



PATIENT

Jack Wright

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Mn

AGE

11yr

WEIGHT

14kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Boules Maher

INVOICE

23310

DATE

12/22/2025

PRESENTING CLINICAL SIGNS

Presented for acute onset of Vomiting, lethargy and inappetence. Small amount of blood fro mouth on second vomiting episode. Bloody perianal discharge. Patient fasted for over 12 hours. On IV fluids and pain medication.

Abnormal PE/Chem/CBC/UA Results: HCT high normal, no other significant findings on CBC or comprehensive chemistry. Pancreatic Lipase 229 U/L (0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 5.0 cm in length. The right kidney measured 5.0 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 adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 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 0.35 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. A subtle non-capsule deforming hypoechoic splenic nodule was present measuring 0.7 cm in diameter.

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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.50 cm in 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 0.30 cm width. The jejunum wall measured 0.41 cm width.

Normal visible colon wall layers were present with semi formed to possible soft feces in lumen.

BREED

Pancreas

Shih Tzu Mix

The area of the pancreas was sonographically normal.

SEX

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Empty gastrointestinal tract
- Normal area of pancreas
- Normal bilateral adrenal glands
- Mild non-organized gallbladder debris
- Small subtle splenic nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of sonographically evident gastrointestinal mural pathology, mechanical obstructive pattern or foreign material. Dietary indiscretion/ intolerance, infectious disease, enterotoxin, non-structural inflammatory bowel episode or emerging IBD, low-grade pancreatitis, occult parasitism, occult Addison's disease, less likely occult neoplasia are all potentials. Gastrointestinal support with clinical monitoring is indicated. Sonographic reassessment may be considered if non-responsive or progressive gastrointestinal signs. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level may be considered.

