

PATIENT

Meatloaf Stalcup

SPECIES

Canine

BREED

Bernese Doodle

SEX

MI

AGE

15W

WEIGHT

9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Ridgeview
Veterinary Clinic

REFERRING VET

Caelli Edmonds,
DVM

INVOICE

73833

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Patient is a 15-week-old puppy presenting with a 2-day history of progressive vomiting (9+ times), lethargy, and anorexia.
- A comprehensive abdominal ultrasound is requested to thoroughly evaluate the gastrointestinal tract, pancreas, and hepatobiliary system to determine if surgery is indicated.
- The patient has been started on an IV fluid bolus of lactated ringer's solution, followed by a constant rate infusion for supportive care pending further diagnostics.

Abnormal PE/Chem/CBC/UA Results: • Physical exam revealed dehydration (dry MM), mild abdominal tenderness, a HR of 150 bpm, and a temperature of 100.2°F. - Parvo test: NEG - Abdo rads: loss of serosal detail and a fluid-distended stomach, but no definitive foreign body or obstructive pattern. CBC: Inflammatory leukogram (white blood cell count 17.5), with elevated monocytes, eosinophils, and basophils. Reticulocytes were high at 170. Chemistry Panel: Liver: ALT was too high to be read, ALKP was 1623, and total bilirubin was 4.4. Pancreas: Lipase was 4563 and pancreatic lipase was 1631. Kidney: SDMA was elevated at 23. Electrolytes: Sodium was slightly low at 144, potassium was slightly low at 3.4, and chloride was slightly low at 1.3. Endocrine: Baseline cortisol was low at 0.99.

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. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of mineral or calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The prostate gland exhibited normal presentation for an intact male puppy without 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 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 5.9 cm in length. The right kidney measured 5.7 cm in length. No evidence of renal mineral or calculi.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.55 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



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Liver/ Gallbladder

Meatloaf Stalcup

The liver was subjectively adequate in size and vascular volume with symmetrical contour. Homogeneous mildly increased hepatic parenchyma echogenicity compared with the spleen exhibiting mild coarse echotexture. No masses or nodules were present. The visualized portal vein exhibited subjective normal volume and laminar flow on Color Doppler assessment measuring 0.8 cm diameter. The hepatic vasculature was normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and minor hyperechoic gallbladder 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 was empty without evidence of retained ingesta, fluid, or foreign material.

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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 ileus, obstruction, or foreign material.

15W

Normal visible colon wall layers were present with semi-formed fecal matter in the lumen.

WEIGHT

Pancreas

9kg

The pancreas was normal in size and capsular symmetry with subtle nonhomogeneous hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Nonspecific hepatopathy exhibiting subjective adequate vascular volume.
- Minor gallbladder debris.
- Sonographically normal empty gastrointestinal tract.
- Subtle nonhomogeneous hypoechoic pancreas.
- Normal kidneys/urinary bladder – no evidence of renal or urinary bladder mineral/calculi.
- Normal adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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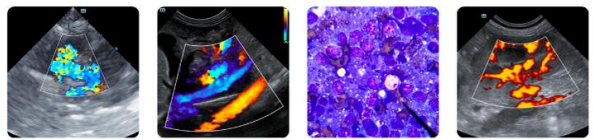
An intrahepatic or extrahepatic macroscopic shunt or other vascular anomaly was not definitively visualized. Further assessment of the liver may include, assuming normal clotting status, hepatic FNA cytology to assess for inflammatory criteria, leptospirosis titers/PCR if potential exposure and bile acid profile are recommended.

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Despite normal adrenal presentation, full ACTH stimulation test warranted given baseline cortisol less than 2.0.



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No evidence of gastrointestinal mechanical obstruction or foreign material.

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Normal pancreatic variant with potential for low grade inflammation possible. Correlation with Spec cPL or full GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Hepato-gastrointestinal support with consideration for empirical therapy for nonspecific hepatitis pending additional diagnostics and clinical monitoring would be reasonable. Advanced imaging such as Gold Standard CT with contrast may be indicated if significant elevated postprandial bile acids.

