



PATIENT

Rogue Maticic

SPECIES

Canine

BREED

Husky Mix

SEX

Female Spayed

AGE

9y

WEIGHT

11.38 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Axenoff

INVOICE

13221

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History:

- Fever of unknown origin
- Vomiting r/o secondary to fever, dietary indiscretion, gastrointestinal foreign body, infectious (viral, bacterial, parasitic), pancreatitis, toxin, systemic/metabolic disease, inflammatory/IBD, neoplasia.

Abnormal PE/Chem/CBC/UA Results: General Appearance: Lethargic Hydration: Moderate dehydration Oral Cavity: Abnormal: Dry MM with CRT 3s Abdomen: Painful upon palpation of abdomen PENDING: FUIO panel, SonoPath AUS report Diagnostics from 02/22: CBC: Lymphocytes 0.38 (low), Platelet crit 0.12% (low), Platelets 97K (low). Chem 17: ALT 219 (high), ALP 268 (high). 4DX snap: Negative x4. Fecal direct: No obvious fluke eggs appreciated. Thorax and abdominal radiographs (Radiology Stat Consult): Conclusion of report stated normal study. Diagnostics from 02/24: EPOC: pH 7.48 (high), Base excess -6.6 (low), PCO2 22.8 (low). Remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

Normal size and margination was 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 5.4 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized. Non overt pathology in the area of the right adrenal gland.

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.

Liver

The liver was mildly enlarged in size with normal vascular volume. Lobar homogeneous to mild non-homogeneous hepatic parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. No definitive hepatic mass or nodule visualized. The gallbladder was non



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distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visible gastric walls exhibited overtly normal intact visible wall layering without mural pathology or hypertrophy. The stomach contained moderate, progressively shadowing ingesta without overt evidence of obvious obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material.

The proximal and visualized transverse colon wall layers were present with apparent semi-formed to formed feces in the descending colon.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent, mildly enlarged, mesenteric lymph nodes were present. These lymph nodes were non-homogenous, mildly hypoechoic and asymmetrical. A normal width: length ratio was maintained (<0.5). Perilymphatic to mid abdomen hyperechoic omentum. An example of lymph node size was 2.9 cm x 0.7 cm. Minor pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Moderate, progressively shadowing ingesta
- Nonspecific enterocolonopathy exhibiting mild, segmental, non-obstructive intestinal ileus and variably formed fecal matter in colon – infectious disease, acute inflammatory bowel, enterotoxin, dietary indiscretion, occult neoplasia, all potentials
- Intermittent, mildly irregular, hypoechoic mesenteric lymphadenopathy, perilymphatic to mid abdomen hyperechoic omentum and minor effusion – lymphadenitis, emerging to occult lymphatic neoplasia, hyperplasia, potential emerging nonspecific peritonitis
- Hepatopathy – vacuolar cholestatic inflammatory hepatopathy, hyperplasia, occult neoplasia thought less likely
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended given reported vomiting. Variably dense food echogenicity and metabolic gastric ileus owing to underlying enteropathy or potential low-grade pancreatitis possible. Intermixed gastric ingesta and foreign material not definitively excluded. Documented 12-hour NPO with sonographic monitoring of the stomach is recommended. No evidence of small intestinal obstructive pattern or foreign material. Assuming normal clotting status, hepatic and if accessible lymph node FNA cytology and +/-, if possible, effusion analysis and cytology recommended for further clarification. Initial hepato-gastrointestinal support with consideration for empirical coverage for non-obvious salmon poisoning with clinical and sonographic monitoring would be reasonable.



