

**PATIENT**

Bowser Shuman

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

3yr

WEIGHT

38.6kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Melissa Randolph

HOSPITAL NAMEShores Veterinary
Emergency Center**REFERRING VET**

Laurie Brewer

**INVOICE
23286****DATE
12/19/2025****PRESENTING CLINICAL SIGNS**

*Patient seen at Shores / referral September / October for jaw problems / facial atrophy. Had CT imaging. H/O wet cough for past month. O observed last night that breathing was more labored. MM look pale today. Dx Trigeminal neuritis; O reports that Bowser unable to chew his food orprehend well; swallows food whole. has been on prednisone and doxycycline. Is vomiting and regurgitation. *concern for Anemia - r/o infectious, immune mediated, toxin, neoplastic, other; Lymphocytosis - r/o real vs machine error; r/o neoplastic; Hepatopathy - r/o infectious, neoplastic, immune mediated, other.

Abnormal PE/Chem/CBC/UA Results: *Chem: TP 5.4 sl L, chol <50 L, ALT 271 H, ALP 663 H, GGT 50 H, lipase 318 H *EPOC: pH 7.352, iCa 1.47 H, Hct 28% L *CBC: WBC 26 H, lymphs 10.31 H, monos 5.18 H, Hct 31% L, Hgb 10.2 L, RBC 4.26 L, retics 220 H, platelets 94 L *Witness lepto: Neg *True 4Dx: Neg X 4 *Slide agglutination: Neg *rads abd: Marked hepatomegaly, no obvious effusion, masses or other abnormalities noted *Afast: no obvious abd fluid or masses. Hepatomegaly with homogenous appearing architecture *Zoetis blood smear review: mild normocytic, & normochromic, strongly regenerative anemia w/ evidence of fragmentation. mild left shift in neutrophilic lineage. lymphocytosis. thrombocytopenia w/ suggestion of some regeneration.

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 9.8 cm in length. The right kidney measured 9.3 cm in length.

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/ right adrenal glands were not definitively visualized, suspected secondary to steroid therapy. No obvious pathology.

Spleen

Mild generalized splenomegaly with symmetrical contours maintained subtle heterogeneous splenic parenchyma. No visualized masses or nodules were present. Subjective small to indistinct splenic vein thrombus present.

Liver/Gallbladder

Generalized hepatomegaly with symmetrical to rounded hepatic capsule contour and mild non-homogenous hypoechoic hepatic parenchyma compared to the spleen. Normal vascular volume. No



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visualized masses or nodules were present. The gallbladder was non-distended in size with normal walls and mild primarily gravity dependent non-organized hyperechoic 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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.

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

SEX

Pancreas

MN

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.

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Free Abdomen

Possible mildly enlarged non-homogenous splenic lymph node medial to the spleen with potential for larger medial splenic vein thrombus measuring 2.3 cm in diameter

WEIGHT

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Very scant peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

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

Primary

- Hepatopathy-vacuolar/steroid hepatopathy, inflammatory, infectious or immune mediated hepatopathy, non-obstructive cholestasis, hyperplasia, toxicosis, neoplasia all potentials
- Mild splenomegaly with subjective small splenic vein thrombus-hyperplasia or hematopoiesis given anemia, splenitis, and neoplasia possible.
- Mild non-homogenous splenic lymphadenopathy vs larger medial splenic vein thrombus
- Sonographically unremarkable gastrointestinal tract / area of pancreas
- Very scant peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An expanded coagulation profile recommended to assess clotting status or for hypercoagulable state. If normal clotting status and stable anemia, hepatosplenic cytology using 25ga needle warranted to assess for occult disease. Hepatogastrointestinal support is recommended.

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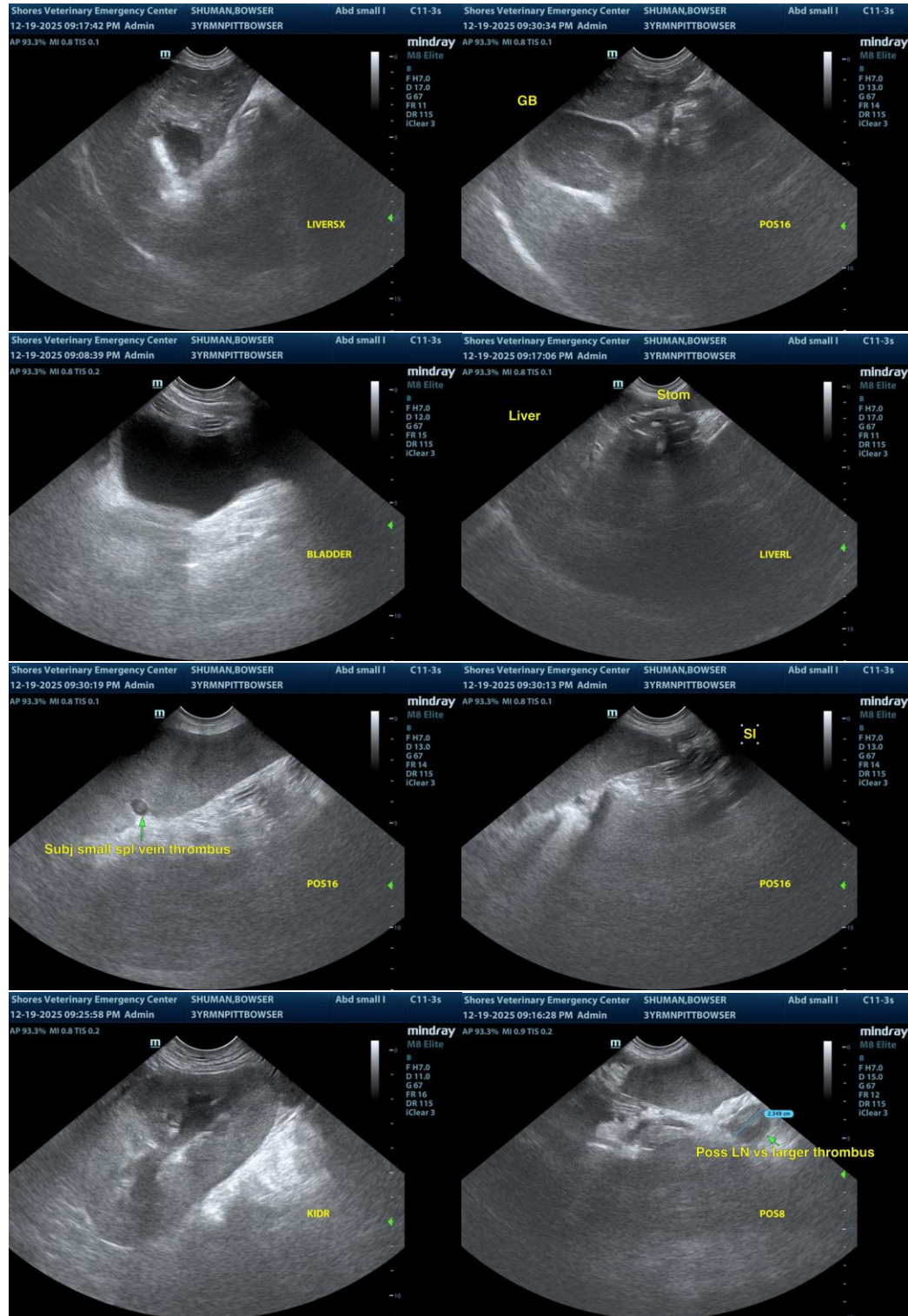
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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