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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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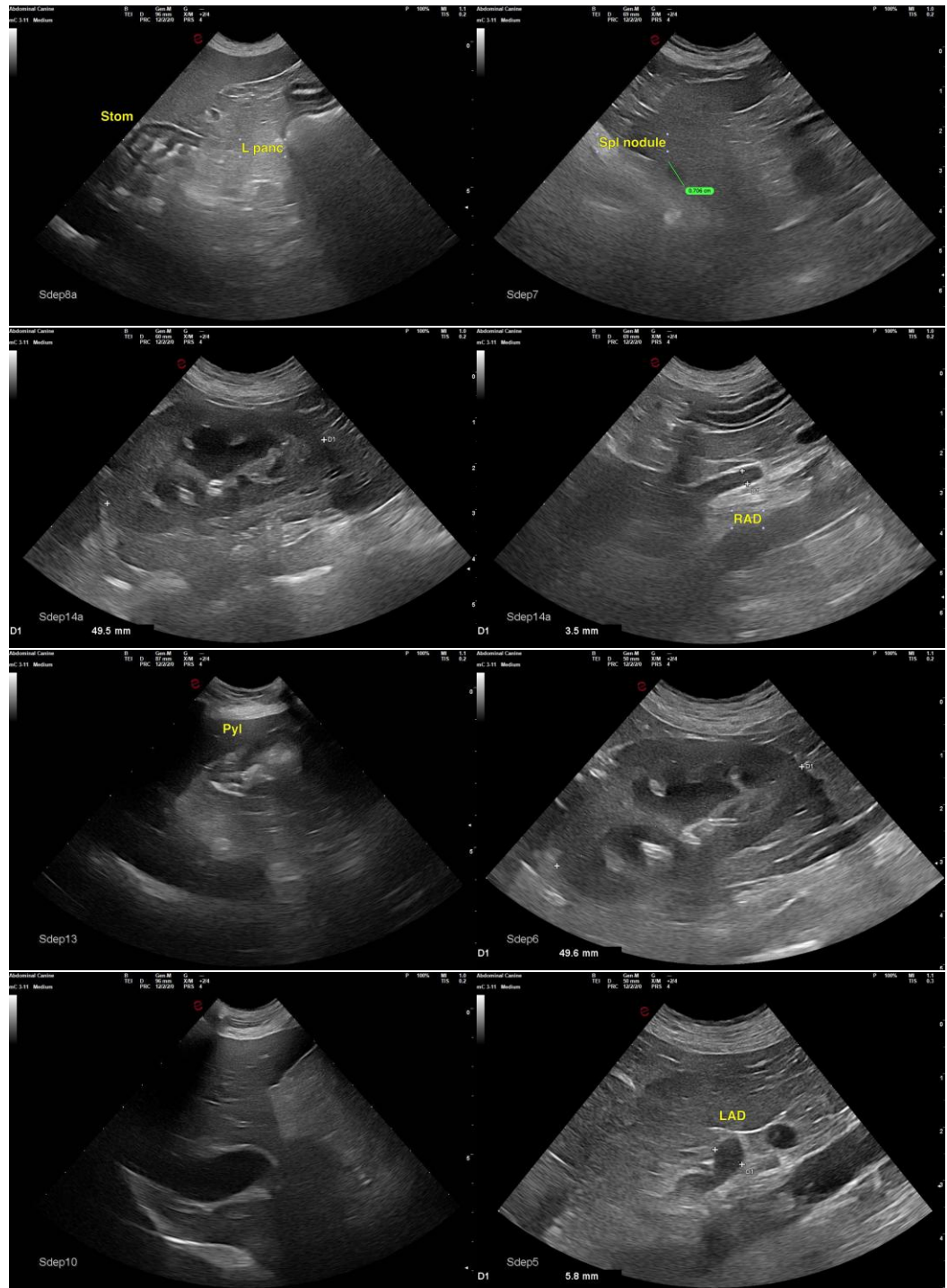
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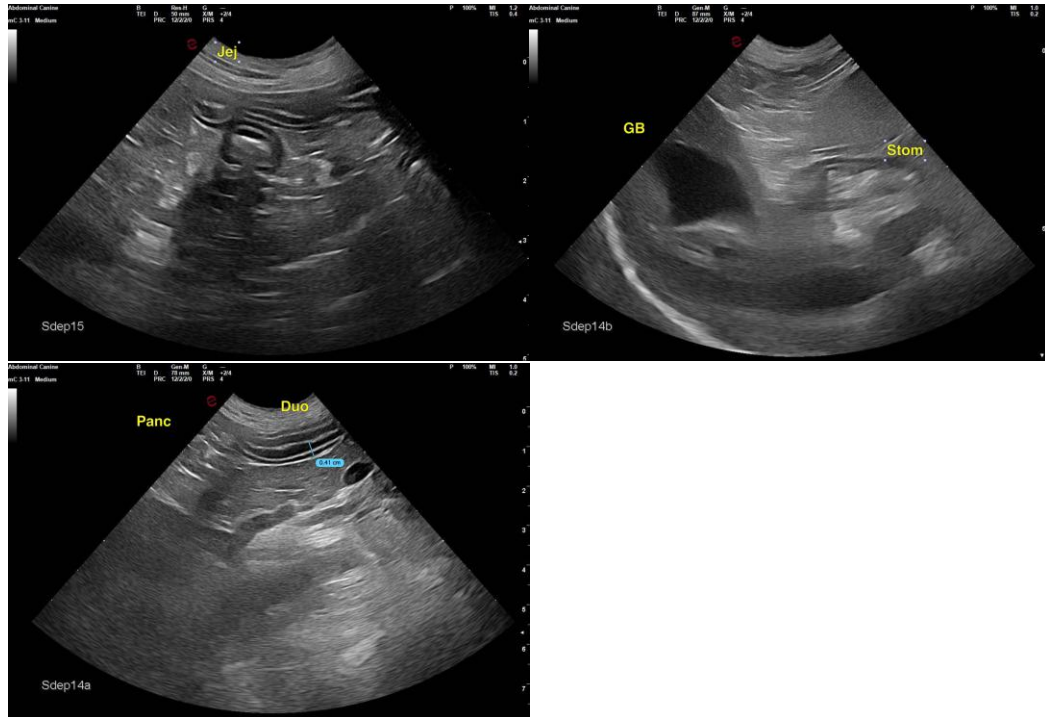
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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