



PATIENT

Jack Bow

SPECIES

Canine

BREED

Lab

SEX

Male Neutered

AGE

6y

WEIGHT

35.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

12809

DATE

11/15/25

PRESENTING CLINICAL SIGNS

History: End of Oct - itching and redness and hair loss on abdomen (allergies), owner giving oral Benadryl and antihistamine spray (OTC). Went to CPC around 11/1, give oral allergy pill (O believed not steroid). Follow-up appt few days later - refilled same med. Around this time owner noted increased thirst and increased appetite and hair loss 11/5 owner noted blood in stool 11/8 went back to CPC, received a shot for allergies, oral antibiotic, probiotic (powder packets), stopped previous allergy pill 11/12 improving, no diarrhea, appetite - stools seeming harder but with mucus 11/13 vomiting pebbles, slightly off 11/14 no appetite, lethargic

Abnormal PE/Chem/CBC/UA Results: 11/14: CBC- Hct 42.6, WBC 17kNeut 14.86k mature neutrophilia r/o stress vs endocrine vs concurrent inflammation Chem10 - BUN 6, ALT 196 ALP 925 - hepatopathy r/o pancreatitis/GI vs primary hepatic (neoplastic, infectious, parasitic, other) EPOC - Lac 3.07, Glu 128, Na 137 - hyponatremia r/o vomiting cPL 573 elevated (rr 0-200) cortisol - normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone exhibited normal wall and without evidence of inflammation or tumors. The trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No obvious pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 7.2 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting overtly normal size, position and shape measuring 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth and peri adrenal omental artifact

Spleen

The spleen was mildly enlarged in size with symmetrical mildly rounded capsule contour and mild non-homogeneous hypoechoic parenchyma. Adequate splenic vascularity and no definitive mass or nodules visualized.

Liver

The liver presented mildly enlarged in size with normal vascular volume. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically



PATIENT

Jack Bow

rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented mildly thickened hypoechoic wall and exhibited moderate distention. The lumen of the stomach contained retained anechoic fluid and a mild amount of hyperechoic nonspecific ingesta. No definitive evidence of obstructive pyloric mural pathology. Pylorus wall measured 0.83 cm.

BREED

Lab

The visualized segments of the small intestine exhibited intact wall layering with normal wall layer ratio. Empty intestinal lumen without overt mechanical/metabolic ileus to the level of the colon.

SEX

Male Neutered

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

AGE

6y

The pancreas was indistinctly visualized yet exhibited subjective mildly prominent left pancreatic limb and mild heterogenous parenchyma.

WEIGHT

35.8 kgs

Free Abdomen

Primarily mid to cranial abdomen hyperechoic omentum and mild volume mildly echogenic peritoneal effusion noted. No obvious visualized significant mid abdomen mesenteric lymphadenopathy.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged hypoechoic spleen – hyperplasia, hematopoiesis, splenitis, occult neoplasia
- Hepatopathy – metabolic reactive or vacuolar hepatopathy, inflammation, non-obstructive cholestasis, occult neoplasia thought less likely
- Mildly thickened to moderately hypomotile stomach containing retained fluid and mild hyperechoic content
- General empty small intestine
- Mildly prominent heterogeneous left pancreas
- Peritonitis

IMAGING PERFORMED BY

Dr. Burns

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Wilvet Salem

Pancreatitis is probable although sonographically the pancreas did not overtly meet significant active or necrotizing pancreatitis criteria indicating potential for additional etiology for the clinical signs and sonographic findings. Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology as well as effusion analysis cytology and +/- C/S if evidence of septic peritonitis or inflammatory effusion component is recommended. Given the degree of gastric distention with retained fluid and nonspecific content, a possible upper intestinal obstruction is not excluded. No obvious visible evidence of small intestinal obstructive pattern. Exploratory laparotomy should be considered if evidence of septic peritonitis or persistent gastric ileus. Gastrointestinal support and empirical therapy for pancreatitis/nonspecific peritonitis with close clinical monitoring and sonographic reassessment in 12-24 hours would be more conservative.

