

**PATIENT**

Lola Krustev

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

2yr

WEIGHT

20.3kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**Dr. Mariusz
Chmielinski, DVM**HOSPITAL NAME**Apex Veterinary
Services Ltd.**REFERRING VET**

Alpine 24/7 / ER

**INVOICE
23467****DATE**

01/06/2026

PRESENTING CLINICAL SIGNS

- Two large vomiting episodes on day of presentation, containing undigested food with a possible feculent odor.
- Associated lethargy, stretching, and hunched posture consistent with previous vomiting episodes. Relevant History
- Foreign body ingestion: Ingested approximately half a tennis ball in the spring; diagnosis delayed ~2 months before a fragment was passed in stool.
- Prior imaging (June 17): Abdominal ultrasound revealed thickening of the distal small intestine at the ileocecal junction.
- Chronic GI signs: Intermittent vomiting approximately once monthly since late August, typically lasting ~24 hours; occasional blood noted in vomit. Previously cyclical (q Friday in spring).
- Lifestyle risk factors: Dog daycare attendance, recent 10-day kennel stay, coprophagia, possible salt exposure from sidewalks.
- Diet: Purina turkey-based dry food.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: T- 38.0, (HR):122, HR: PR: 26, RE: 0, Mm/ CRT: pink, moist/ CRT < 2 sec, Mentation: BAR, Hydration: ~6% DeH2) • Abdomen: Tense and painful on palpation; hunched posture; cranial palpation limited by conformation; no palpable masses.

Hematology: Hemoconcentration / Relative polycythemia ↑ RBC (9.75), ↑ HCT (0.646), ↑ Hemoglobin (227) Mild inflammatory leukogram ↑ WBC (17.32), Neutrophilia (13.02) with relative lymphopenia, Platelets: Normal (313) Serum Chemistry Renal values, normal Electrolytes: Sodium, potassium, chloride, Na:K ratio all within normal limits Proteins: Total protein, albumin, globulin all within reference range Liver enzymes: ALT mildly elevated (167), ALP, GGT, bilirubin normal Pancreatic enzymes: Amylase and lipase within reference range

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 6.9 cm in length.

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 0.62 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 0.63 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

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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder**SPECIES**

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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal**SEX**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.40 cm in width.

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The small intestine exhibited intact wall layering and mild areas of segmental duodenojejunal corrugation with generalized empty intestinal lumen without obstructive pattern to the level of the colon. Subtle segmental hyperechoic intestinal mucosal speckling was present. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen. The colon was subjective generalized to mild gas distended in appearance.

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Pancreas

The visualized pancreas was normal in size and contour exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Moderate mildly irregular non-homogenous focal to intermittent jejunal mesenteric lymphadenopathy present, an example of a lymph node measured 4.1 cm x 1.7 cm.

Intermittent minor pockets of peritoneal effusion were present.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS**Primary**

- Non-specific gastroenteropathy without evidence of obstructive pattern
- Mild gas distended colon
- Moderate non-homogenous asymmetrical mesenteric lymphadenopathy
- Possible mild pancreatitis
- Minor peritoneal effusion
- Sonographically normal liver with mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

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Dietary intolerance or indiscretion, infectious disease, IBD, enterotoxin, occult parasitism, in conjunction with possible mild pancreatitis, moderate lymphatic hyperplasia or lymphadenitis are all potentials. Occult parasitism or occult neoplasia with early metastatic lymphadenopathy, not definitively excluded.



