



PATIENT

Snicker Clasby

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

11yr

WEIGHT

29.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Maria Lara, DVM

INVOICE

24048

DATE

03/01/2026

PRESENTING CLINICAL SIGNS

Patient presented 2/27 as a transfer for FB surgery requiring Gastrotomy (FB ingestion on 2/22 vomiting starting 2/25). Patient has been hospitalized since 2/27 - Gastrotomy was performed but patient continues to be inappetent.

Abnormal PE/Chem/CBC/UA Results: 2/27 Reticulocyte Hgb 21.4 (22.3 - 29.6 pg) L Neutrophils 12.14 (2.95 - 11.64 K/ μ L) H Monocytes 1.71 (0.16 - 1.12 K/ μ L) H Eosinophils 0.00 (0.06 - 1.23 K/ μ L) L Chem Glucose 215 (70 - 143 mg/dL) H Creatinine 2.3 (0.5 - 1.8 mg/dL) H BUN 39 (7 - 27 mg/dL) H Phos 7.4 (2.5 - 6.8 mg/dL) H K 2.9 (3.5 - 5.8 mmol/L) L Chloride 104 (109 - 122 mmol/L) L ALP 269 (23 - 212 U/L) H Lactate 3.70 (0.50 - 2.50 mmol/L) H SDMA 18 (0 - 14 μ g/dL) H UA Bacteria, Cocci - Suspect presence Urine Protein 100 mg/dL 2/28 CBC RBC 4.89 (5.65 - 8.87 M/ μ L) L Hematocrit 30.8 (37.3 - 61.7 %) L Hemoglobin 11.6 (13.1 - 20.5 g/dL) L Reticulocyte Hgb 19.9 (22.3 - 29.6 pg) L WBC 17.84 (5.05 - 16.76 K/ μ L) H Neutrophils *11.85 (2.95 - 11.64 K/ μ L) H Monocytes *1.86 (0.16 - 1.12 K/ μ L) H Eosinophils 0.02 (0.06 - 1.23 K/ μ L) L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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/Gallbladder

The liver presented subjectively mildly 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 hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder exhibited potential for mild wall edema and was non-distended in size, containing a mild to moderate amount of non-mineralized, mildly congealed gallbladder debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

The stomach was indistinctly visualized owing to increased perigastric omental artifact. No overt evidence of gastric distention secondary to retained significant gastric fluid, ingesta or persistent foreign material.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of non-shadowing chyme accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

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The right pancreas was mildly prominent size with capsule asymmetry and non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

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Generalized hyperechoic omentum, primarily visualized in the cranial abdomen

Minor pockets of peritoneal effusion.

No visualized significant or swollen omental lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

Primary

- indistinctly visualized yet overtly non-distended stomach
- enteritis
- possible mild pancreatitis
- benign hepatopathy pattern
- possible mild edematous gallbladder with non-organized gallbladder debris -not consistent with mature mucocele
- generalized hyperechoic primarily cranial abdomen omentum and minor peritoneal effusion-reactive or inflammatory omental changes given recent surgery with potential peritonitis

Secondary

- bilateral chronic renal changes, sonographically normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt gastrointestinal mechanical obstructive pattern. Reactive vacuolar or inflammatory hepatopathy with potential for mild anaphylaxis all potentials in conjunction with possible mild edematous gallbladder and bile debris. If possible, effusion analysis cytology +/- C/S if evidence of inflammation is recommended. Further renal staging to include urine C/S and protein: creatinine ratio

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on sterile urine sample may be considered.

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Continued gastrointestinal support and empirical therapy for potential peritonitis with clinical monitoring is recommended. Sonographic reassessment indicated if non-responsive or progressive clinical signs or evidence of progressive peritoneal effusion.

