



PATIENT

Ahsoka Waddell

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

34.1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fisk Creek Pet Hospital

REFERRING VET

Dr. McNicol

INVOICE

12391

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Vomiting, lethargy and inappetence. Splenomegaly a concern on screening rads.

Abnormal PE/Chem/CBC/UA Results: Mild thrombocytopenia Cortisol screen borderline low - ACTH stim pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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 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 6.8 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 0.49 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 0.57 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged, exhibiting 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 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.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented with thickened hypoechoic wall exhibiting indistinct mural detail. The stomach was empty with mild lumen gas. No evidence of obstruction to pyloric outflow. Ventral gastric body wall measured 1.0 cm wall width. Ventral pylorus wall measured 0.95 cm wall width.



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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. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.39 cm width. Intact mildly prominent ileocolic wall measuring 0.47 cm width.

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

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.3 cm x 1.1 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Thickened empty stomach exhibiting mild hypoechoic gastric wall and instinct mural detail-gastritis, infectious gastropathy i.e. helicobacter, emerging neoplasia possible.
- Structurally unremarkable small intestine with intact mildly thickened ileocolic wall.
- Mild splenomegaly- hyperplasia, hematopoiesis, hypersplenism given breed, splenitis, emerging to occult splenic neoplasia.
- Intermittent mesenteric lymphadenopathy- hyperplasia, lymphadenitis, early lymphatic neoplasia.
- Minor gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, splenic and if accessible, lymph node FAN cytology is recommended for further clarification. Correlation with pending ACTH stimulation test is recommended. Initial gastrointestinal support including dietary therapy, as needed gastroprotectants, consideration for empirical helicobacter coverage and clinical monitoring would be reasonable. Gastrointestinal and lymphatic biopsies may be required for a definitive diagnosis.



