



PATIENT

Enzo Kandinova

SPECIES

Canine

BREED

Doberman

SEX

Neutered Male

AGE

3

WEIGHT

79

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Ray

INVOICE

73199

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Shivering started 1 week ago. Progressively lost appetite. Stuffy Nose. Abnormal breathing for 3 days. Loose stool with discoloration (pink red). Excessive lethargic. Excessive drooling past 3 days

Abnormal PE/Chem/CBC/UA Results: Lymphopenia Monocytosis Hypocalcemia Decrease total protein level Decrease albumin level Negative cPLi Negative 4dx Mild anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized.

The kidneys were not definitively visualized.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen presented generalized enlargement with rounded, primarily symmetrical splenic capsule contour and mild heterogeneous parenchyma. No masses or nodules visualized. Subjective normal splenic vascularity.

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 gallbladder was indistinctly visualized. No evidence of gallbladder wall edema.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic, progressive to regionally strongly shadowing ingesta.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Overall empty intestinal lumen with homogeneous mucosa. Small intestinal wall measured 0.28 cm.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact. Subjective non-enlarged yet mildly asymmetrical, non-homogeneous, hypoechoic right pancreatic limb.

Free Abdomen

Moderate to significant volume, mildly echogenic peritoneal effusion noted. Generalized non-homogeneous hyperechoic mesentery. No obvious visualized significant omental lymphadenopathy.



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ULTRASONOGRAPHIC FINDINGS

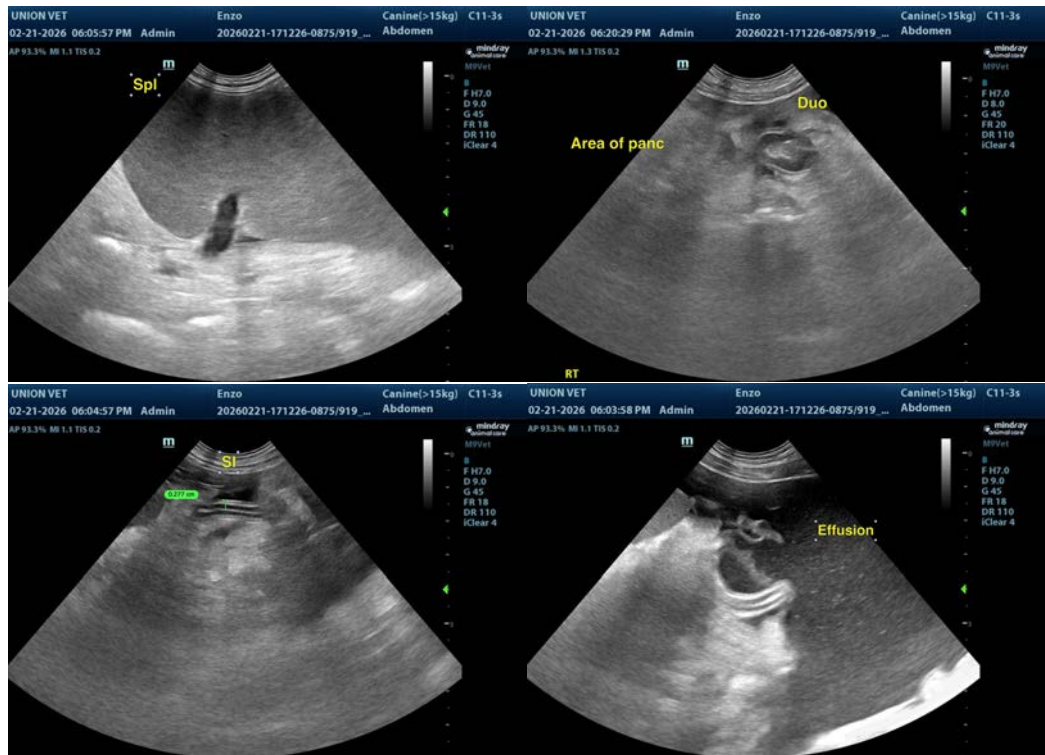
- Hepatosplenomegaly.
- Progressive to strongly shadowing gastric ingesta.
- Sonographically unremarkable visualized small intestine.
- Subjective mild non-homogeneous hypoechoic pancreas.
- Moderate to significant volume, mildly echogenic peritoneal effusion.
- Generalized non-homogeneous hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no obvious visualized intestinal mural pathology, protein losing enteropathy may be suspected in conjunction with hypoalbuminemia/hypocalcemia, gastrointestinal signs, and if no evidence of proteinuria. Variably dense retained gastric ingesta owing to metabolic or functional gastric stasis with potential for gastric foreign material possible. Correlation with most recent meal ingestion recommended. If documented NPO, 12 hour fast with sonographic monitoring of gastric emptying is indicated.

Correlation with effusion analysis, cytology +/- culture and sensitivity if evidence of inflammatory effusion component, in conjunction with (assuming normal clotting status and 25-gauge needle) screening hepatic FNA cytology recommended, primarily to assess for non-obvious or occult neoplastic criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.





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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