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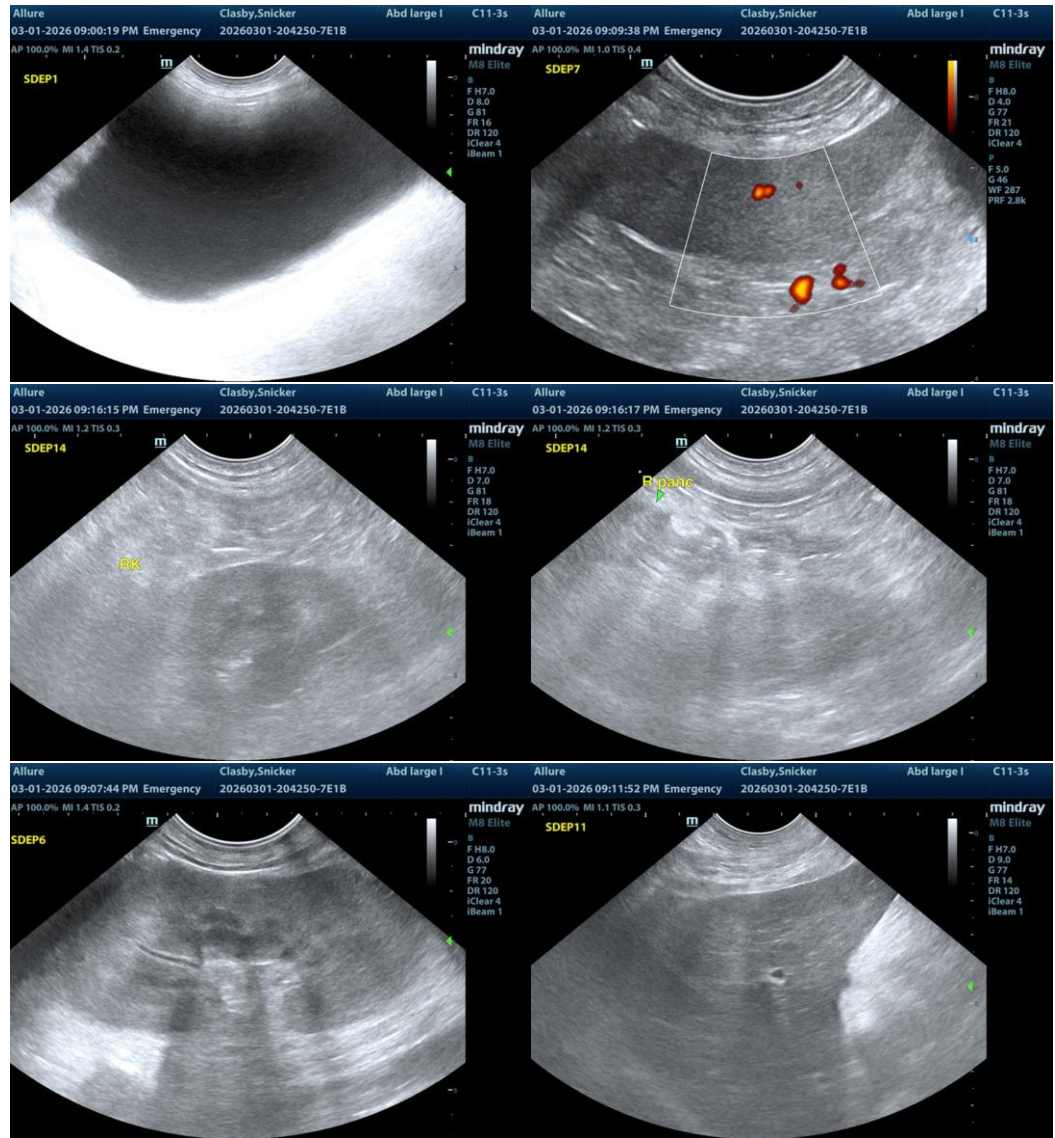
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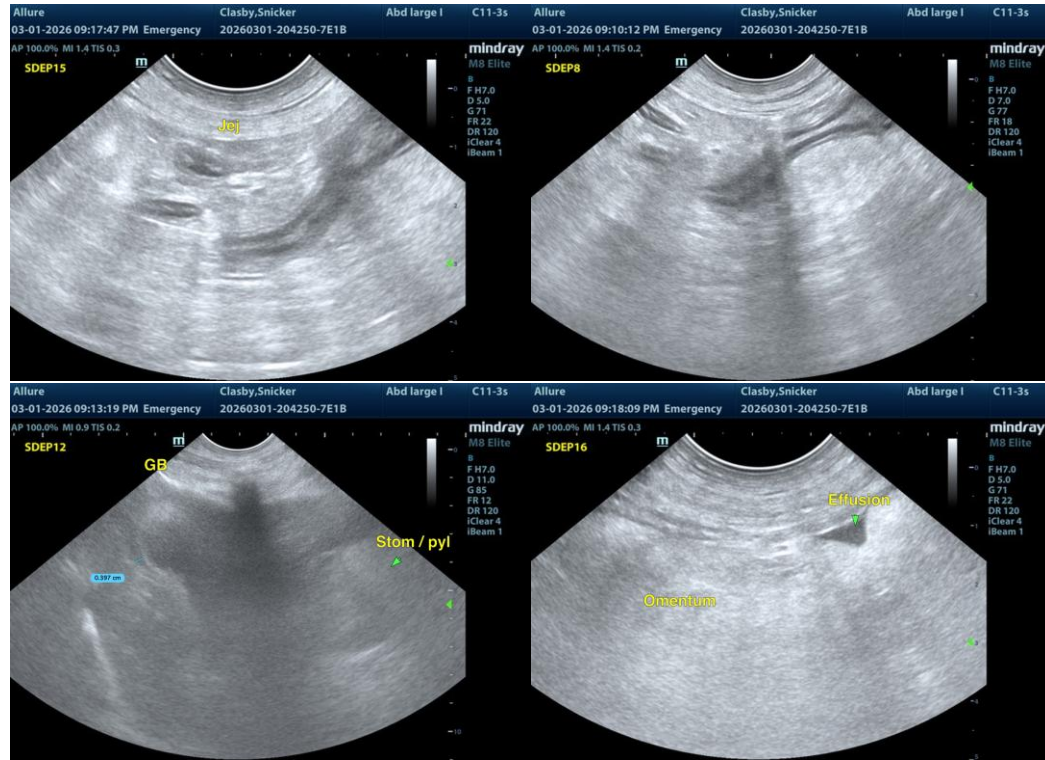
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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