



PATIENT

Ali McEwan

SPECIES

Canine

BREED

Shepard X

SEX

Male Neutered

AGE

11y

WEIGHT

38 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Lavroff

INVOICE

13181

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- A month ago, developed edema of LH leg (all of it). went away spontaneously.
- A few days ago, he came in with significant edema of RH. BW shows mild anemia and evidence of inflammation on CBC. Chems were 100% normal. He's had some bloody streaks in most of his stools the last month or so. No rads done.

Abnormal PE/Chem/CBC/UA Results: soft but formed stool, no blood today rectal exam normal, no anal masses large lipoma in L axilla HCT 32% L RETIC 261.7 (10.0 - 110.0 K/ μ L) H WBC * 18.58 (5.05 - 16.76 $\times 10^9$ /L) H NEU 12.45 H MONO 2.37 H Full labs attached

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 were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses. No definitive distal aortic thrombus.

Normal size and margination was 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 7.8 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs



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

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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.

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The visualized proximal and descending colon exhibited normal intact visible wall, was non-distended in size and contained formed fecal matter.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Ill-defined, hyperechoic structure labeled right caudal abdomen measuring ~3.0 – 4.0 cm in diameter. No evidence of visualized significant omental lymphadenopathy and no evidence of peritoneal or retroperitoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Mild age-related hepatosplenic changes – subjective benign
- Mild gallbladder debris
- Age-related renal changes
- Sonographically unremarkable gastrointestinal tract with overtly normal visualized colon
- Unspecified hyperechoic structure caudal abdomen – nonspecific steatitis, non-inflamed vs inflamed lipoma or granuloma, other. Hyperechoic structure neoplastic criteria was not overtly met and considered less likely yet not excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the hind limb edema was not obvious. The hyperechoic caudal abdomen structure is of unclear clinical significance. No obvious visualized colon mural pathology, although assessment of the colon lumen was precluded owing to formed fecal matter. Correlation with radiographs and ideally CT for further clarification and assessment for possible non-visible thrombus or other pathology as a contributing factor.

