



PATIENT

Einstein Hayes

SPECIES

Canine

BREED

Shr Pei Mix

SEX

Male Neutered

AGE

13 yrs

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Michael Skarie, DVM

INVOICE

12836

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: 13-year-old MN Shar Pei with acute onset (past 24 hrs) of anorexia, vomiting water, trembling, lethargy, and overnight pacing. -Reason for ultrasound: evaluate for pancreatitis complications, mechanical obstruction vs ileus, foreign material, hepatobiliary disease, splenic pathology, or peritonitis. -Radiology findings (11/18): mild diffuse hepatomegaly with rounded margins, gas and soft-tissue material in the stomach, multifocal small intestinal gas distension, and a caudal ventral SI segment containing heterogeneous soft-tissue opacity material (possible foreign body). -Radiologist impression: mechanical obstruction vs paralytic ileus (pancreatitis/gastroenterocolitis); scant peritoneal effusion/peritonitis possible; lobular splenic tail (benign vs malignant); chronic T13-L2 IVDD changes; thorax unremarkable (no mets). -Known T13-L1 disc protrusion (MRI), currently tapering prednisone and on omeprazole; on gabapentin for TL myelopathy.

Abnormal PE/Chem/CBC/UA Results: In-house labs: pancreatic lipase 1,888 U/L, ALT 195 U/L, ALP 759 U/L; Lymphopenia 0.34 K/ μ L (\downarrow), Monocytosis 1.94 K/ μ L (\uparrow)

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 changes were noted.

No obvious pathology in the area of the residual prostate.

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

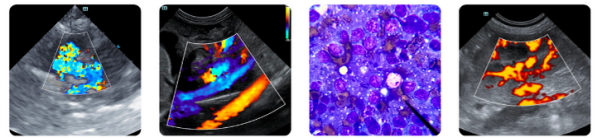
Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology or enlargements subjectively measuring 0.63 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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

The liver was subjective mildly enlarged in size with primarily maintained symmetrical capsule contour. Generalized non-homogeneous remodeled hepatic parenchyma exhibiting variable coarse echotexture and indistinct portal vascular borders. Within the mid liver parenchyma, a non-disruptive, possibly mild



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encapsulated, primarily fluid filled lesion was present measuring 3.6 cm in diameter. The fluid within the lesion was primarily anechoic. The gallbladder was non-distended in size with mild, non-organized, echogenic, non-mineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without obstruction to pyloric outflow.

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.

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

Pancreas

The pancreas was subjective normal in size and indistinct capsule with indistinct capsule compared to adjacent omentum exhibiting mild isoechoic to heterogeneous to remodeled parenchyma.

Free Abdomen

No evidence of peritoneal effusion or peritonitis. No visualized significant omental lymphadenopathy with normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged non-homogeneous liver with intraparenchymal cystic lesion – cyst/cystadenoma, cystic mass, less likely abscess/necrosis
- Mild gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract with mild, non-shadowing gastric ingesta – consistent with food echogenicity
- Mild pancreatic remodeling
- Sonographically normal spleen
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction, obstructive pattern or foreign material. Mild to chronic pancreatitis may present essentially normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Assuming normal clotting status, hepatic parenchyma and if accessible, cystic lesion FNA cytology, +/- fluid analysis and C/S. Hepato-gastrointestinal support and empirical therapy for possible mild pancreatitis with clinical monitoring as well as correlation with neurological exam would be appropriate. Sonographic monitoring of the liver and cystic lesion for evidence of progression if progressive clinical signs or hepatopathy is recommended.