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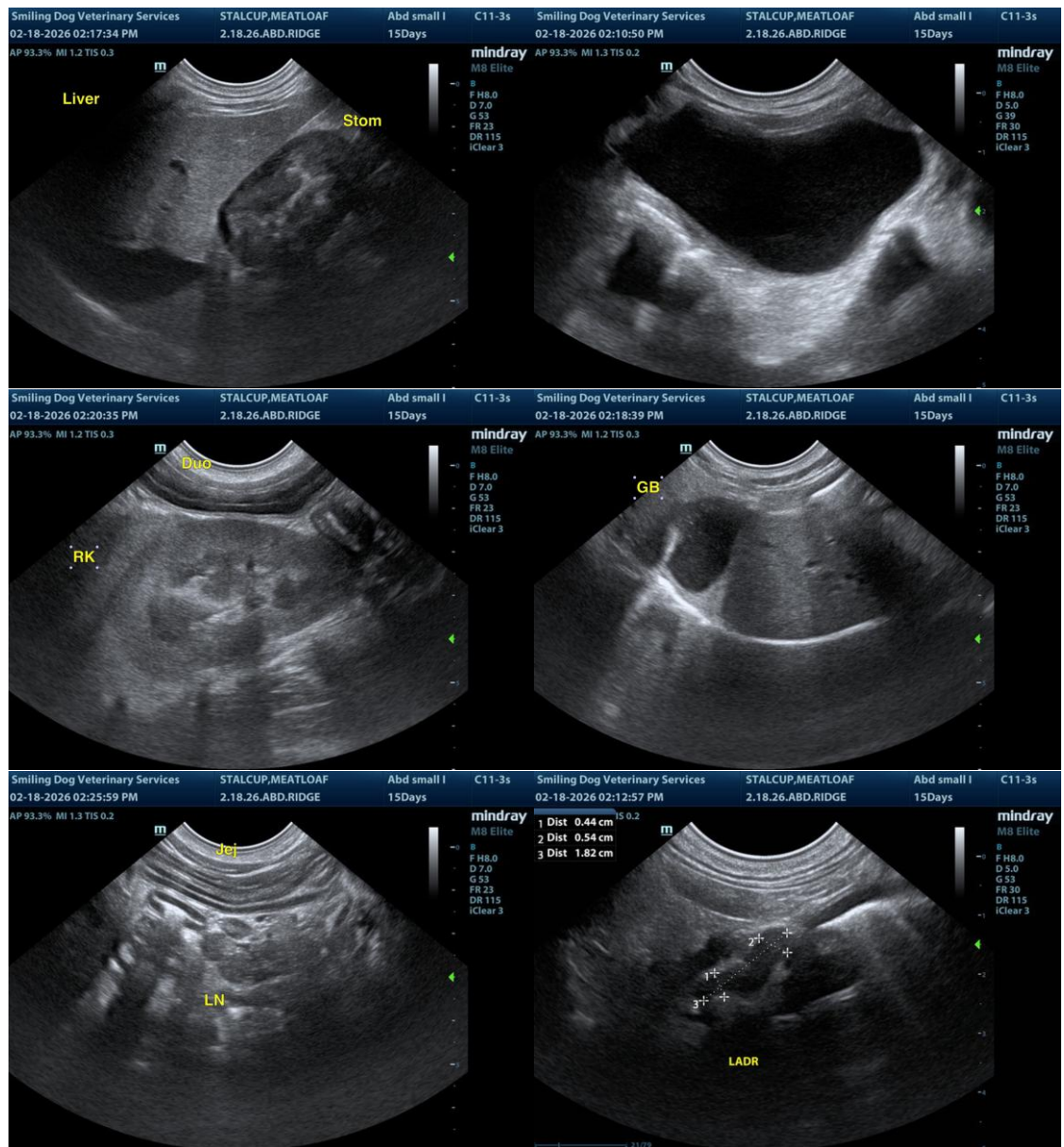
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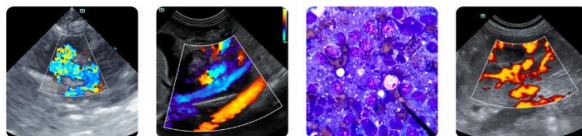
