



PATIENT PRESENTING CLINICAL SIGNS

Daisy Lauretti

presenting complaint: hematemesis, hematochezia, lethargy, decreased appetite for 2 days. History of being fed novel foods, including fried human foods last week. Physical exam: abdominal pain, tachycardia (HR 200), normotensive (BP osc 130/69 (88)), 8-10% dehydrated. Current Medications maropitant 1mg/kg IV q24h, methadone 0.1mg/kg IV q4h, mirtazapine 15mg PO q24h, enteroid 5mL PO q12h, fenbendazole 50mg/kg PO q24h for 5 days

SPECIES

Canine

BREED

Wheaton Mix

Abnormal PE/Chem/CBC/UA Results: hemoconcentration (hct 70), mildly elevated globulin (40), mild neutropenia with suspect bands, mild hypochloremia (108), mild hepatopathy (ALT 159, ALP 260), tT4 mildly elow (9), elevated amylase (2485) & lipase (2772) on fasted sample. Did not have sufficient catalyst pancreatic lipase in stock. 4dx negative. Lepto witness negative. Baseline cortisol pending. Urinalysis from cystocentesis sample, urine grossly dark yellow & turbid: USG >1050, proteinuria (500mg/dL), mild pyuria & hematuria.

SEX

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12yr

The urinary bladder was mildly distended in size with normal tone and normal appearing wall. The 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 minor urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

WEIGHT

18.9kg

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. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Kelly Reschny

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 0.50 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the caudal pole.

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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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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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

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 visible wall layering. The stomach contained a mild to moderate amount of variably echogenic non-shadowing ingesta.

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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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

AGE

12yr

The left / right pancreas was enlarged to swollen in appearance with asymmetrical capsule contour, and non-homogenous hypoechoic parenchyma.

Free Abdomen

WEIGHT

18.9kg

No visualized overt lymphadenopathy was present.

Peripancreatic to mid/ cranial abdomen hyperechoic omentum was present.

Scant pockets of peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic to mid /cranial abdomen reactive/ inflamed omentum
- Hepatopathy-benign
- Non-organized gallbladder debris
- Gastroenterocolitis with non-obstructive gastrointestinal ileus

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Secondary

- Age-related renal changes
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Hospitalization with empirical therapy for pancreatitis and possible peripancreatic peritonitis including hepatogastrointestinal support with close clinical monitoring is recommended. Sonographic reassessment if non-responsive or progressive clinical signs is warranted. A urine C/S on sterile urine sample if not done is recommended.

