



PATIENT

Paisley Baker

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

12103

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Patient has not been feeling well for 2 weeks - not eating as much. patient seen at rDVM today and discovered icteric

Abnormal PE/Chem/CBC/UA Results: MM: icteric, pale EPOC, pH 7.351, BE -6.9, sodium 137, potassium 3, iCa 1.1, lactate 5.29, glucose 61 CBC/Chem Attached Radiographs. N/A Lepto SNAP. negative CpLi. normal 4Dx. negative x4

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 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 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non-distended in size with thin walls and primarily anechoic bile with mild nonorganized bile sediment. No evidence of wall edema. The common bile duct exhibited dilation extending from the gallbladder to an approximate level of the duodenum measuring 0.60 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering. The stomach was mildly distended with anechoic fluid.



PATIENT	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Primarily empty intestinal lumen with mild segmental nonobstructive intestinal ileus to the level of the colon.
Paisley Baker	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas exhibited mild enlargement, capsule asymmetry and nonhomogenous hypoechoic parenchyma compared to adjacent omentum.
Miniature Schnauzer	Free Abdomen
SEX	Intermittent hypoechoic to swollen hepatic to cranial mesenteric lymph nodes were present with an example measuring 1.5 cm x 0.92 cm. Generalized mild hyperechoic omentum with mild volume perihepatic to peritoneal effusion.
Spayed Female	
AGE	ULTRASONOGRAPHIC FINDINGS
5 Years	<ul style="list-style-type: none">• Acute hepatopathy.• Nondistended nonedematous gallbladder with mild nonorganized bile sediment, common bile duct dilation to approximate level of the duodenum.• Gastroenteritis pattern exhibiting mild nonobstructive hypomotile stomach.• Mildly enlarged hypoechoic pancreas.• Hypoechoic to swollen hepatic/cranial mesenteric lymphadenopathy.• Mild volume effusion and mild hyperechoic omentum.
WEIGHT	
3.3 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	Acute hepatobiliary inflammation (viral, bacterial, leptospirosis, toxin), emerging active pancreatitis, gastroenteritis, reactive lymph node hyperplasia or lymphadenitis with multicentric occult neoplasia all potentials. Definitive evidence of posthepatic obstruction was not visualized yet not definitively excluded. Although initial leptospirosis testing was negative, further assessment may include (assuming normal clotting status) hepatic and accessible lymph node FNA cytology and leptospirosis titers/PCR. Correlation with lab work and assessment for autoagglutination if evidence of anemia is recommended. Hospitalization with empirical therapy for nonspecific acute hepatitis, potential emerging pancreatitis including gastrointestinal support and clinical monitoring over the next 24-48 hours is recommended. Sonographic reassessment is indicated if progressive hepatopathy, icterus, or clinical signs.
IMAGING PERFORMED BY	
Dr. Kuzimski	
HOSPITAL NAME	
Animal Emergency Hospital Deland	
REFERRING VET	
Dr. Kuzimski	
INVOICE	
12103	
DATE	
11/05/25	