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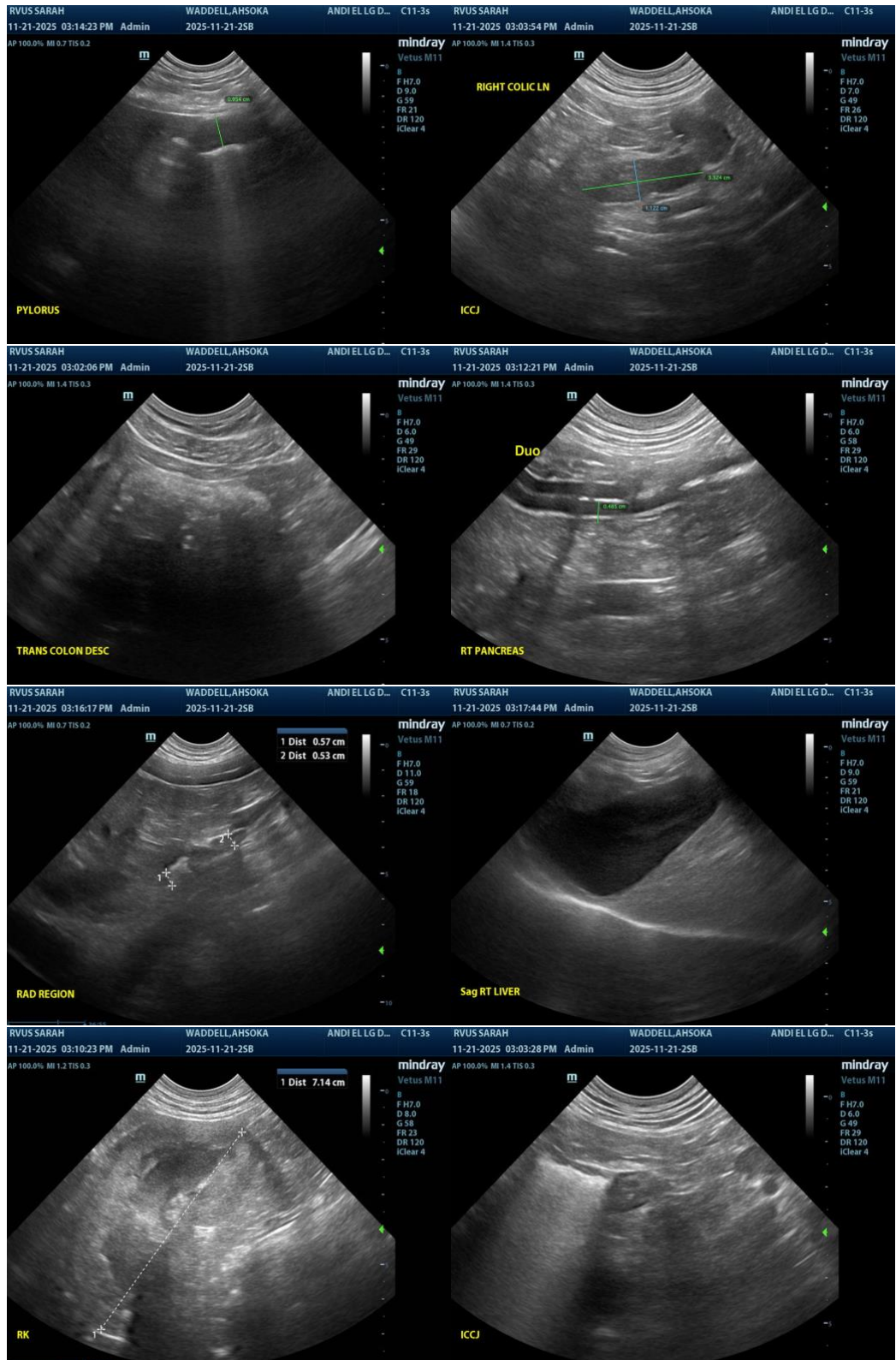
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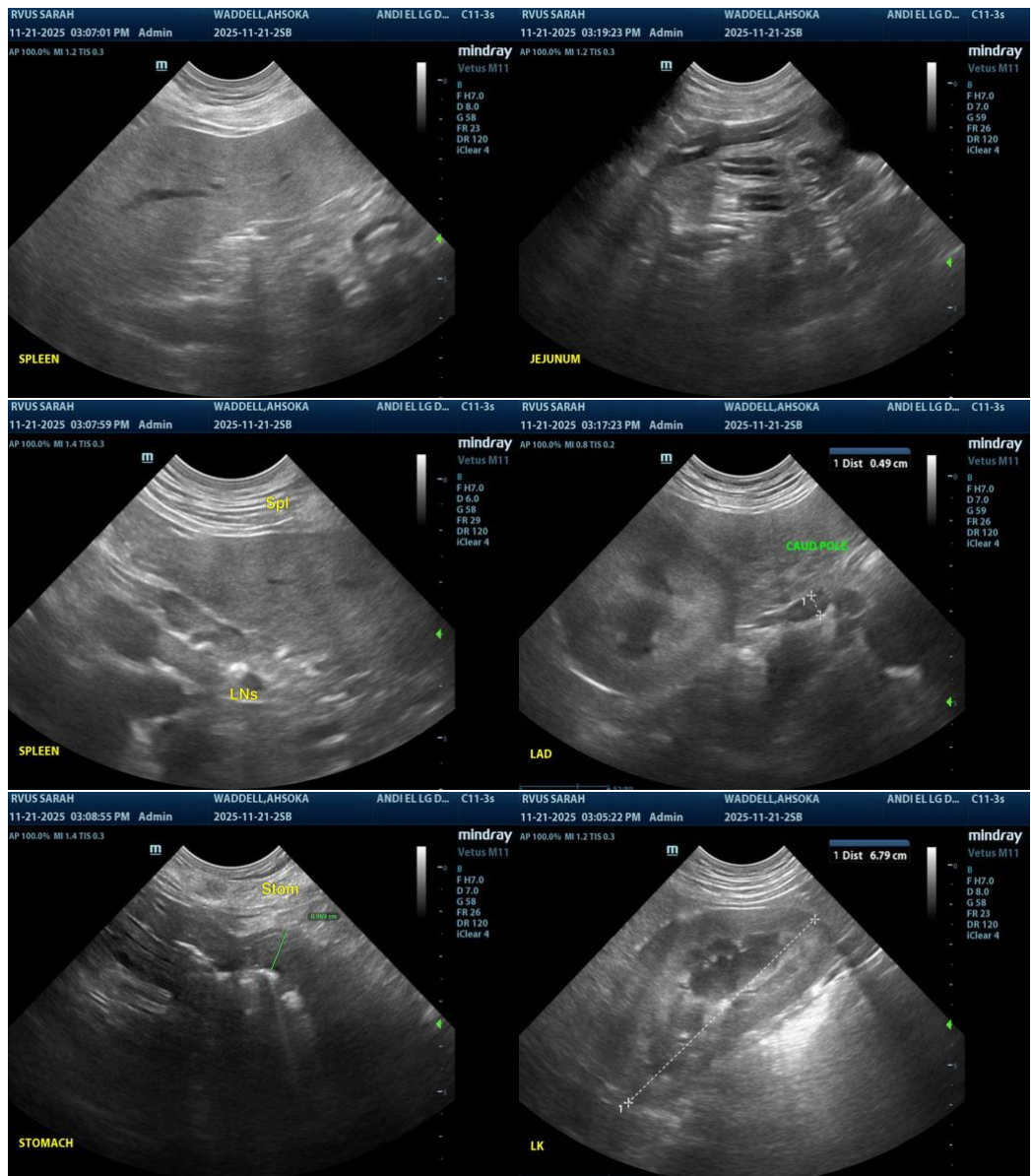
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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