



## PATIENT

Chloe Scott

## SPECIES

Canine

## BREED

Havanese

## SEX

FS

## AGE

12yr

## WEIGHT

6.4kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Glotzer

## INVOICE 23244

**DATE**  
12/16/2025

## PRESENTING CLINICAL SIGNS

Chloe presents for inappetence and recent decline. Pruritus noted prior to current illness; received medication for pruritus on 11/20. - Inappetence began 2 days post-medication - Inappetent for at least 2 days; minimal intake (bone broth, ~0.5 cup). - Drinking water; urinated twice today. - No vomiting, diarrhea, coughing, or sneezing. - Previous severe illness at adoption; ovariohysterectomy for retained/decomposing fetus. - On Sentinel for heartworm/flea prevention. - Prescribed doxycycline and Entyce for inappetence by referring DVM; received 0.25 tab doxycycline last night and this morning. - Diagnosed hypothyroid by referring DVM; not started on levothyroxine due to inappetence.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 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. Bilateral areas of medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the caudal pole. The area of the right adrenal gland was free of overt pathology.

### Spleen

The spleen exhibited normal size, asymmetrical lateral and medial capsule contour and non-homogenous hypoechoic parenchyma compared to adjacent omentum. Subjective adequate splenic vascularity. No definitive splenic masses or nodules.

### Liver/Gallbladder

The liver presented subjectively mildly enlarged 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 mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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## Gastrointestinal

The stomach presented intact borderline thickened wall layering. The lumen of the stomach contained mild variably echogenic yet non-shadowing chyme and fluid with no signs of obstruction or foreign material. The gastric body wall measured 0.48 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.31 cm width.

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

## Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

## Free Abdomen

Mild volume echogenic peritoneal effusion was present.

Enlarged, hypoechoic mid abdomen mesenteric/mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a mesenteric root lymph node measured 2.6 cm length and 1.5 cm width.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Acute gastroenteropathy exhibiting mild gastric and segmental intestinal non-obstructive ileus, segmental indistinct jejunal mural detail and soft fecal matter in colon.
- Hypoechoic liver.
- Non-enlarged, mildly irregular non-homogenous hypoechoic spleen.
- Mid-abdomen mesenteric/ mesenteric root hypoechoic to swollen lymphadenopathy.
- Suspect chronic pancreatitis / pancreatic fibrosis.
- Peritonitis.

### Secondary

- Age-related renal changes exhibiting mild medullary mineral.
- Non-organized gallbladder debris (non-mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesenteric lymph nodes meet neoplastic criteria with multi-centric occult neoplasia favored. Significant multi-centric intra-abdominal inflammatory disease thought less likely yet not excluded.



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Further assessment may include assuming normal clotting status, lymph node +/- hepatosplenic FNA cytology and effusion analysis cytology +/- C/S if inflammatory component.