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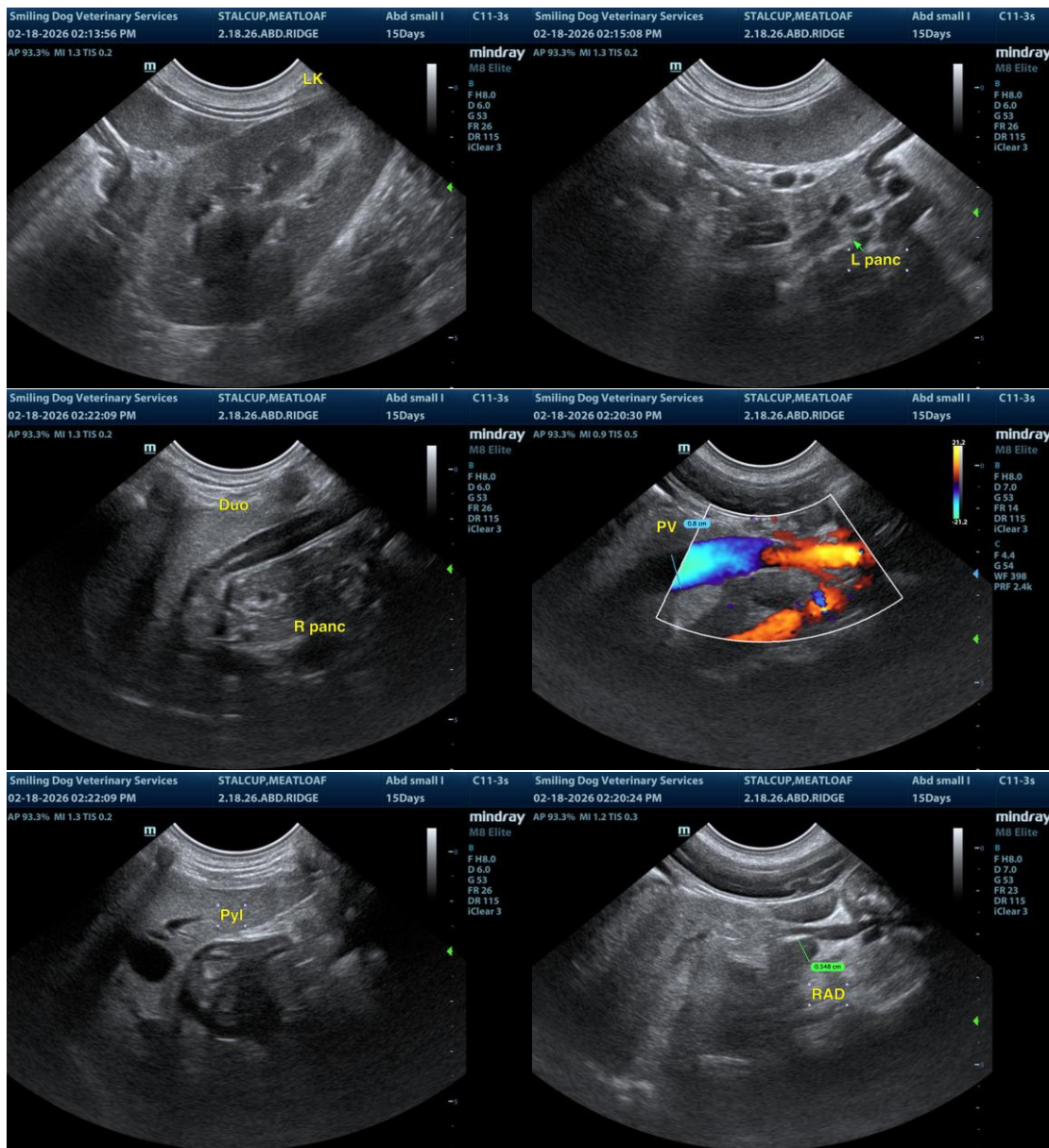
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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