



PATIENT

Flynn Carroll

PRESENTING CLINICAL SIGNS

vomiting , lethargy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 2.06 HCT 16.6% TP 8.6 ALB 4.3 ALT 143 Tbili 1.7
Lipase 223

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone and normal appearing bladder wall. The 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.

SEX

MN

AGE

10

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 pinpoint medullary mineral were present. The left kidney measured 6.0 cm in length. The right kidney measured 5.9 cm in length.

WEIGHT

48

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 0.73 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 0.73 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited mild enlargement with 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

Liver/Gallbladder

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Maniar

INVOICE

23377

Gastrointestinal

DATE

12/30/2025

**PATIENT**

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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.

SPECIES

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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.

Pancreas**BREED**

Mix

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.

Free Abdomen**SEX**

MN

A focal enlarged mesenteric lymph node was present in the mid ventral abdomen. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. The lymph node size was 1.5 cm in diameter

AGE

10

No evidence of peritoneal effusion was present.

Generalized normal omental echogenicity was present.

WEIGHT

48

ULTRASONOGRAPHIC FINDINGS**Primary**

- Mild splenomegaly-hyperplasia or hematopoiesis secondary to anemia, splenitis, occult splenic neoplasia not excluded yet thought less likely.
- Mild hepatomegaly-suggestive of mild benign hepatopathy criteria.
- Normal gallbladder.
- Normal gastrointestinal tract /area of pancreas.
- Age-related renal changes

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

Jenn

A definitive cause of the anemia was not obvious without evidence of intra-abdominal masses. Correlation with a CBC pathology review and assessment for autoagglutination is recommended.

HOSPITAL NAME

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If anemia can be stabilized and assuming normal clotting status, screening hepatosplenic FNA cytology could be considered to assess for occult disease. Gastrointestinal support is indicated.

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Some or all of the following protocol may be considered. (*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia*)

INVOICE 23377

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

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Prednisone (K9) Prednisolone (Feline): 2mg/kg PO SID/BID initially x 3 weeks then attempt taper
Aspirin 0.5mg/kg PO SID owing to hypercoagulable state



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Sucralfate 0.5-1g PO TID dogs, 0.5g BID cats in slurry
Doxycycline if infectious suspected clinically or based on CBC path review:

Dogs, Cats: 10mg/kg PO q24 with food or water bolus in cats

SPECIES

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Long-term management dogs: Azathioprine 2 mg/kg Sid or Cyclosporine 10mg/kg PO SID/BID

