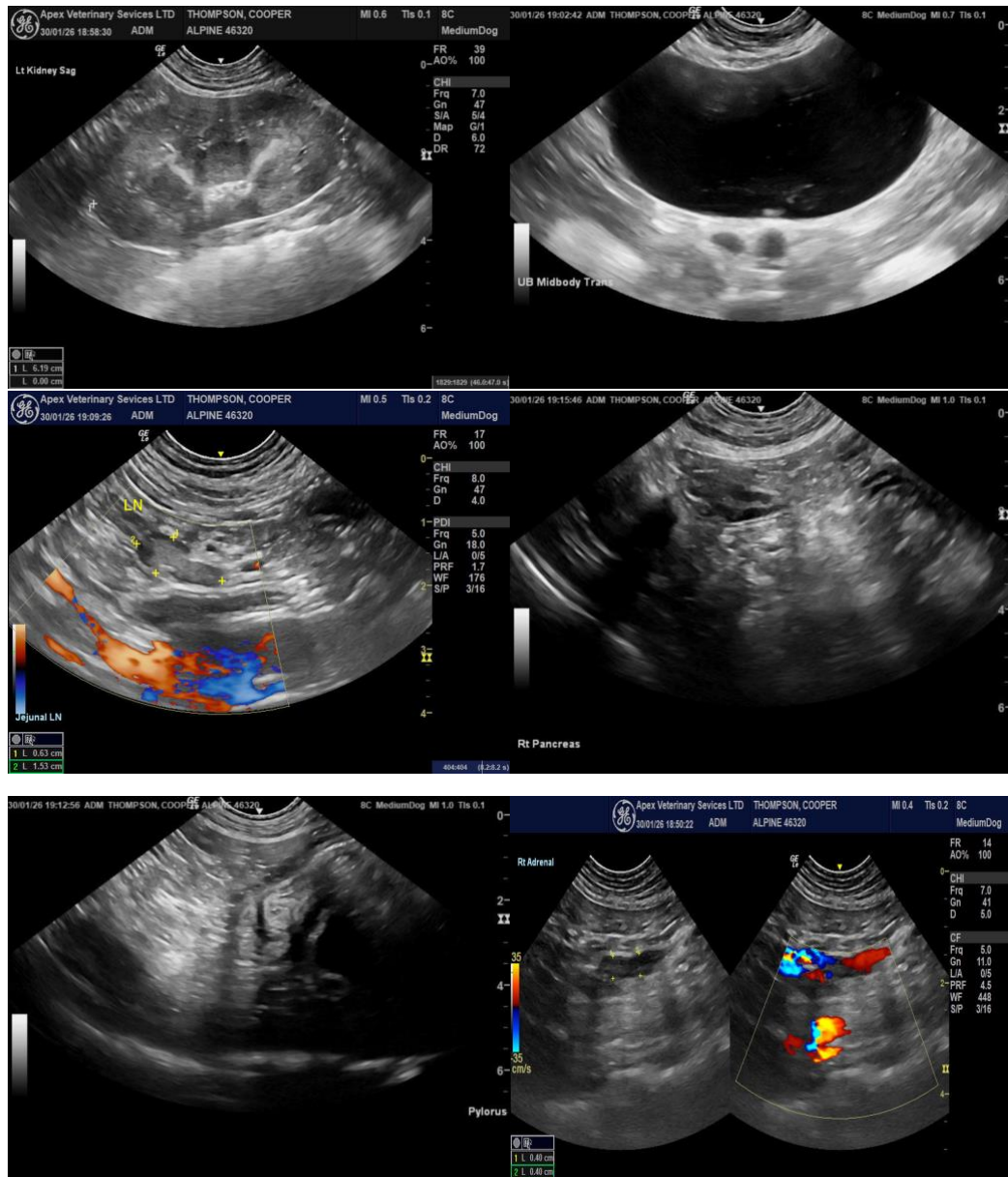
Alpine 24/7 ER Doctor

INVOICE

13498

DATE

01/30/26



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