



PATIENT

Snickers Hoskins

SPECIES

Canine

BREED

Mini Dachshund

SEX

Male Neutered

AGE

14y 4m

WEIGHT

8.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

12994

DATE

12/27/25

PRESENTING CLINICAL SIGNS

History: Distended abdomen Historical PU/PD, No vomiting or diarrhea- inappetence and lethargy

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):108, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 32, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT < 2 sec, Mentation: QAR, Hydration: Adequate, BP 111/86 (96) Glucose 11.08 mmol/L (4.11 - 7.95); ALT 457 U/L (10 - 125); ALP >2000 U/L (13 - 212); Cholesterol 9.08 mmol/L (2.84 - 8.26); Lipase 2,015U/L (200- 1,800); Osmolality < > mmol/kg- otherwise, the results are WNL.* RBC Mono $1.2 \times 10^9/L$ (0.16 - 1.12); otherwise, the results are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Non-obstructive prostatic urethral lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate presented sonographically normal.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild medullary mineral was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was irregularly enlarged in size with asymmetrical capsule contour and variable heterogeneous parenchyma. The left adrenal gland measured 0.81 cm width at the caudal pole and 3.9 cm x 2.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 5.4 cm x 3.9 cm.

Spleen

The spleen was normal in size with capsule asymmetric and mild, heterogeneous parenchyma. Two visualized, mildly expansive, hypoechoic to non-homogeneous nodules were present with the larger nodule measuring 1.1 cm in diameter.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, variably echogenic, congealed,



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nonmineralized biliary sludge primarily mid to caudal lumen area of the gallbladder neck. The common bile duct was not visualized.

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.

The duodenum and jejunum exhibited intact wall layering with mildly thickened wall. Within themed to distal ileum a hypoechoic to non-homogeneous, non-shadowing lumen echo was present measuring 1.35 cm in diameter just cranial to the ileocolic junction. No overt obstructive pathology at the level of the ileocolic junction.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Minor volume peritoneal effusion was present.

PRIMARY FINDINGS

- Bilateral adrenal masses
- Mildly expansive splenic nodules
- Hepatopathy
- Immature gallbladder mucocele
- Mild active to chronic active pancreatitis
- Intact mildly thickened ileum with non-obstructive non-shadowing ileum lumen echo
- Mild volume peritoneal effusion

SECONDARY FINDINGS

- Bilateral chronic renal changes with mild medullary mineral
- Mild non-obstructive prostatic urethra lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, splenic nodule +/- screening hepatic FNA cytology could be considered in conjunction with adrenal workup. Serial monitoring of systemic BP for evidence of hypertension which may potentially allude to unilateral or bilateral pheochromocytoma and a spec cPL. The intact to thickened ileum with non-obstructive non-shadowing ileum lumen echo may indicate inflammatory or emerging intestinal to concurrent multicentric neoplastic etiologies with possible non-shadowing to non-obstructive ileal foreign body not excluded. Initial supportive care with sonographic monitoring of the distal ileum and pending additional diagnostics could be considered. However, given multiple comorbidities, extremely guarded prognosis indicated.