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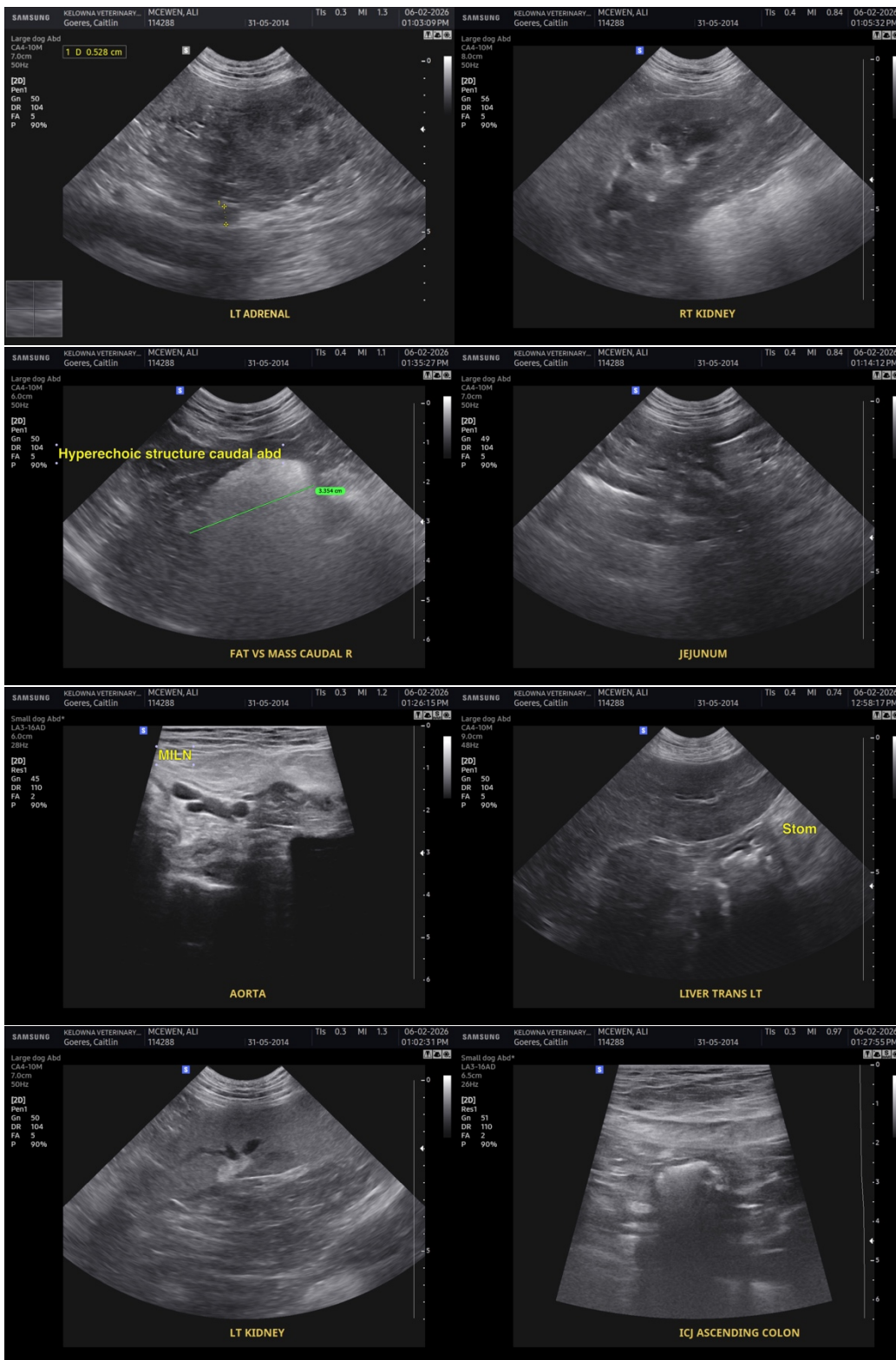
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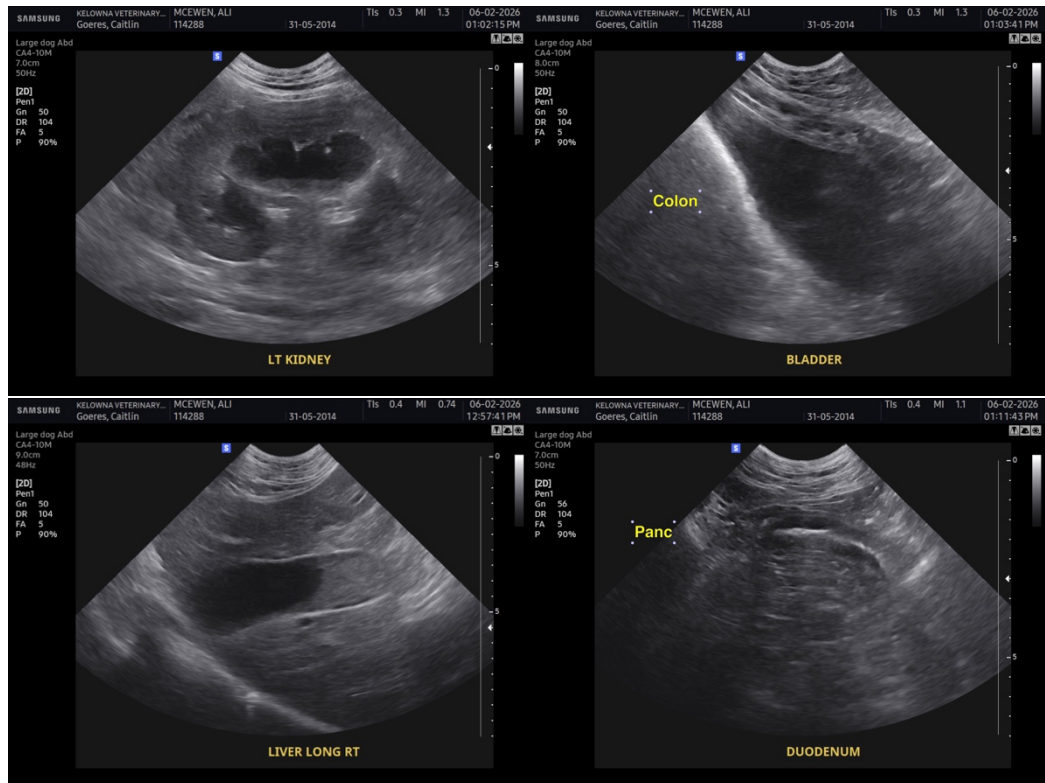
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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