



PATIENT

Piper Currie

SPECIES

Canine

BREED

Collie Mix

SEX

FS

AGE

8yr

WEIGHT

17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Southern Alberta
Veterinary Emergency

REFERRING VET

Dr Scott

INVOICE

22900

DATE

11/09/2025

PRESENTING CLINICAL SIGNS

Presenting for weight loss, inappetance, vomiting, lethargy.

Abnormal PE/Chem/CBC/UA Results: Leukopenia, mildly low platelets BCS 3/9

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 5.3 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 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 0.38 cm width at the caudal pole.

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/Gallbladder

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. Normal vascular volume. 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 markedly thickened wall exhibiting loss of mural detail and hypoechoic mural echogenicity. The stomach wall measured up to 1.4 cm 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm in width, the jejunum measured 0.35 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

Regional perigastric mild hyperechoic omentum and irregularly enlarged non-homogenous perigastric mesenteric lymph nodes were present, an example measured 2.8 cm x 1.6 cm.

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Minor pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

8yr

- Markedly thickened to mild hypomotile stomach with loss of gastric mural detail, regional perigastric reactive omentum
- Perigastric lymphadenopathy
- Empty small intestine with intact wall layering
- Normal area of pancreas
- Minor peritoneal effusion
- Mild non-organized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for clarification, the stomach is strongly suggestive of neoplastic criteria i.e. round cell neoplasia, carcinoma, other and lymphatic metastasis with severe inflammatory /infectious disease and edema and lymphatic hyperplasia / lymphadenitis thought less likely but possible. FNA of the thickened stomach wall and lymph node is warranted, although gold standard biopsies with via endoscopy or laparotomy is likely required for definitive diagnosis. Empirical therapy for severe gastritis and coverage for Helicobacter with clinical and sonographic monitoring would be more conservative.