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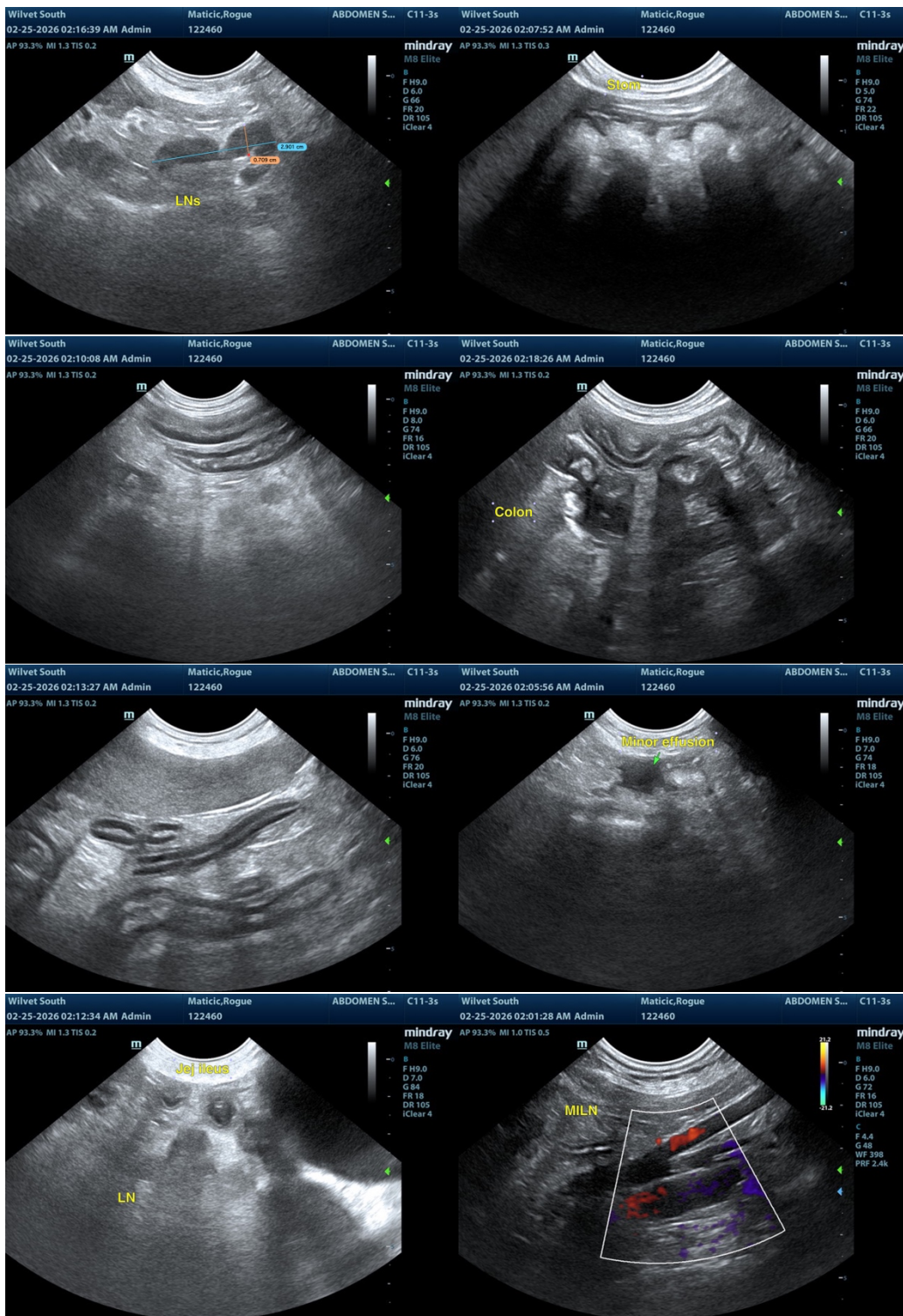
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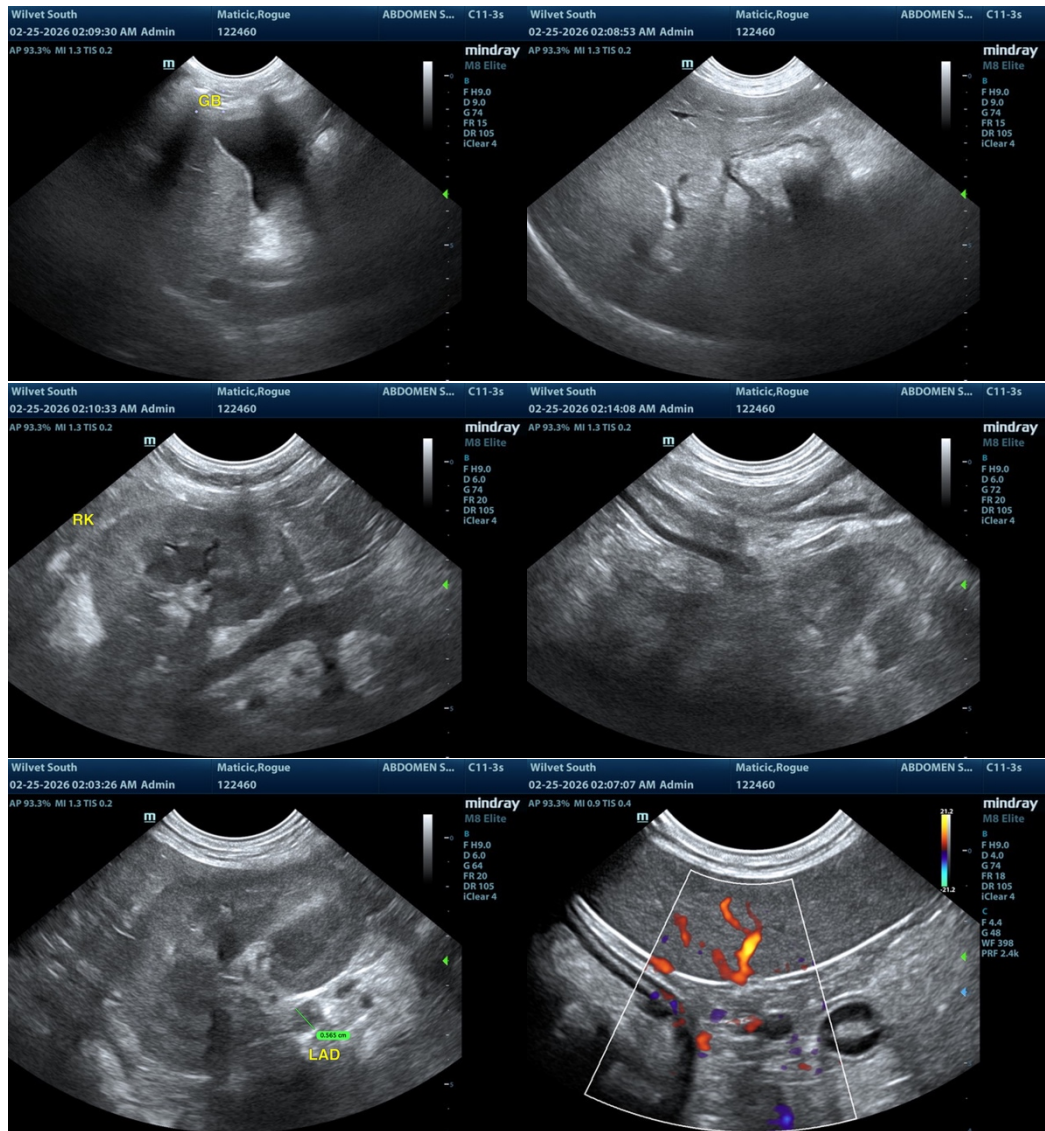
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com