



PATIENT

Bizzy Chanberlain

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered Male

AGE

7 Years 11 Months

WEIGHT

12.08

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. WyLee Cooper

INVOICE

72209

DATE

11/29/25

PRESENTING CLINICAL SIGNS

Patient History: - Stopped eating kibble 2 weeks ago, switched to wet food - Four syncope episodes over past 2 weeks lasting ~5 seconds each, occurring after activity (climbing stairs, jumping on furniture) - After episode lethargy lasts 1-2 hours - Occasional diarrhea after food change, resolved in past few days - Dark stools - Client observed pale gums and tongue - Drinking water normally - No medication - Overdue for vaccines (last vaccinated 2 years ago) - No known toxin exposure - Travel history to California

Abnormal PE/Chem/CBC/UA Results: Assessment Problem List: - Severe anemia (hematocrit 16.1%) - r/o immune-mediated hemolytic anemia, GI bleeding, tick-borne diseases, neoplasia - Syncope episodes - r/o anemia-induced hypoxia, cardiac disease - Leukocytosis - r/o inflammatory process, stress response - Hypoproteinemia - r/o GI loss, hepatic dysfunction - Hypocalcemia - r/o secondary to hypoproteinemia Plan Diagnostics: - CBC: WBC 38.47 (H) [4.0-16.53], neutrophils 28.25 (H) [2.88-11.72], lymphocytes 5.56 (H) [0.83-4.91], monocytes 3.86 (H) [0.14-1.02], hematocrit 16.1 (L) [36.9-60.0], hemoglobin 5.1 (L) [13.2-22.0], RBC 2.35 (L) [5.82-8.90] - Chemistry: phosphorus 5.1 (H) [1.9-5.0], calcium 8.5 (L) [9.0-12.2], total protein 4.7 (L) [5.5-7.6], albumin 2.1 (L) [2.5-4.0], ALP 184 (H) [0-140] - 4DX snap test: Negative

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.

The residual prostate was sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 4.1 cm in length. The right kidney measured 4.3 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 0.42 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm at the caudal pole.

Spleen

Non-enlarged spleen with symmetrical contour and homogeneous, mildly hypoechoic parenchyma.



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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of primarily anechoic fluid and luminal gas. Minor amount of non-shadowing hyperechoic ingesta was present. Stomach body wall measured 0.35 cm. No overt visualized obstructive pyloric mural pathology.

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. Duodenum wall measured 0.35 cm in width. Jejunum wall measured 0.27 cm in width.

Normal visible colon wall layers were present with semiformal 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

Two visualized, mildly enlarged, non-homogeneous, hypoechoic cranial mesenteric lymph nodes were noted, one measuring 2.4 cm x 0.95 cm. Mild surrounding perilymphatic hyperechoic omentum noted.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild non-obstructive hypomotile stomach exhibiting retained fluid, gas, and minor non-shadowing ingesta.
- Sonographically normal small intestine/pancreas.
- Normal liver/gallbladder.
- Non-enlarged, homogeneous, mildly hypoechoic spleen.
- Normal bilateral adrenal glands.
- Non-specific mild cranial mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal mass, significant gastroenterocolic mural pathology, or hepatic pathology. CBC pathology review +/- expanded infectious disease serology, assessment for evidence of autoagglutination, urinalysis given hypoalbuminemia, GI panel to include PLI, TLI, cobalamin and folate, screening cortisol level, and 3-view chest radiographs warranted. Assuming normal clotting status, using 25-gauge needle, and if stable hematocrit, splenic and accessible lymph node FNA cytology may be considered to assess for occult disease.