REFERRING VET

Dr. Burns

INVOICE

12809

DATE

11/15/25



PATIENT

Jack Bow

SPECIES

Canine

BREED

Lab

SEX

Male Neutered

AGE

6y

WEIGHT

35.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

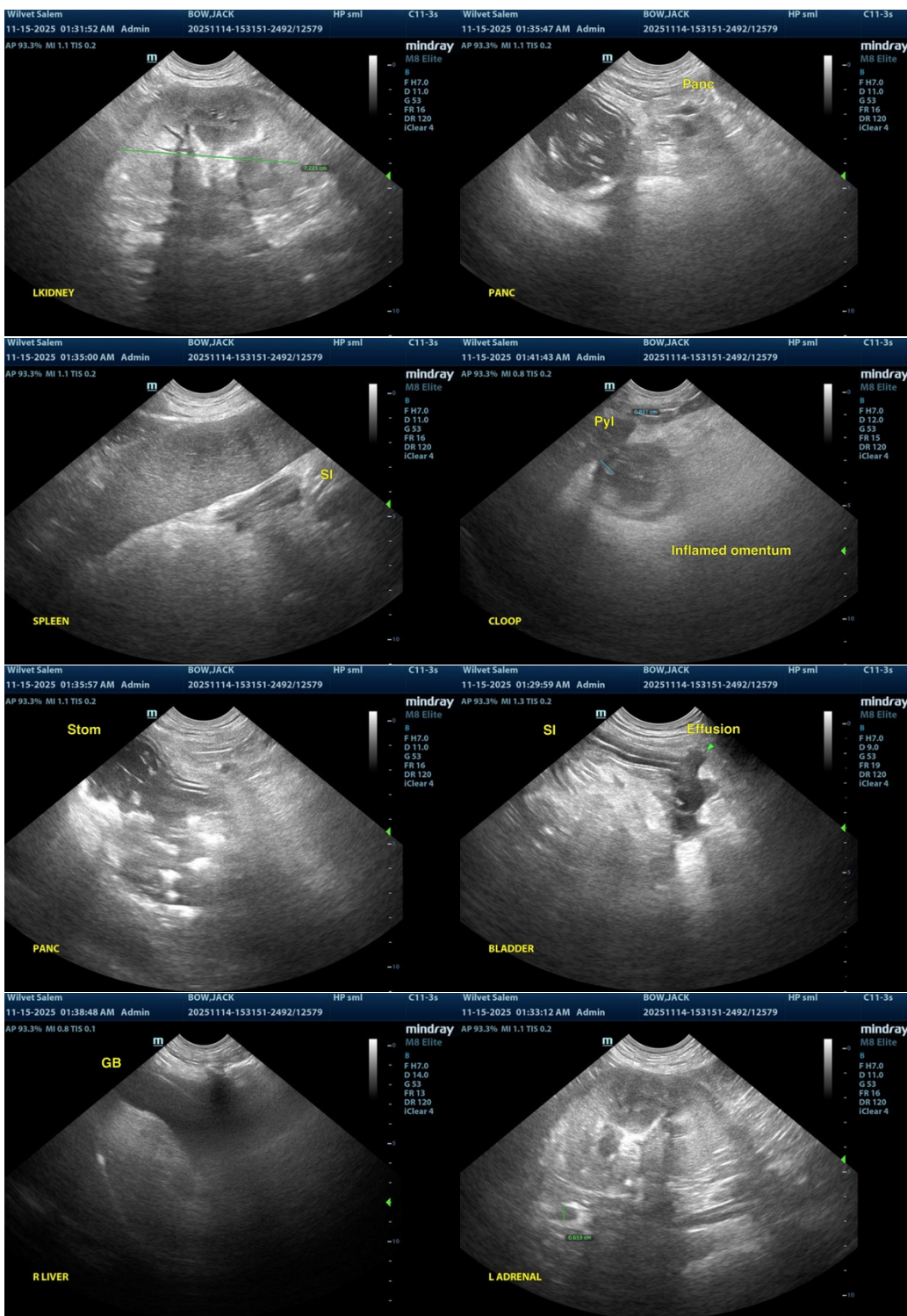
Dr. Burns

INVOICE

12809

DATE

11/15/25





PATIENT

Jack Bow

SPECIES

Canine

BREED

Lab

SEX

Male Neutered

AGE

6y

WEIGHT

35.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

12809

DATE

11/15/25



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