



PATIENT

Lucy Shoe

SPECIES

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

12 years

WEIGHT

11 kilograms

INTERPRETED BY

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

IMAGING PERFORMED BY

Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

Huntington

INVOICE

10635

DATE

2/18/26

PRESENTING CLINICAL SIGNS

History:

- 4pm yesterday pt V+, pt was then wnl. At 1am this morning pt V+ and had V+ a few times since then. Pt got a cerenia tablet around 9am but pt V+ within 30 minutes so O is unsure if she got that. Pt has not V+ since but has been extremely lethargic and not wanting to eat or drink. Around noon today O noticed pt's gums were pale. Pt stumbled when walking into the clinic.
- General Appearance: Lethargic, hydration: Moderate dehydration, Abdomen: Tense on palpation, not overtly painful
- Resting cortisol 15.86, BP: Unable to read- too low, Temp: 98.8
- Radiographs: Decreased serosal detail in abdomen, subcutaneous mass on ventral abdomen, radiopaque small round object in abdomen noted- incidental. Normal thorax
- FAST scan: Decreased contractility of heart, no pericardial effusion noted, scant amount of free fluid cranial to liver, scan amount in abdomen. unable to visualize spleen r/o shock vs hypovolemia vs other, normal kidney architecture noted.

Abnormal PE/Chem/CBC/UA Results: Straw in color, serous in appearance free floating abd effusion SG 1.034 and TS 4.8 g/dl Unable to visualize spleen on AUS, 2 DVMs attempted no history of splenectomy EPOC: Lact 6.8, BUN 28, Crea 1.55, HCT 41, all other wnl WBC 25.92 K/μL Neutrophils 22.36 K/μL Monocytes 1.82 Eosinophils 0.01 K/μL Basophils 0.19 K/μL Platelets 119K/μL ALT 147 U/L

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was indistinctly visualized, exhibiting subjective normal to mild subnormal size, and mild parenchyma heterogeneity. A solitary visualized mildly expansive hypoechoic splenic nodule was present, measuring 1.0 cm in diameter.



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Liver/ Gallbladder

The liver presented as mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was subjectively mildly prominent, most notable in the area of the hepatic vein / caudal vena cava junction. There were no overt hepatic masses or nodules. The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance, consisting of a mild echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Congealed yet nondependent moderate gallbladder debris was noted. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The lumen of the stomach contained mild to variably hyperechoic ingesta exhibiting subtle progressive distal acoustic shadowing. Pyloric outflow was not definitively visualized.

The small intestinal lumen was overall empty, exhibiting segmental intact borderline to thickened wall with concurrent segmental non-thickened wall, exhibiting indistinct intestinal mural detail to the level of the colon. The small Intestinal wall width measured up to 0.50 cm.

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

Pancreas

The pancreas was prominent to mildly swollen in appearance with nonhomogeneous parenchyma exhibiting subtle hypoechoic striations.

Free Abdomen

Mild to moderate volume peritoneal effusion was present. Variably nonhomogeneous hyperechoic omentum was noted with no overtly visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Peritoneal effusion with variably nonhomogeneous hyperechoic omentum
- Mild congested hepatomegaly
- Mild edematous gallbladder with nonorganized gallbladder debris – not overtly consistent with mature mucocele
- Moderate retained gastric ingesta – suggestive of retained food echogenicity
- Nonspecific enteropathy exhibiting segmental borderline intact thickened wall and concurrent segmental indistinct mural detail
- Edematous possibly inflamed pancreas
- Indistinctly visualized spleen with mildly expansive splenic nodule
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific peritonitis, potentially associated with peritonitis or nonspecific enteropathy, cardiac disease given evidence of hepatic congestion with potential emerging primary hepatopathy and portal hypertension, anaphylaxis, unspecific neoplasia, i.e., carcinomatosis, lymphomatosis, or similar, are all potentials assuming normal albumin levels. Effusion analysis, cytology, and C/S if evidence of inflammatory component is recommended. Correlation with urinalysis and full echocardiogram is indicated. Pending additional diagnostics, empirical therapy for peritonitis with close monitoring of hepatic / renal parameters and current gastric ingesta for evidence of persistence is recommended.

Colloids/Hetastarch

10 to 20 mL per kilogram per hour and dogs

10 to 15 mL per kilogram per hour cats

(Can bolus first 1/3 of dose over 15 minutes)

Plasma 10 mL / kilogram IV over 4 hours

Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO

Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

Clindamycin 10mg/kg IV p.o. bid

Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

Metronidazole 10-20 mg/kg IV p.o. b.i.d.

Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





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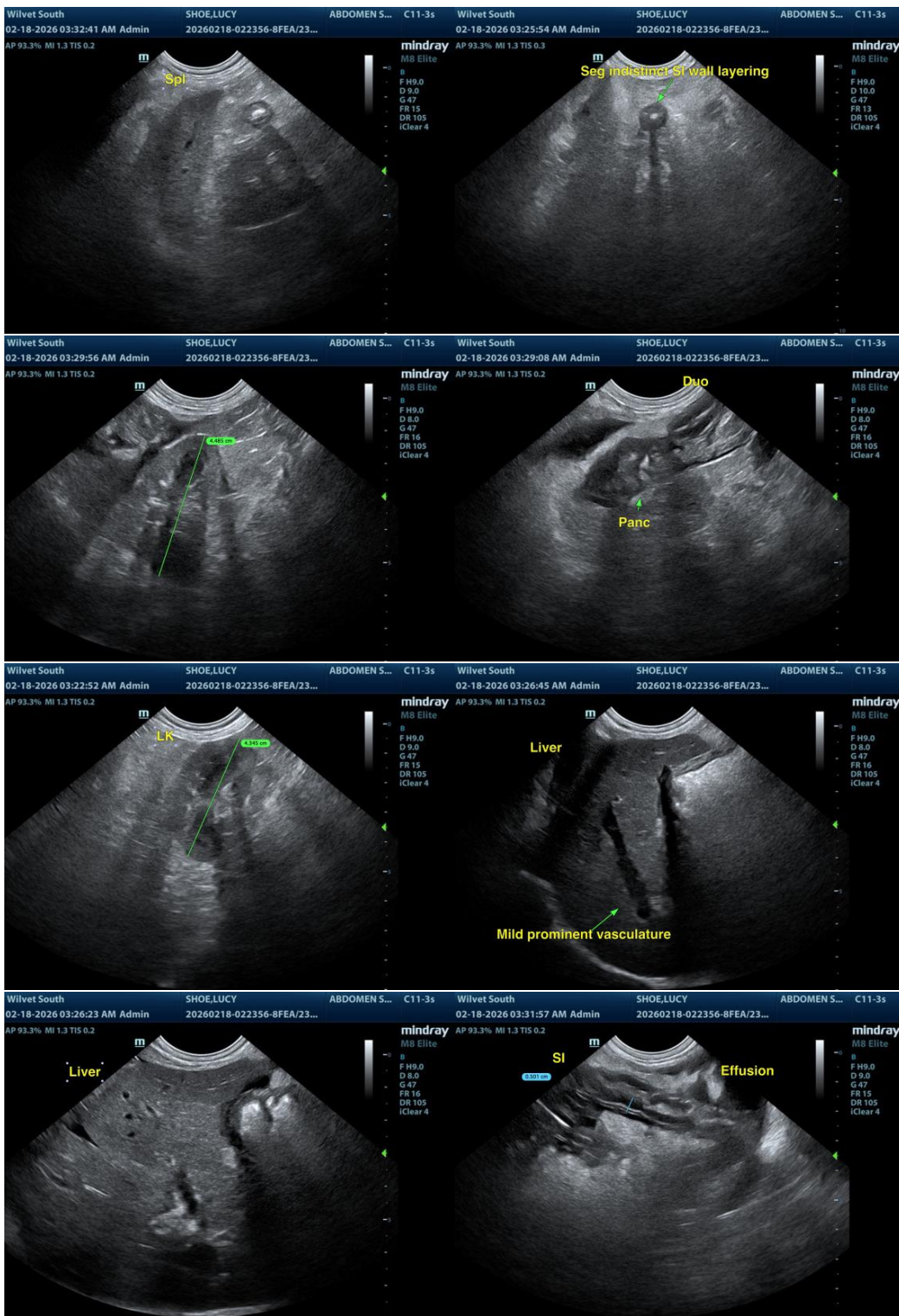
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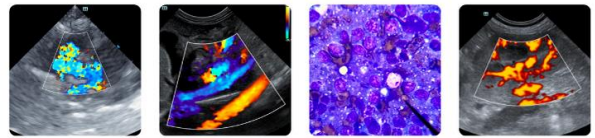
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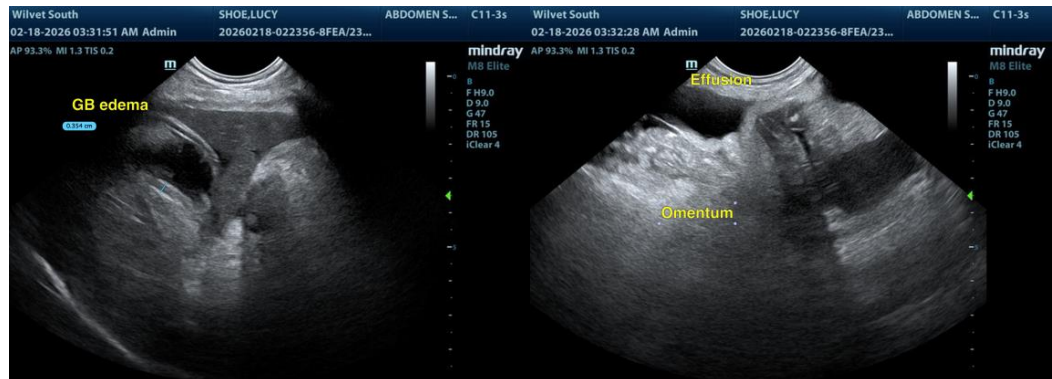
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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