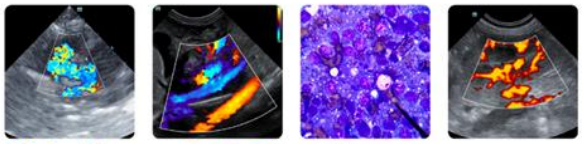


PATIENT

Bogart Wheeler

SPECIES

Canine

BREED

Bulldog

SEX

MN

AGE

8yr

WEIGHT

70lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE
23245

DATE
12/16/2025

PRESENTING CLINICAL SIGNS

Sent from WRVC for abdominal US. Lost ~10 pounds recently since May 2025, unexplained; seems aggitated/going out more at night; had presented 12/10 for increased nighttime urinations; chronic KCS (R >L eye), nasal planum changes, atopy- currently on Apoquel, Amoxi/Clavulonic acid for fractured claw and rDVM suspected cystitis

Abnormal PE/Chem/CBC/UA Results: 12/10 UA SpG 1.018, ph 6.5, Ket 15, Glc negative WBC 6/HPF, RBC >50 Chem WNL, CBC WNL Severe mucopurulent discharge/pigmentary keratitis R cornea/eye Nasal planum- thickened crust, ulcerated Interdigital discharge, mild swelling, erythema. Erythema/ tan exudate both ears bilaterally. BCS 5/9. No overt abdominal pain. Vitals NSF

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 7.2 cm in length. The right kidney measured 6.0 cm in length. Possible mild underestimation of right kidney size.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

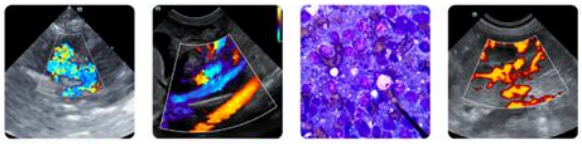
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole

Spleen

The spleen exhibited normal size, primarily symmetrical capsule contour and non-homogeneous increased splenic parenchyma echogenicity. Discrete areas of hypoechoic parenchyma to non-disruptive hypoechoic nodules were present, an example measured 0.9 cm in diameter.

Liver/Gallbladder

The liver presented possible borderline increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Adequate vascular volume. Intermittent subtle non-capsule deforming hypoechoic hepatic nodules were present; an example measured 1.3 cm in diameter. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and mild non-shadowing pyloric ingesta with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. The jejunum exhibited segmental to generalized mild hyperechoic mucosal speckling to striations. Segmental mild jejunal ileus was present. An indistinct segment of intestine exhibited distension with non-shadowing ingesta. This appears to be within the small intestine given the appearance of the adjacent colon. No definitive evidence of mechanical obstruction visualized.

The visualized colon exhibited normal intact visible wall and was non-distended in size, containing semi-formed fecal matter and lumen gas.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal urinary bladder and visible residual prostate.
- Non-enlarged spleen with subtle intraparenchymal nodules-hyperplasia, hematopoiesis, inflammation, emerging to occult neoplasia.
- Mild hyperechoic liver with subtle hypoechoic intraparenchymal nodules-vacuolar changes, hyperplasia, hematopoiesis, inflammation, emerging to occult hepatic neoplasia possible.
- Normal stomach with mild non-shadowing gastric ingesta/gas.
- Non-specific enteropathy exhibiting jejunal hyperechoic mucosal speckling / striations.
- Suspect segmental ingesta distended small intestinal segment vs colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment of occult disease.

The ingesta distended intestinal segment is suspected to be small intestine in location given comparison to adjacent colon yet without overt evidence of visualized obstructive criteria i.e. mass, stricture, foreign body or other.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Initial gastrointestinal support with sonographic monitoring of the small intestine and ingesta distended intestinal segment for evidence of resolution or persistence is indicated. If persistent, laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential despite exploratory findings should be considered.

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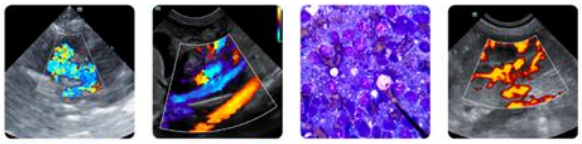