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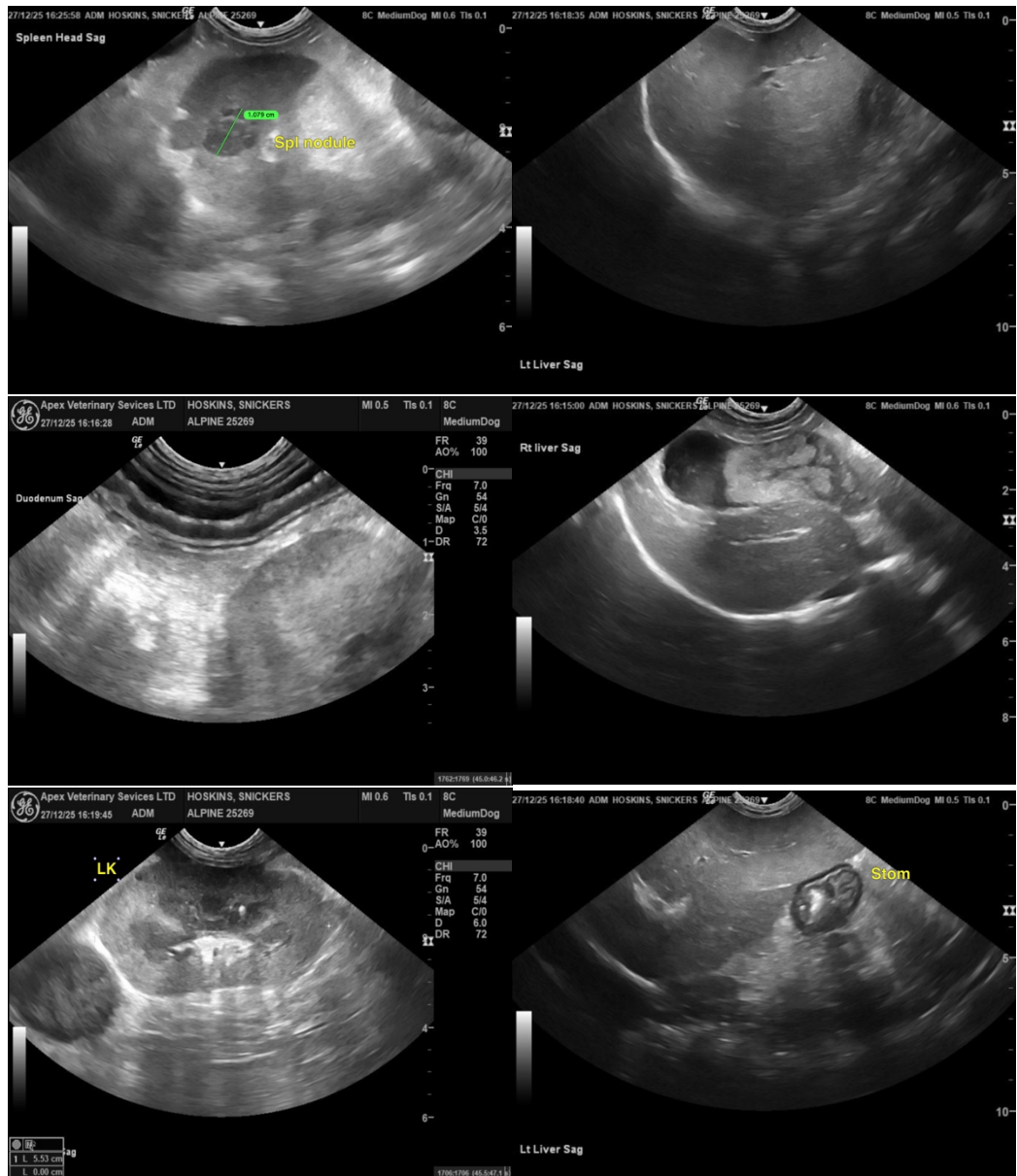
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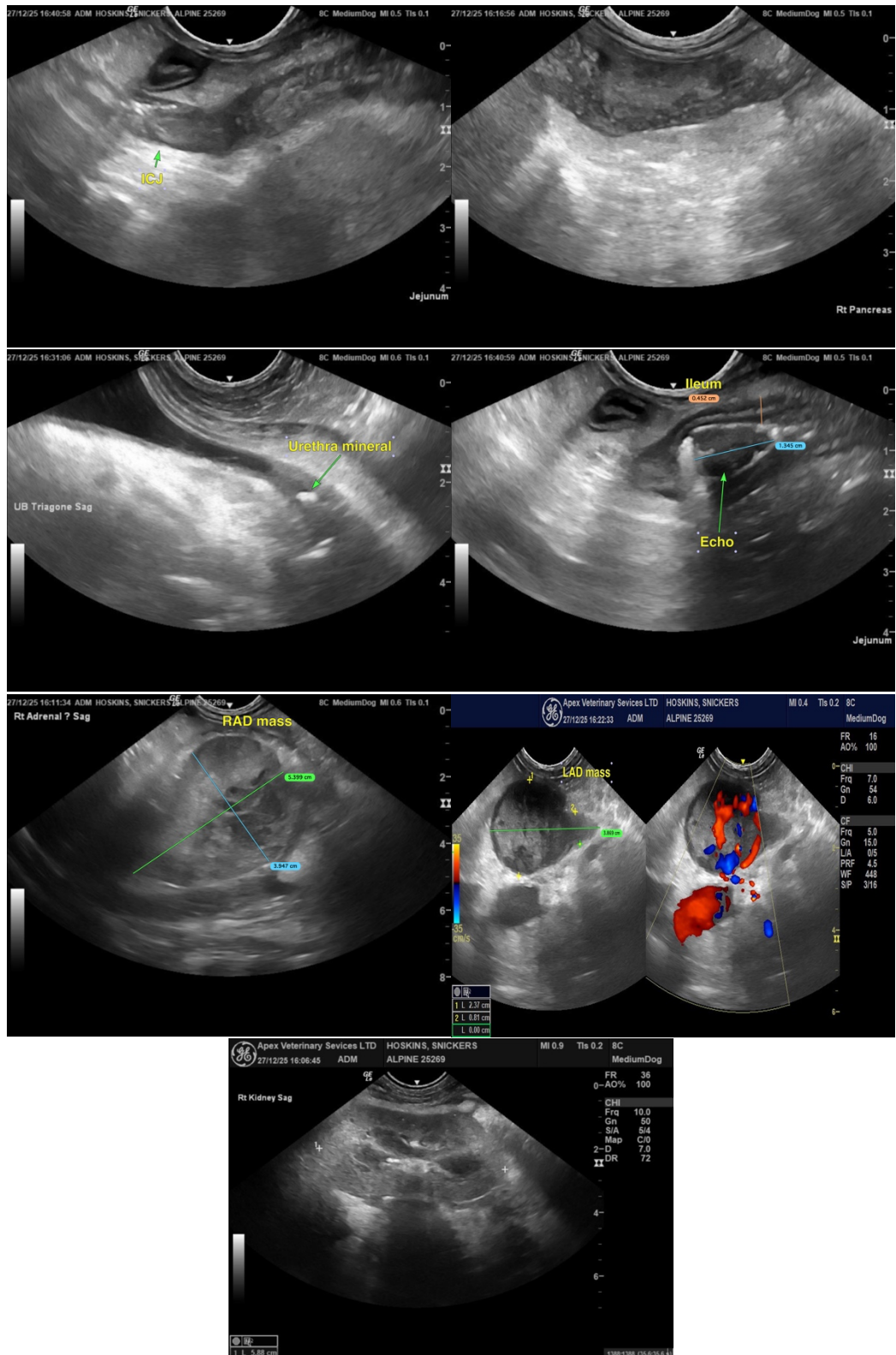
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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