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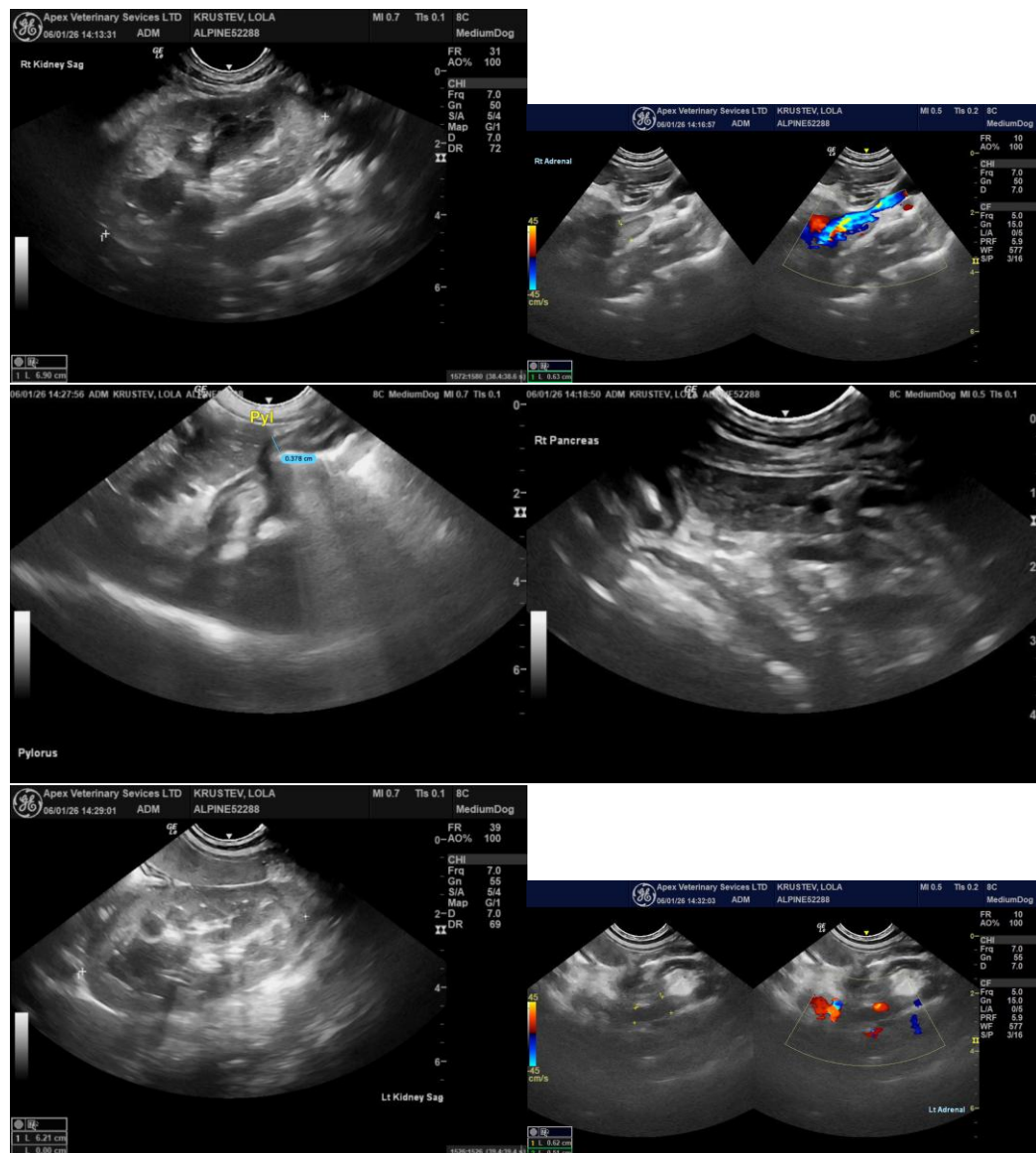
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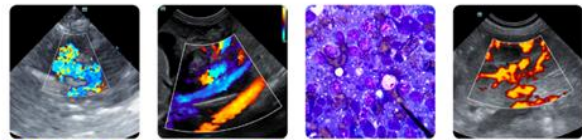
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Further assessment may include GI panel (PLI, TLI, cobalamin and folate) screening cortisol level and assuming normal clotting status, lymph node FNA cytology +/- C/S. A novel protein or hydrolyzed diet trial with probable long-term dietary therapy, as needed gastric protectants, cobalamin supplementation pending assessment of cobalamin level, and empirical deworming Panacur 50 mg/kg SID for five consecutive days with repeat protocol in three weeks despite fecal testing may prove beneficial.