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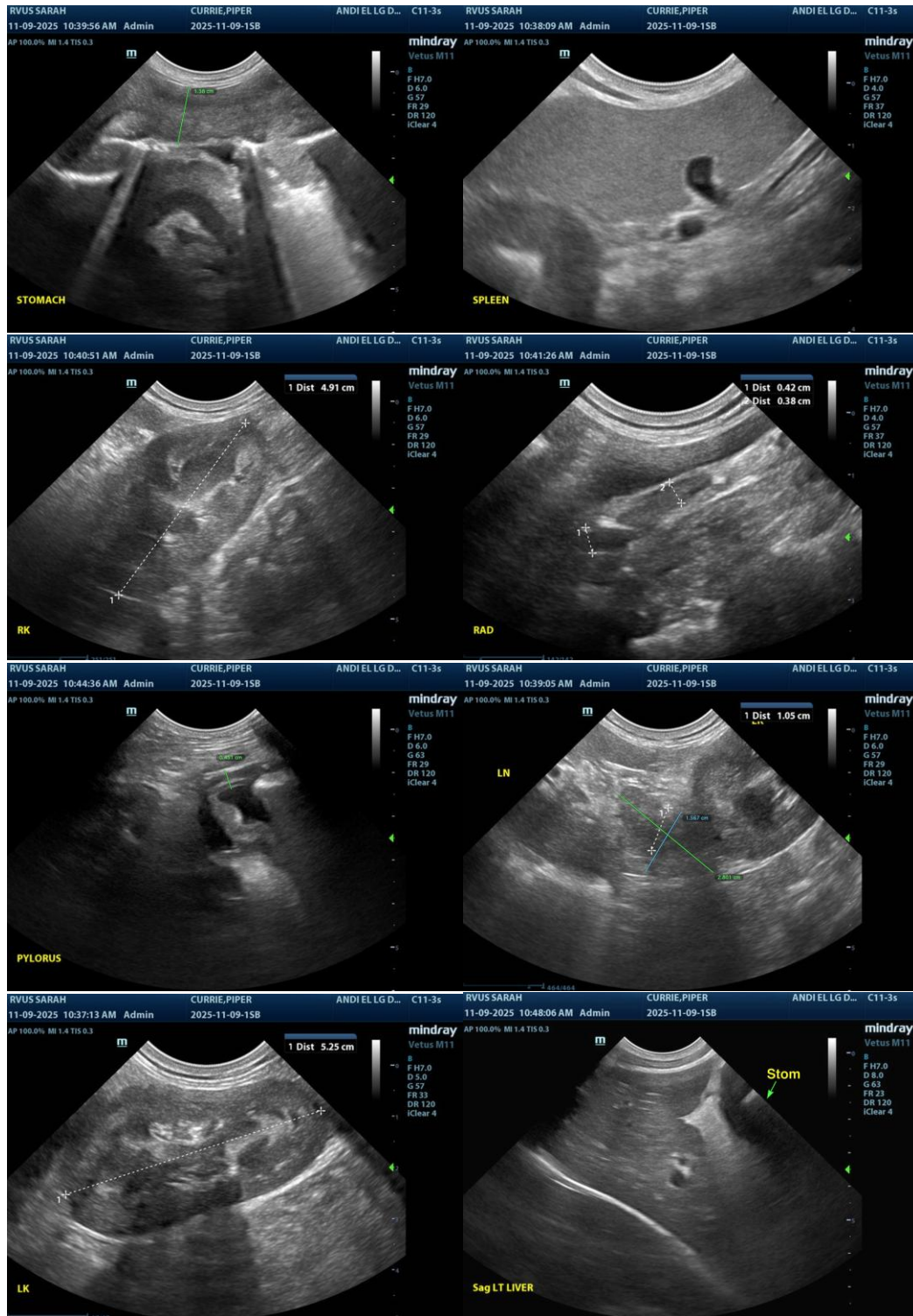
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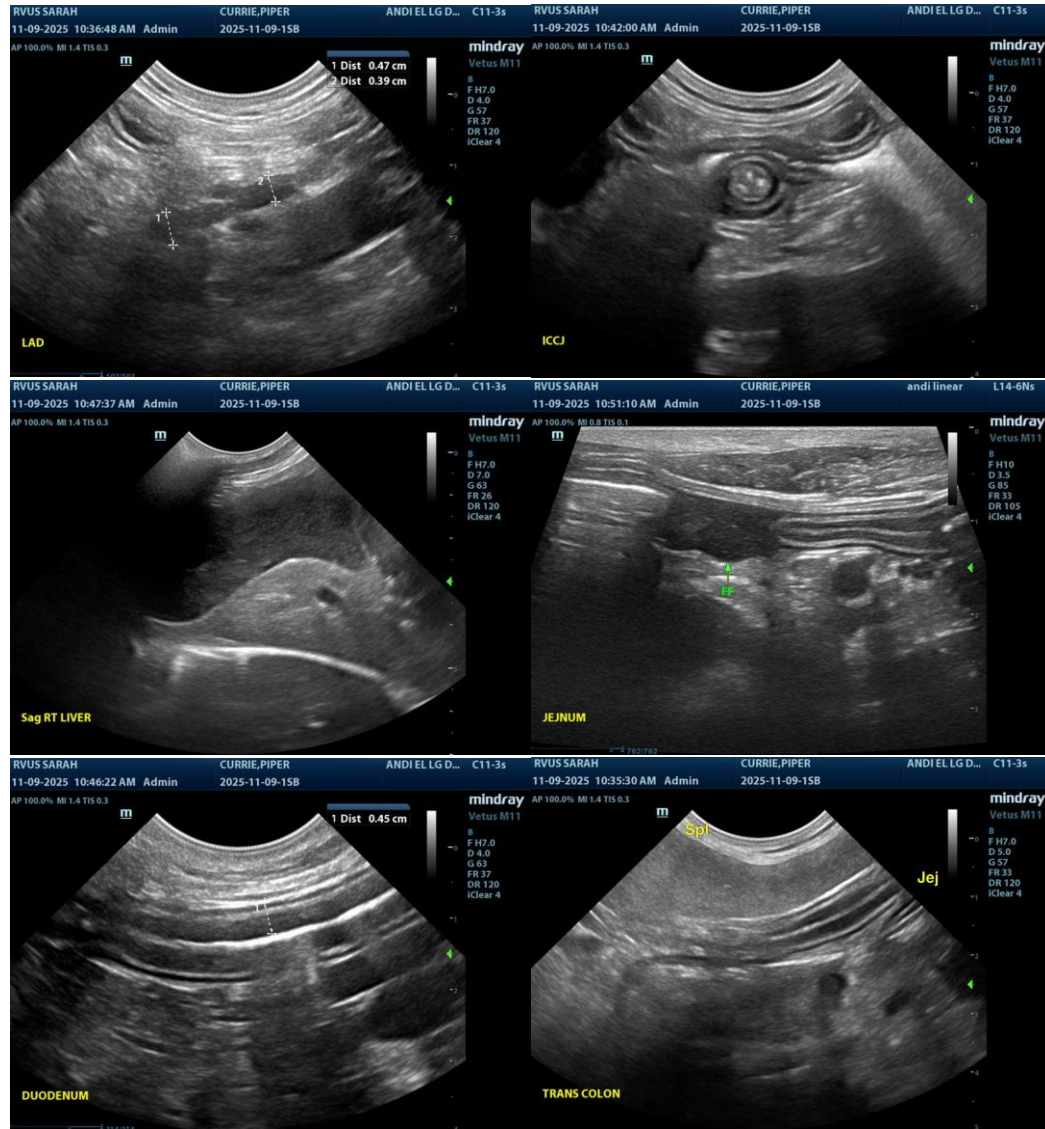
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com