PATIENT

Paisley Baker

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

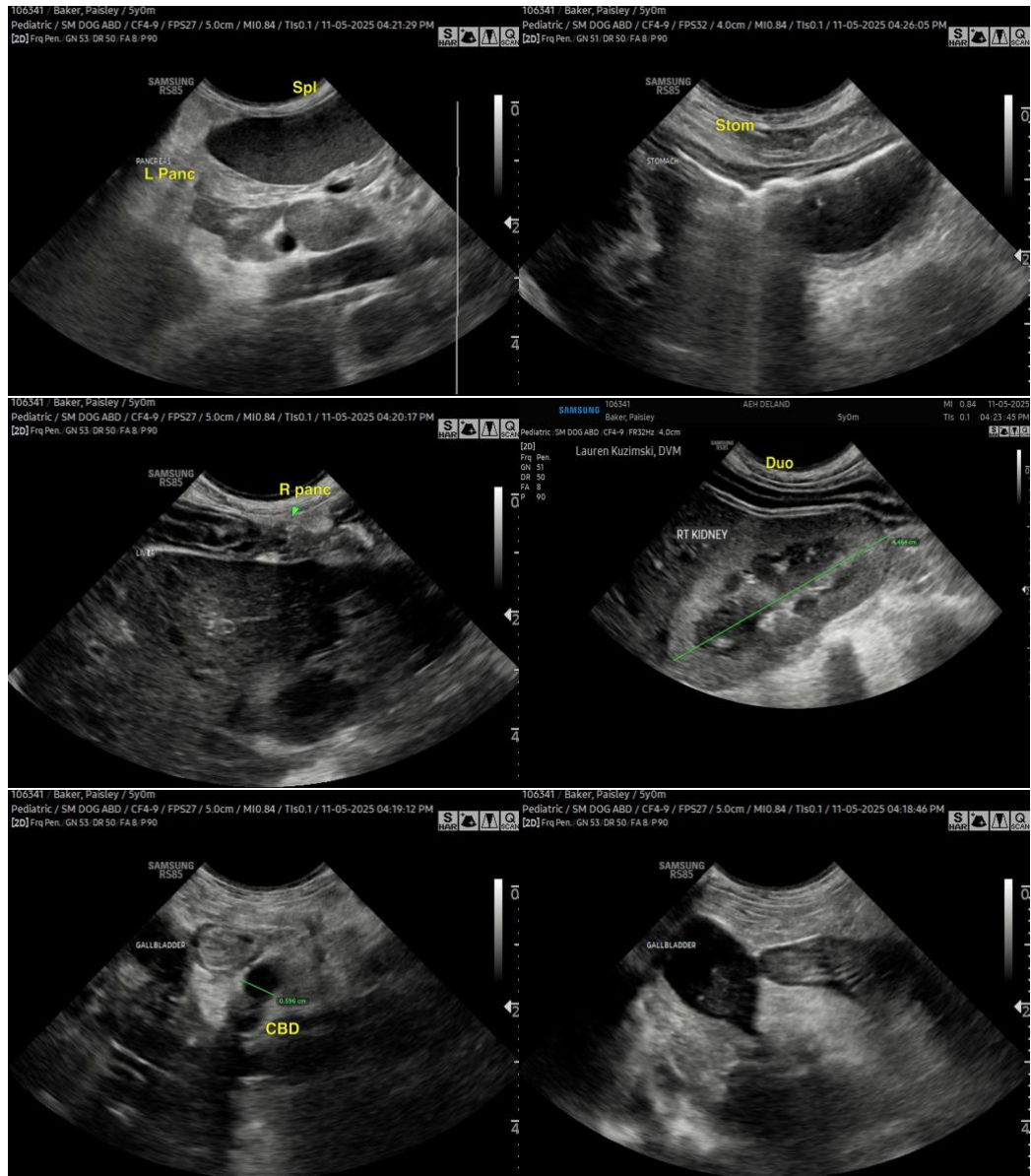
Dr. Kuzimski

INVOICE

12103

DATE

11/05/25





PATIENT

Paisley Baker

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

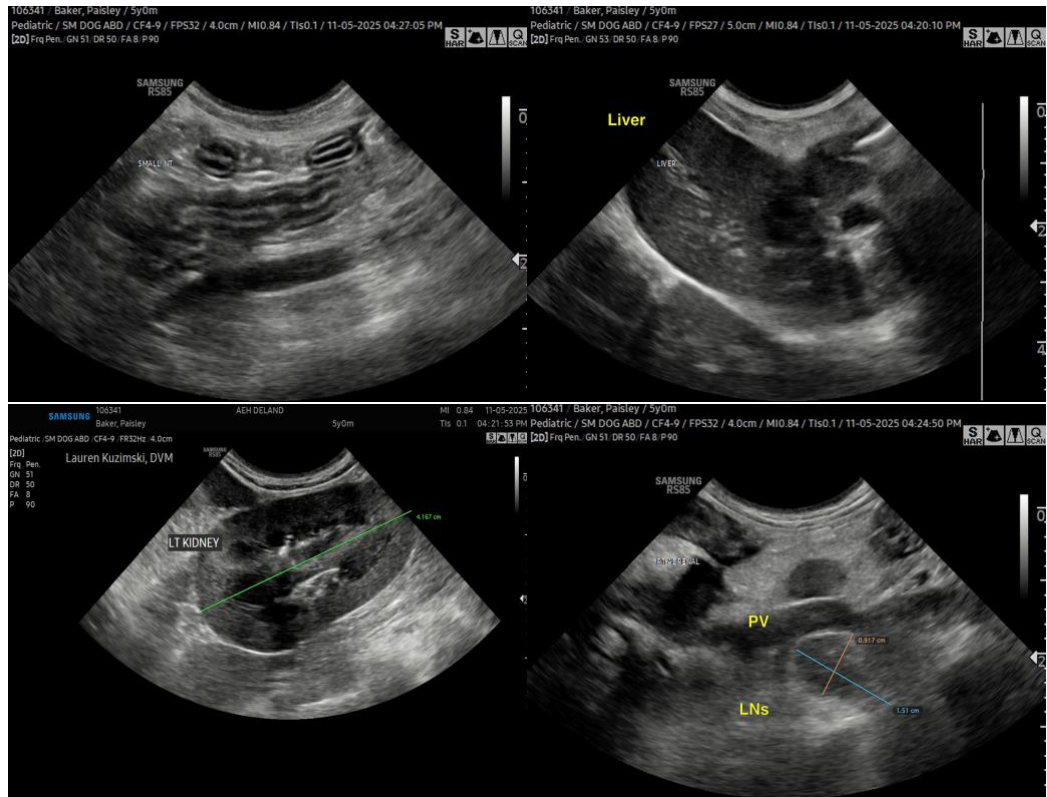
Dr. Kuzimski

INVOICE

12103

DATE

11/05/25



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