



PATIENT

Hazel Ash

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

13yr

WEIGHT

34lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Rodriguez

INVOICE

24214

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

Anorexia, febrile, Only ate a few treats. ADR since Thursday. Fever of 104. Treated sunday with denamarin and gabapentin due to slight elevation in liver values. Raw diet. No diarrhea. One episode of vomiting sunday night.

Abnormal PE/Chem/CBC/UA Results: Labwork from today: WBC: 11.7, mono: 1.15, ALT: 112, ALK: 194, PLI: 55. Lepto snap test neg. 4dx neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 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 0.73 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma to perihilar. Some nodules exhibited subtle distal acoustic shadowing, an example measured 0.92 cm in diameter. Areas of minor asymmetrical splenic capsule contour were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented generalized increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. A solitary visualized discrete non-capsule deforming hypoechoic nodule was present in the right lateral to caudate liver, measuring 0.95 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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A segment of small intestine in the subjective mid cranial abdomen exhibited variable thickened to irregular wall, decreased mural echogenicity and indistinct loss of segmental intestinal mural detail with suspect mural gas artifact. Lumen gas within the segment of thickened intestine with potential for a small amount of shadowing non-specific content was present. The pathological segment of small intestine potentially measured 6 cm in diameter with wall width measuring 0.74 cm. The remainder of the small intestine exhibited overall intact wall layering, maintained wall area ratio and empty lumen to the level of the colon.

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

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No overt lymphadenopathy was present.

Regional peri-intestinal hyperechoic omentum and scant peri-intestinal to peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended stomach with mild retained non-shadowing ingesta / chyme
- Segmental pathological small intestine exhibiting irregular thickened hypoechoic wall, indistinct loss of mural detail, potential segmental shadowing content and suspect mural gas – inflammatory, infectious, neoplastic etiologies with bowel infarction or mural necrosis possible
- Associated subjective mild regional peri-intestinal peritonitis
- Mildly enlarged hyperechoic liver with discrete hypoechoic intraparenchymal nodule – metabolic, reactive, vacuolar, inflammatory, cholestatic hepatopathy, potential for emerging lipidosis with occult neoplasia not definitively excluded
- Mild non-organized gallbladder debris (non-mucocele)

Secondary

- Mild chronic renal changes
- Normal adrenal glands
- Hyperechoic splenic nodules -suggestive of benign criteria such as hyperplasia, myelolipomas, mineralization or combination

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status screening hepatic FNA cytology primarily to assess for occult



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neoplastic criteria is warranted. Three view chest radiographs recommended if not done, pending additional diagnostics. Exploratory laparotomy with expectation toward resection anastomosis of pathological intestine and with suggested hepatic biopsies at time of surgery is recommended.