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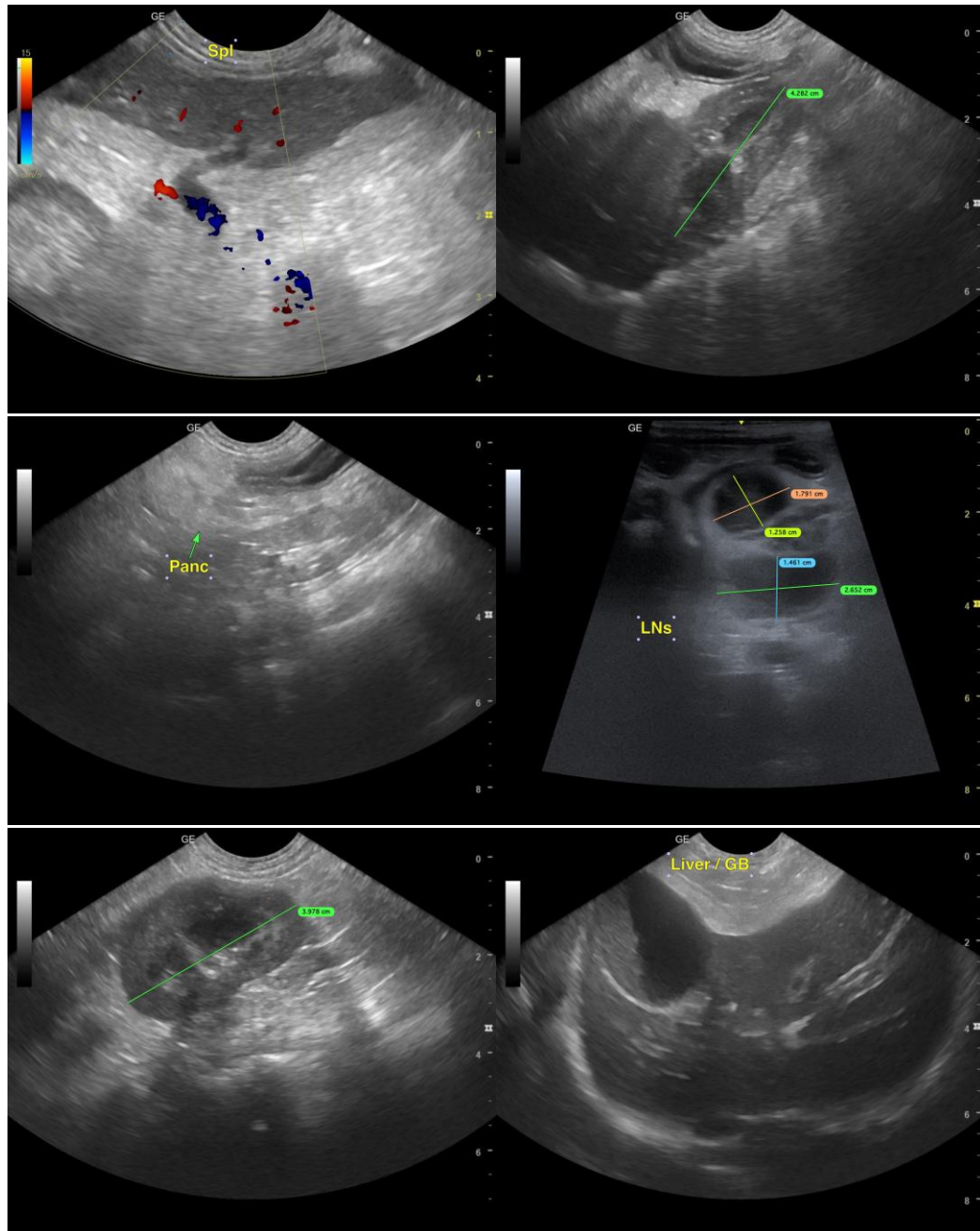
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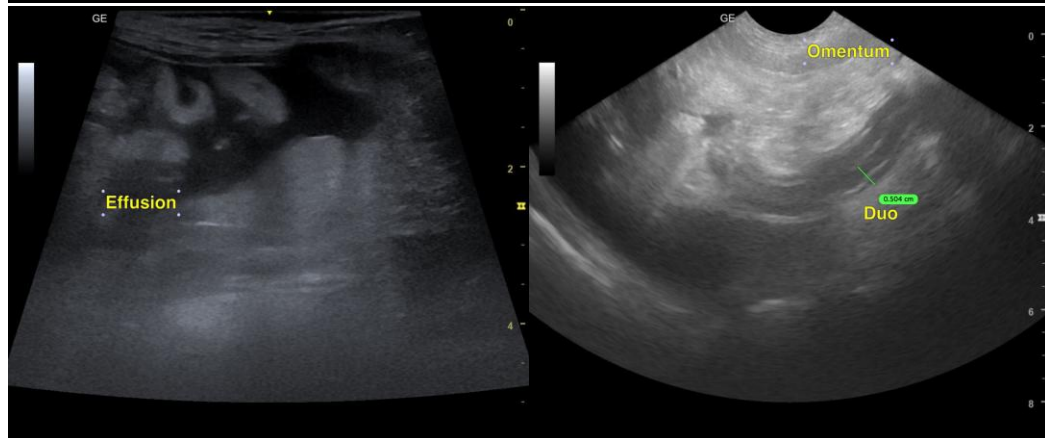
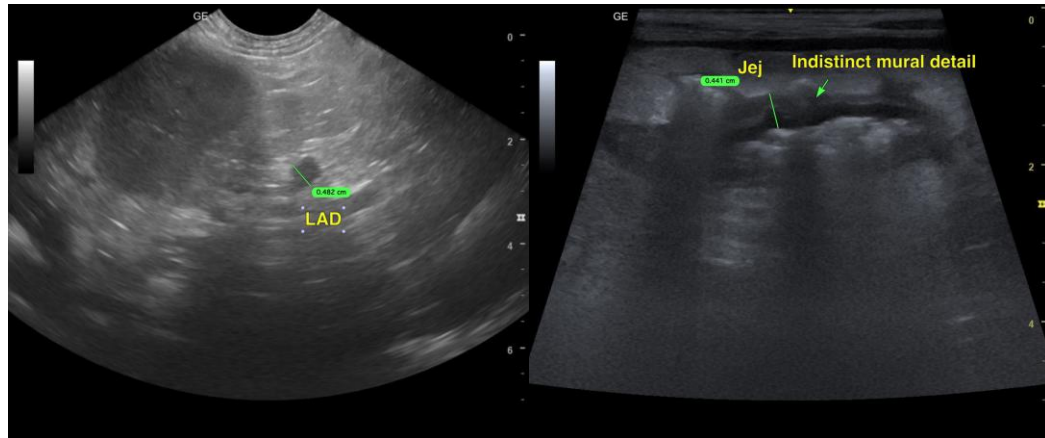
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)

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