Given chronic gastrointestinal signs in this patient, gastrointestinal and lymphatic biopsies are likely ideal for definitive diagnosis. Although no current evidence of gastrointestinal obstruction or foreign material, sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs given patient history.





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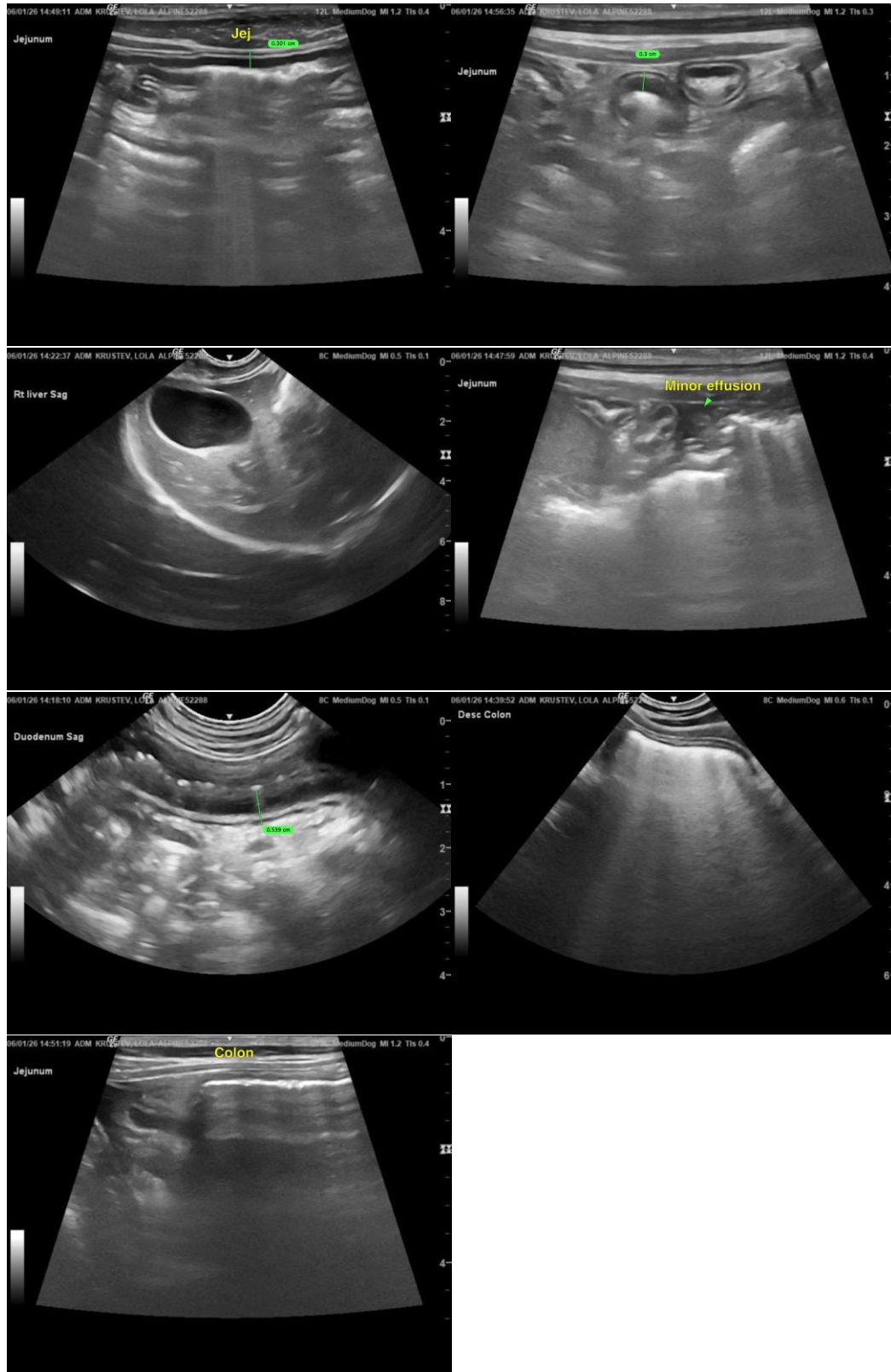
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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