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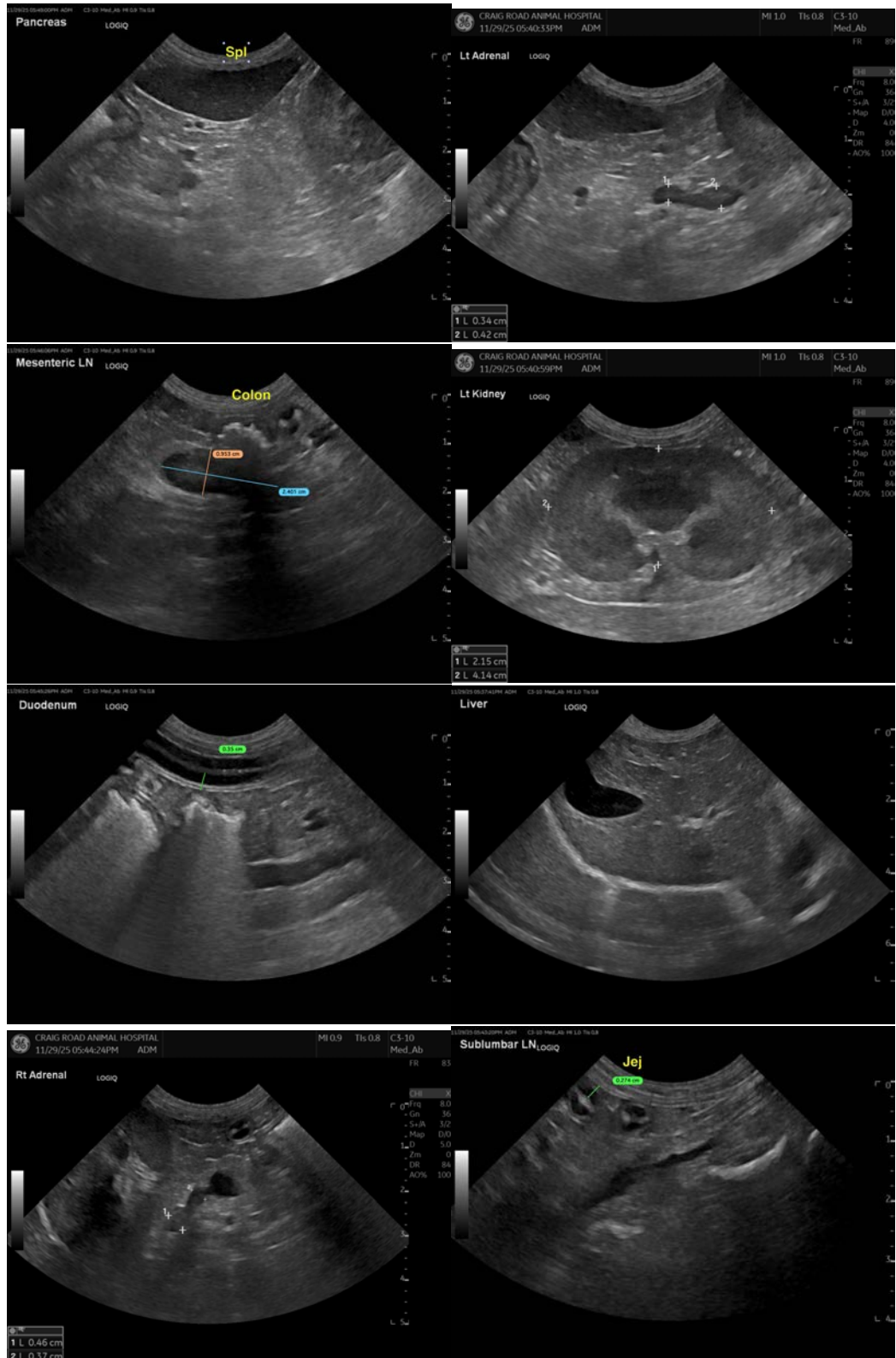
Dr. WyLee Cooper

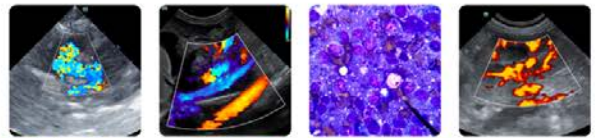
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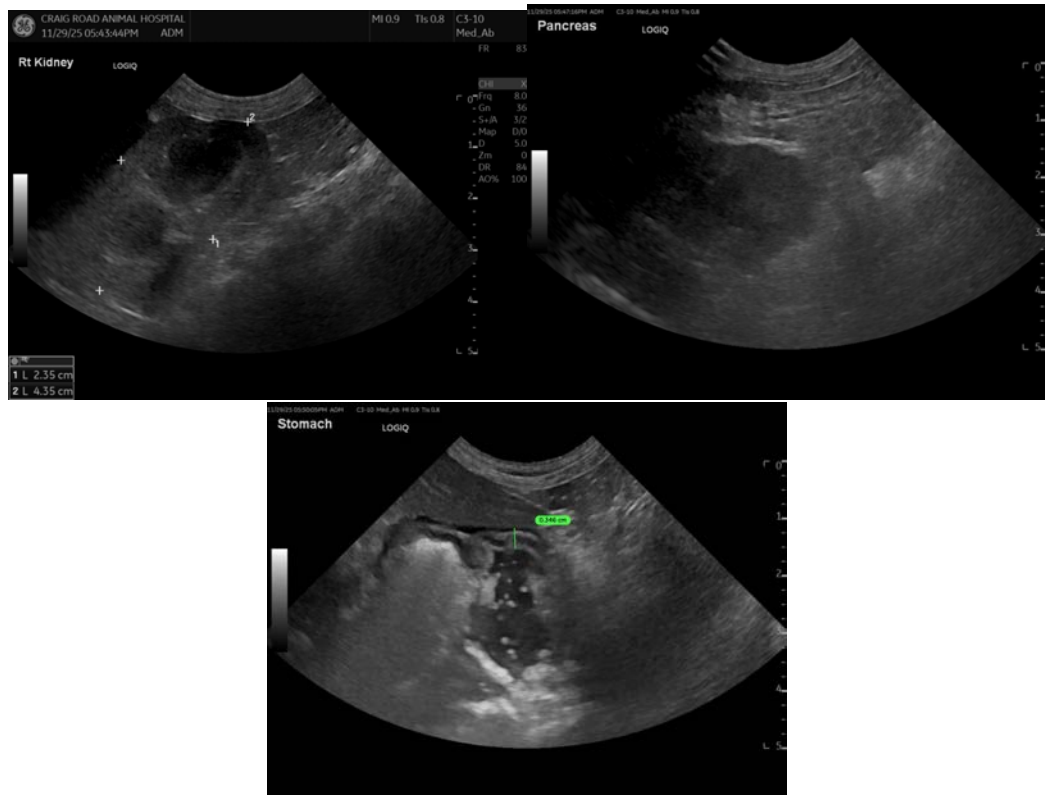
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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