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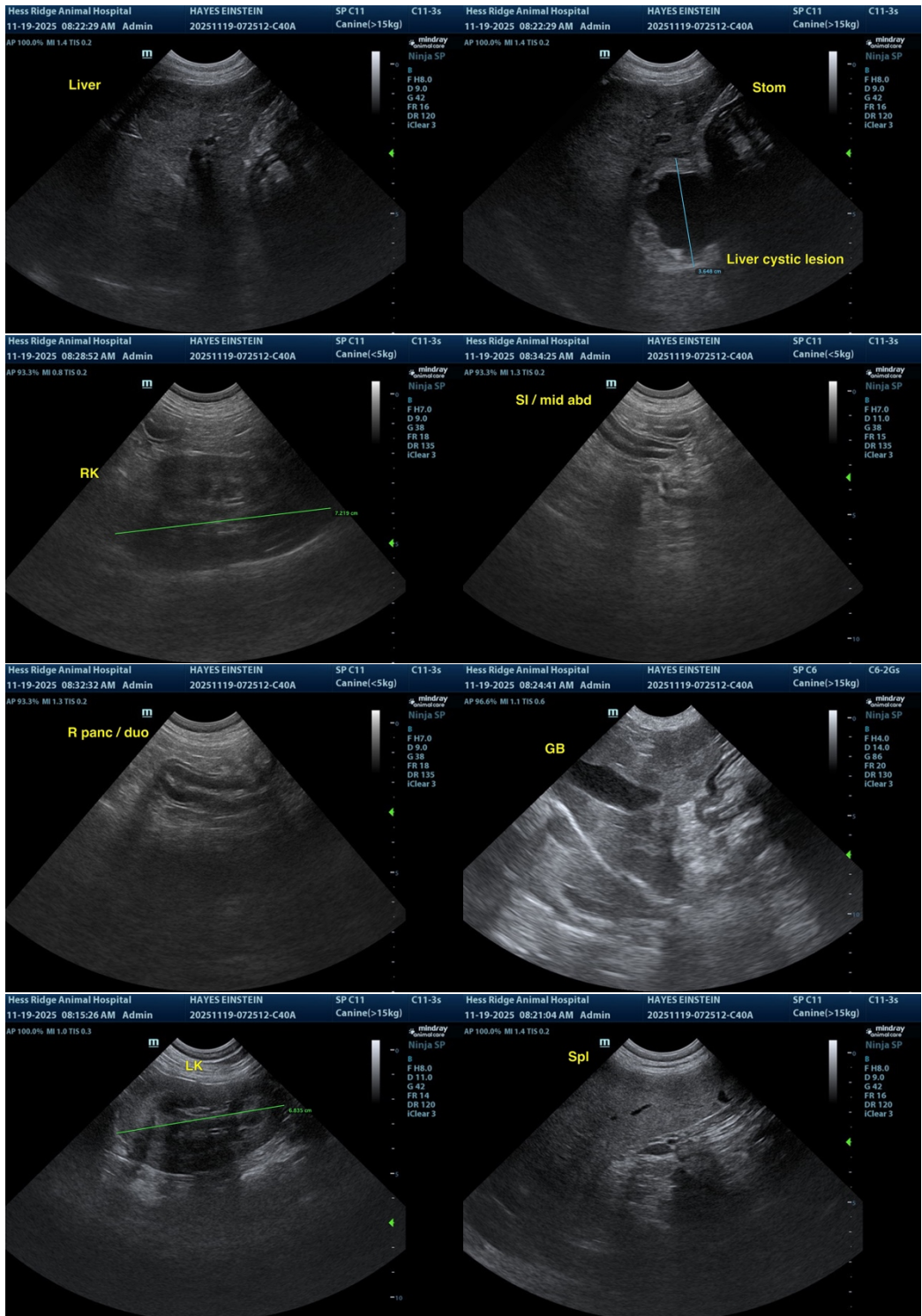
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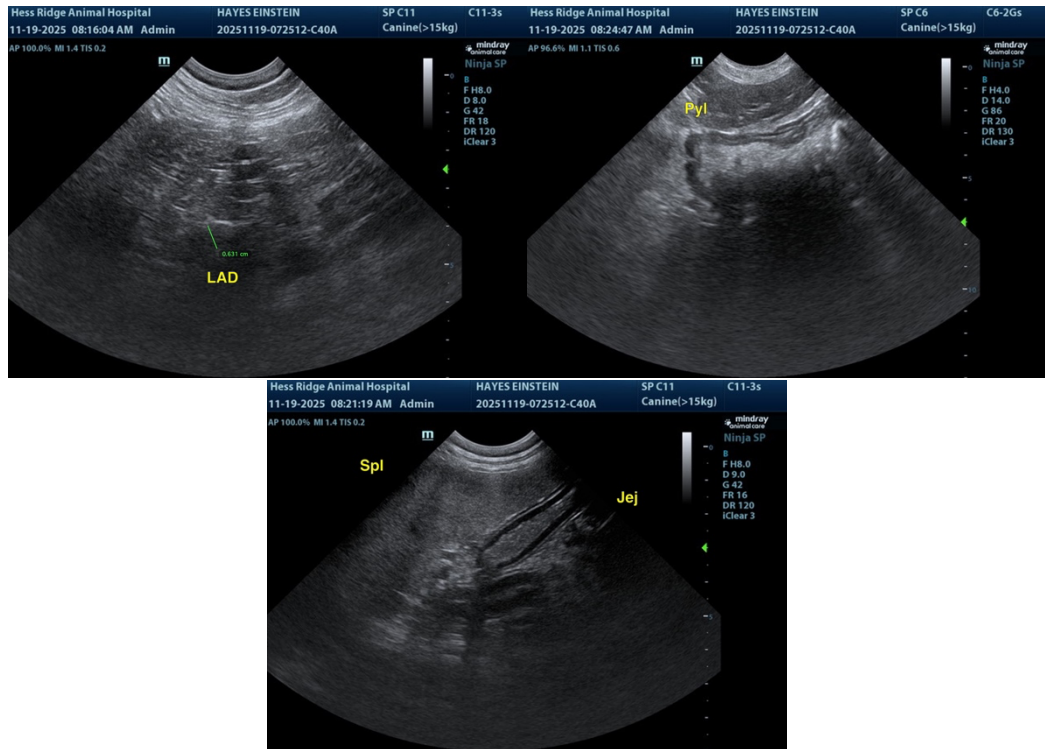
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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