



PATIENT

Panzer Carswell

SPECIES

Canine

BREED

Belgian Malinois Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

62.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Liebers

INVOICE

12049

DATE

11/03/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting and diarrhea for 2 months. Anorexic, hematemesis, more frequent vomiting and diarrhea for the past 2 days.

Abnormal PE/Chem/CBC/UA Results: PE WNL. CBC/chem/lytes: MCV 59.3, MPV 14.6, CI 107, amylase 321

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 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.

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

Adrenal Glands

The left adrenal gland was mildly enlarged in size based on caudal pole width measurement in light of body weight. Mild nonhomogenous parenchyma and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the caudal pole.

The right adrenal gland was indistinctly visualized exhibiting potential subjective mild caudal pole enlargement and nonhomogenous parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented subjective mildly enlarged in size. 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 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT	<i>Gastrointestinal</i>
Panzer Carswell	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.45 cm wall width.
SPECIES	
Canine	The small intestine presented generalized intact intestine wall without visualized evidence of loss of mural detail, masses or mechanical/metabolic ileus to the level of the colon. Propensity for mildly prominent duodenojejunal mucosa with mild thickened duodenum wall and borderline thickened jejunum wall. The duodenum wall measured 0.70 cm width. The jejunum wall measured 0.48 cm width.
BREED	
Belgian Malinois Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Neutered Male	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.
AGE	
11 Years	<i>Free Abdomen</i>
WEIGHT	No visualized significant omental lymphadenopathy, masses or peritoneal effusion was present.
62.8	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<ul style="list-style-type: none"> • Normal empty stomach. • Subjective nonspecific enteropathy- possible inflammatory bowel. • Formed fecal matter in colon. • Sonographically unremarkable area of pancreas. • Mild hepatomegaly- subjective benign. • Mild gallbladder debris (non-mucocele). • Mild age-related renal/splenic changes. • Nonspecific subjective mild bilateral adrenomegaly.
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Ackmann	Overall, no evidence of significant visceral pathology such as abdominal/gastrointestinal tumors, sonographically active pancreatitis or other structural gastroenterocolic pathology. The small intestine exhibited subjective borderline to mild intact mural changes which may suggest underlying inflammatory etiology i.e. IBD or similar with dietary intolerance/indiscretion, infectious disease, low-grade pancreatitis (which may present sonographically normal), occult parasitism, occult neoplasia are all potentials.
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Dr. Liebers	A GI panel to include PLI, TLI, cobalamin and folate, fresh fecal analysis and screening cortisol level are warranted. Hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotics such as Provable, empirical deworming despite fecal testing (Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks), cobalamin supplementation and as needed gastroprotectants may prove beneficial. Clinical and sonographic monitoring is recommended for evidence of progressive gastrointestinal mural changes. Gastrointestinal biopsies may be required for a definitive diagnosis.
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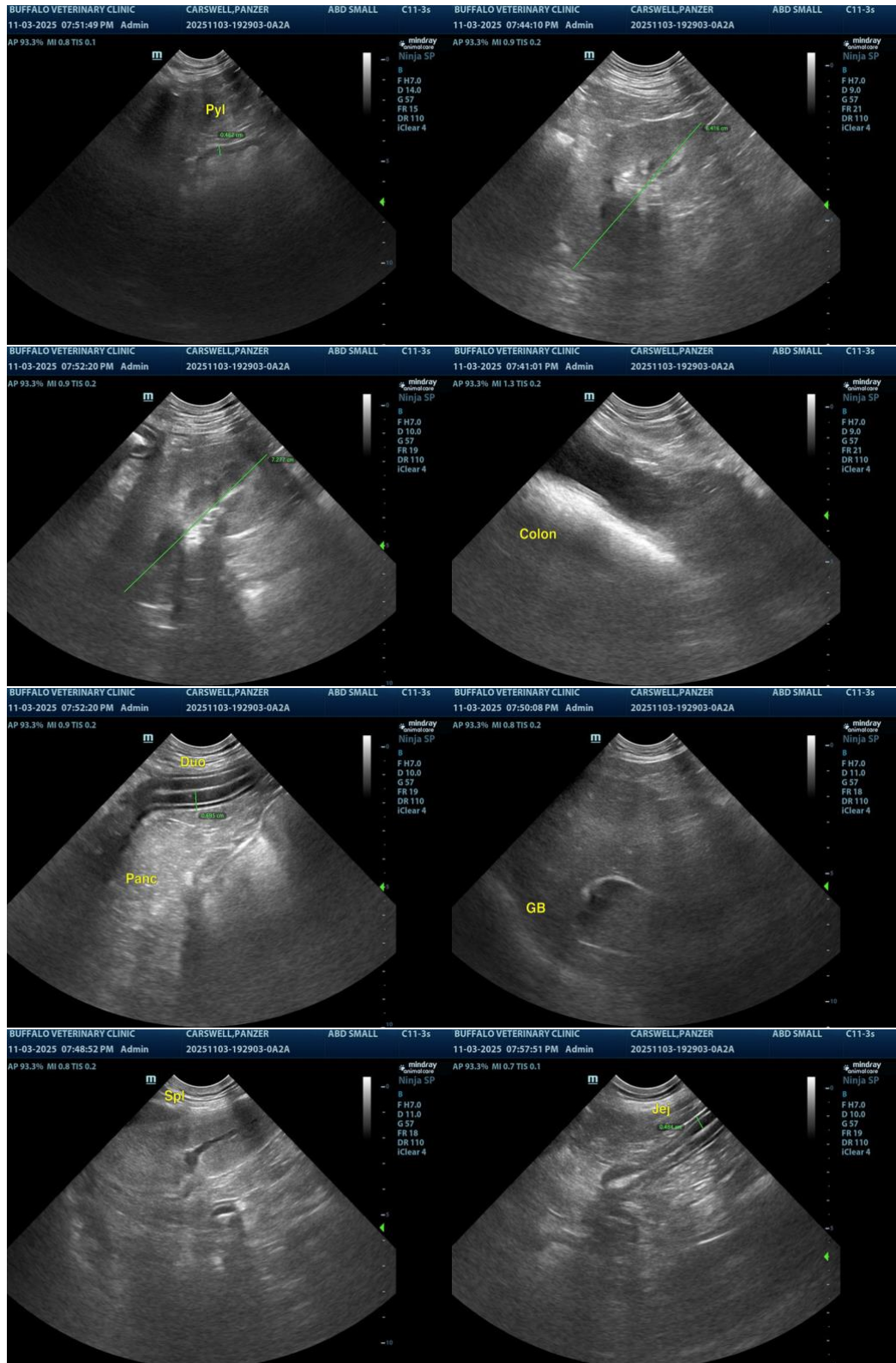
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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