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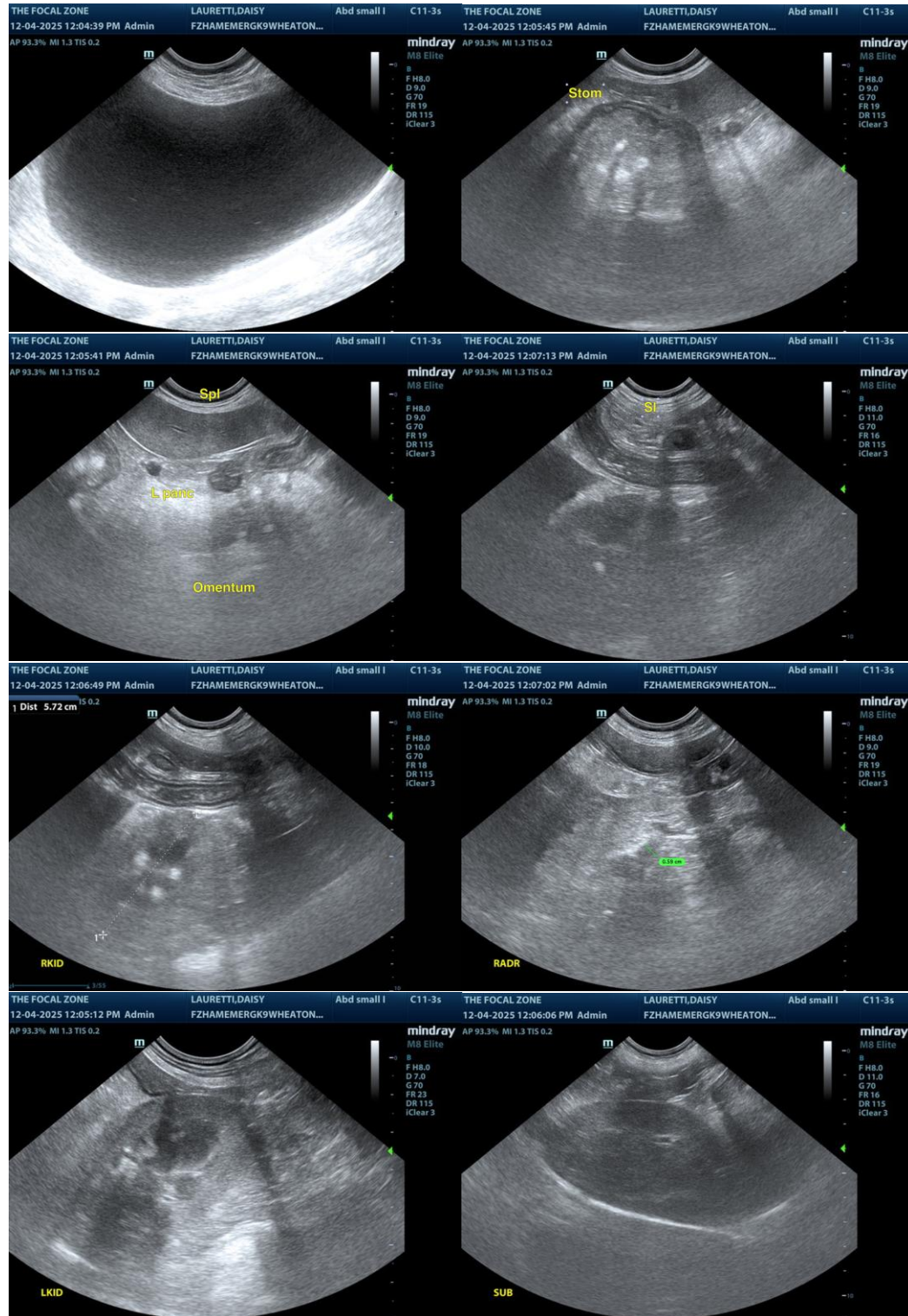
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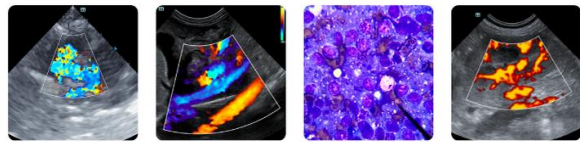
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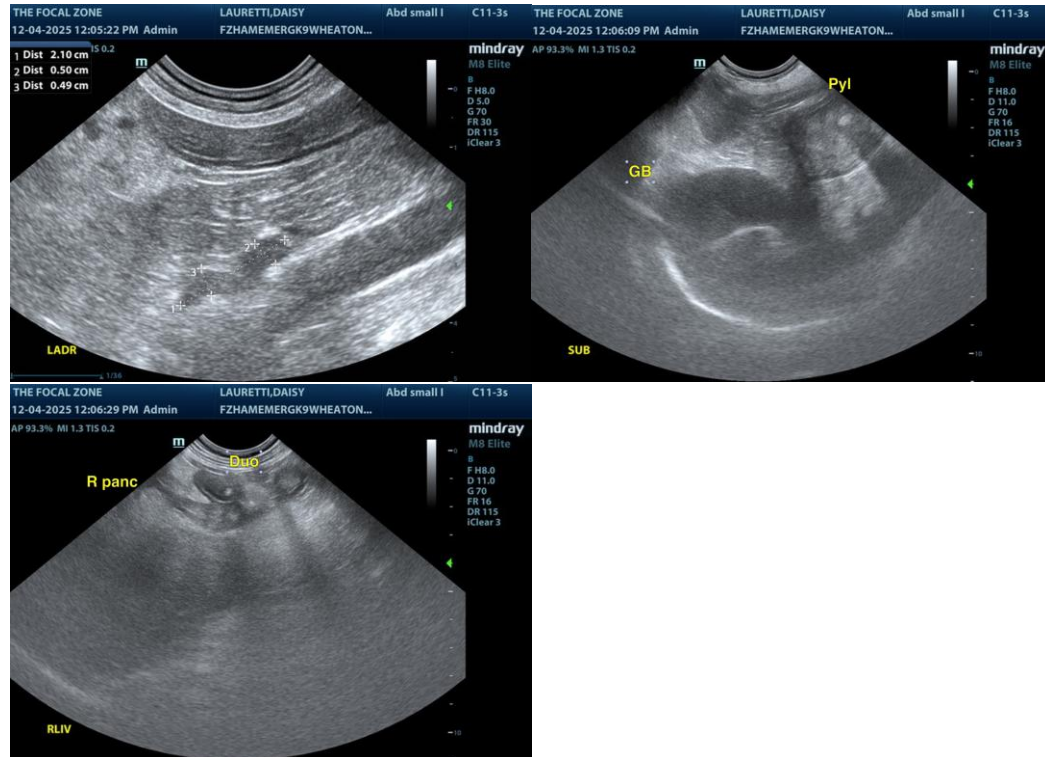
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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