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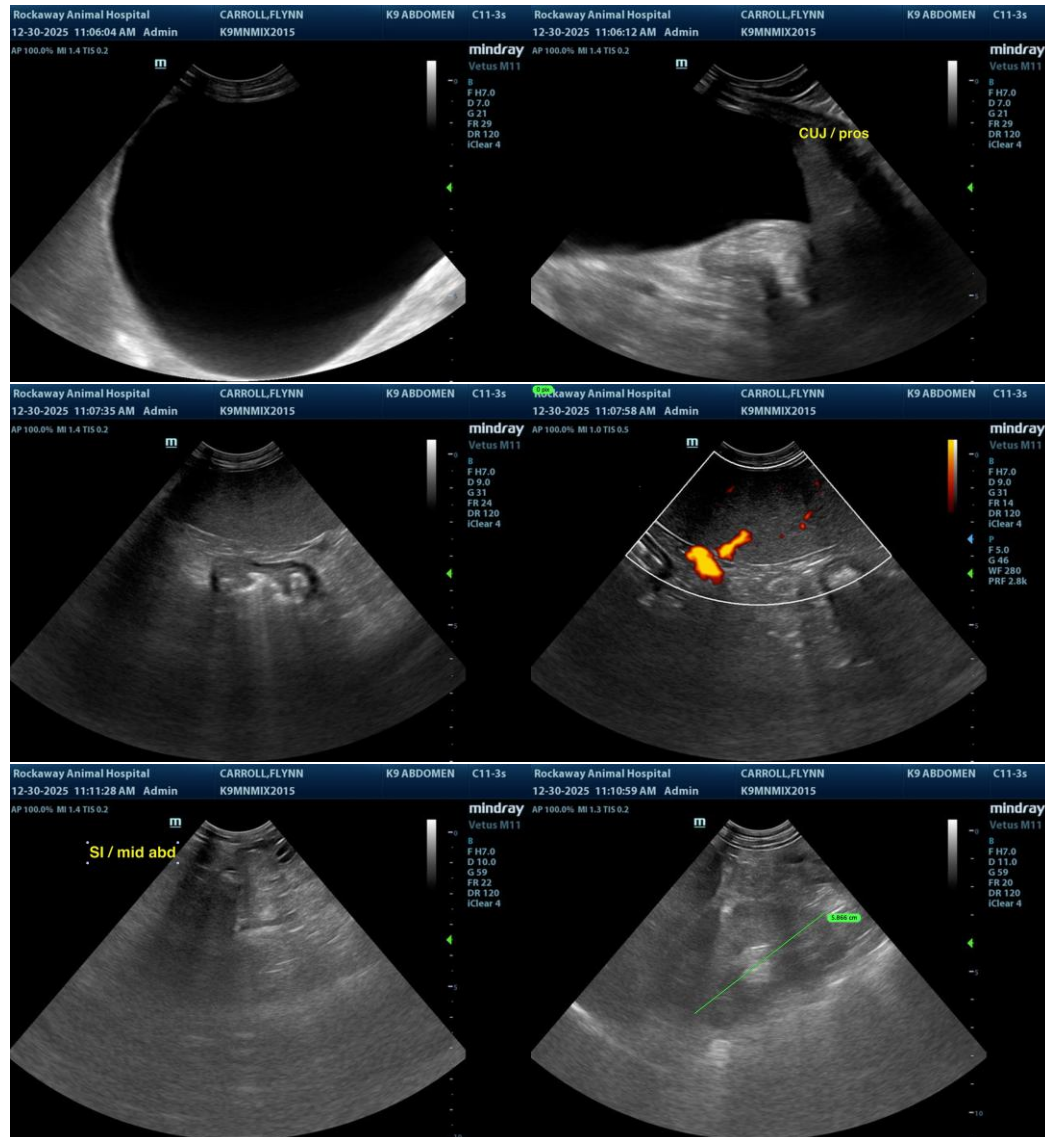
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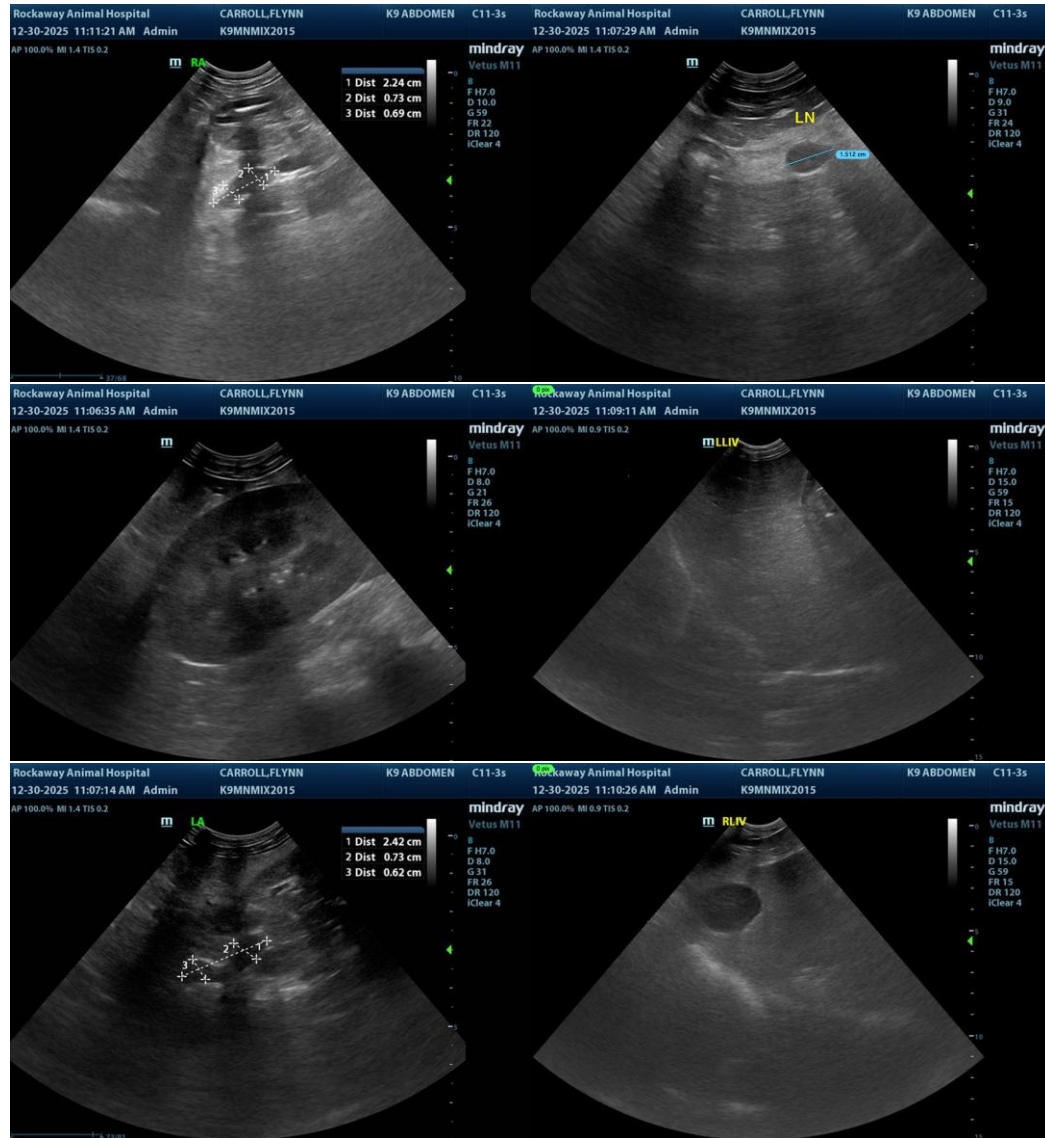
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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