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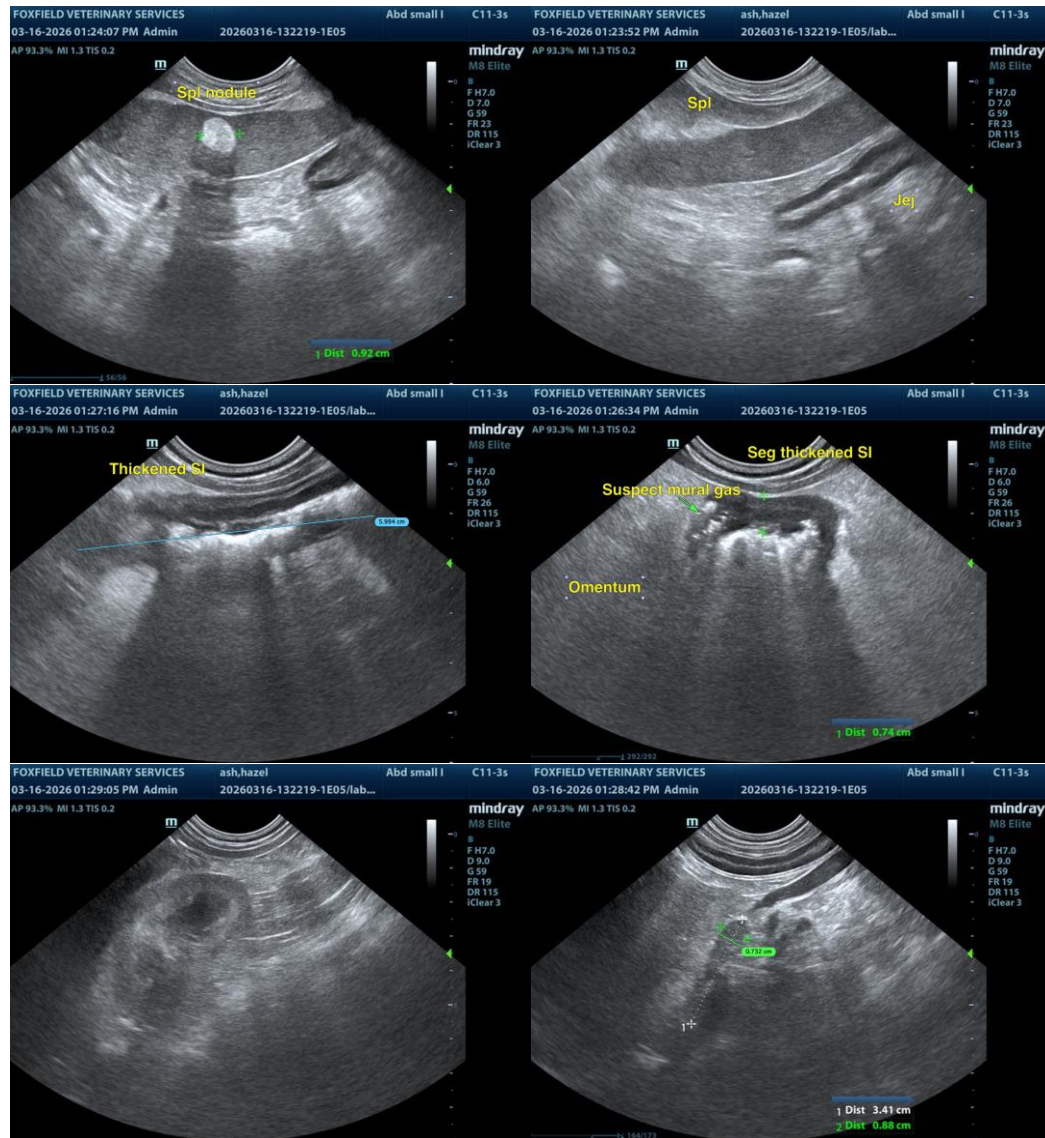
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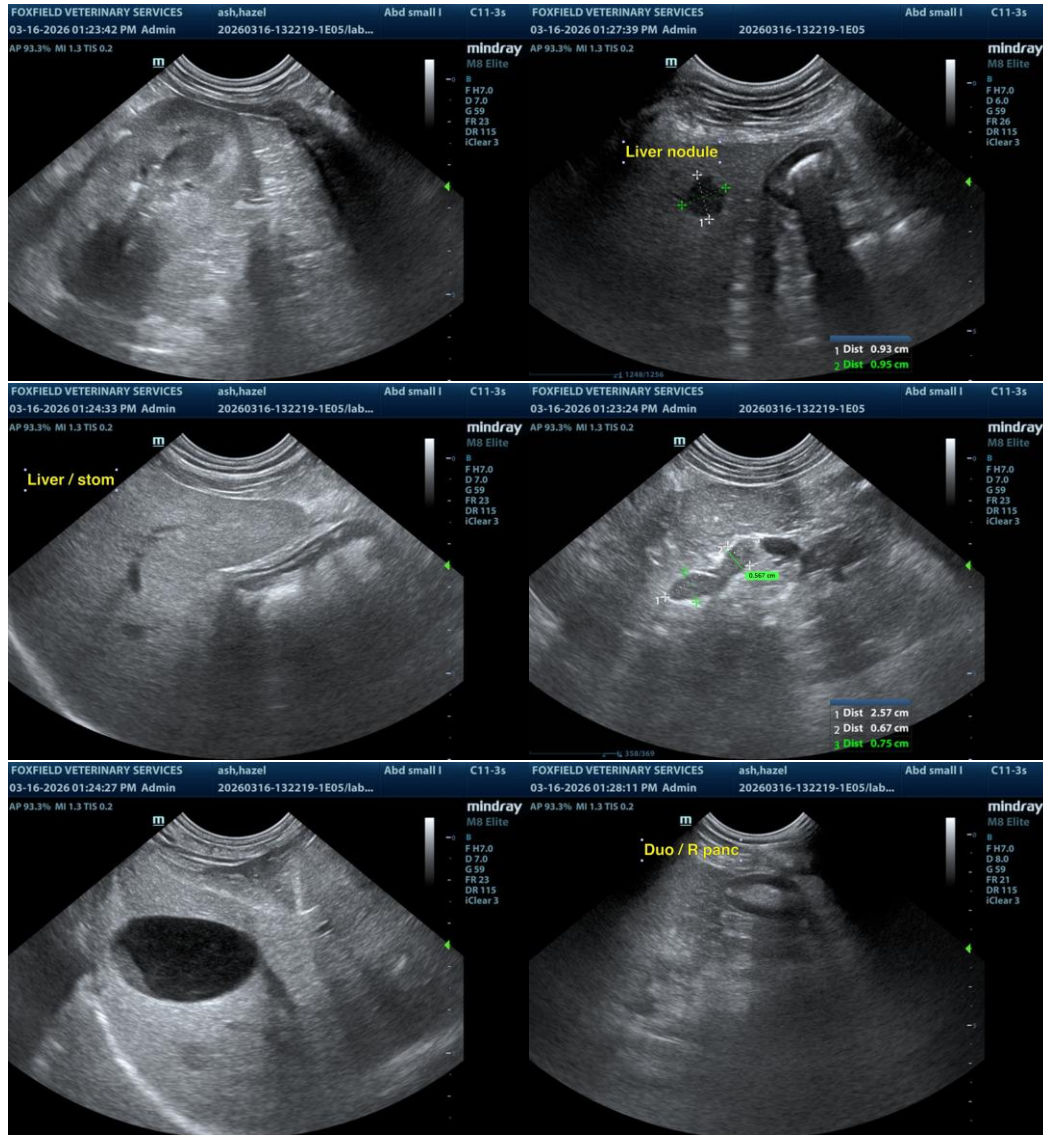
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com