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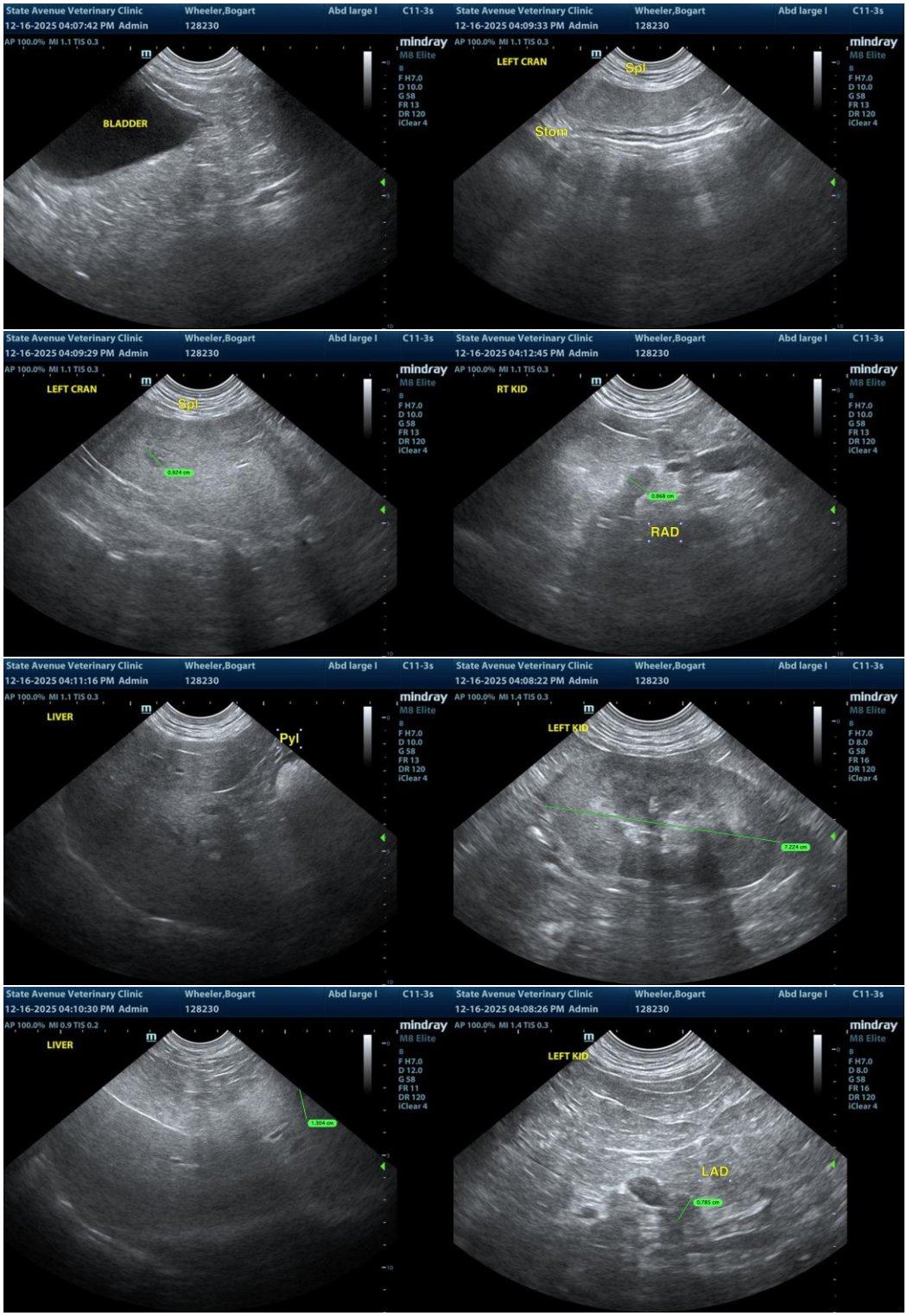

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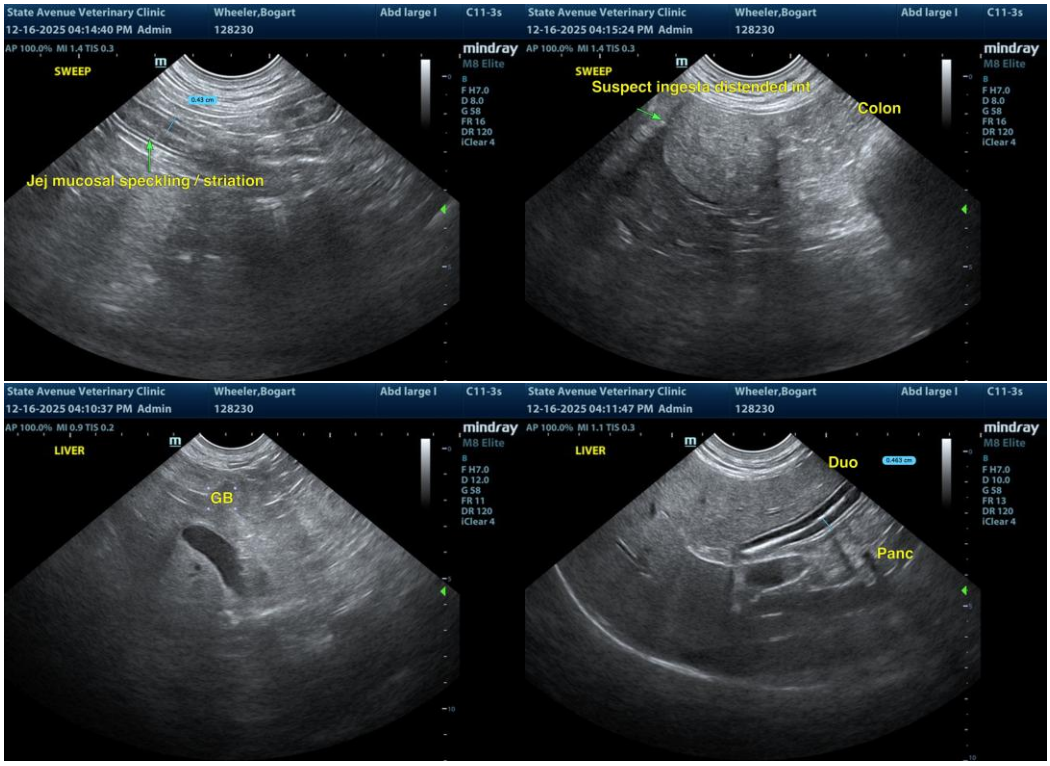

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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