



## PATIENT

Holly Bryden

## SPECIES

Canine

## BREED

American Shepard Mini

## SEX

Female Spayed

## AGE

10y

## WEIGHT

4.4 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson VC

## REFERRING VET

Moaz Radwan

## INVOICE

13293

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

History:

- Presented for possible Pancreatitis (Significantly Elevated Pancreatic Lipase) and ADHS (Currently Hospitalized and on x2 maintenance Fluids)
- Hx of Urinary Incontinence (On Desmopressin and Famotidine)
- Hx of Ivermectin Toxicity (previous CSF Tap showed Infection) has Head tremors sometimes.

Abnormal PE/Chem/CBC/UA Results: Significantly Elevated Pancreatic Lipase Significantly Elevated HCT/RBCs/HGB Moderate Thrombocytopenia Slight Neutrophilia

## 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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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. Mild medullary mineral was noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland measured 0.37 cm width at the caudal pole.

### 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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented mildly thickened intact wall. Intact wall layering was maintained and distinct. The stomach contained mild retained gastric fluid. A small amount of non-shadowing accumulated chyme/mucus in the area of the pyloric outflow without evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact mildly thickened wall exhibiting altered wall layer ratio owing to propensity for thickened muscularis and submucosa layer with submucosa echogenicity. Mild segmental ileus without intestinal obstruction pattern to the level of the colon.

The colon walls presented intact yet mild to moderately thickened wall layering with mild distention. Non-formed to soft fecal matter was present in the colon lumen.

## Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No evidence of significant omental lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolonopathy accentuated by hypomotile gastritis, intact altered small intestinal wall ratio and mild to moderate colitis containing soft/non-formed fecal matter
- Mild heterogeneous pancreas
- Age-related kidneys with mild medullary mineral
- Normal bilateral adrenal glands
- Minor urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, enterotoxin, inflammatory bowel disease, infectious gastroenterocolonopathy, acute hemorrhagic diarrhea syndrome, pancreatitis, occult neoplasia, all potentials. Sonographically, the appearance of the pancreas is not consistent with significant or active pancreatitis. No evidence of mechanical gastrointestinal obstruction. Hospitalization with gastrointestinal support, empirical therapy for mild pancreatitis, acute gastroenterocolonopathy/acute hemorrhagic diarrhea syndrome with clinical and as needed sonographic monitoring indicated. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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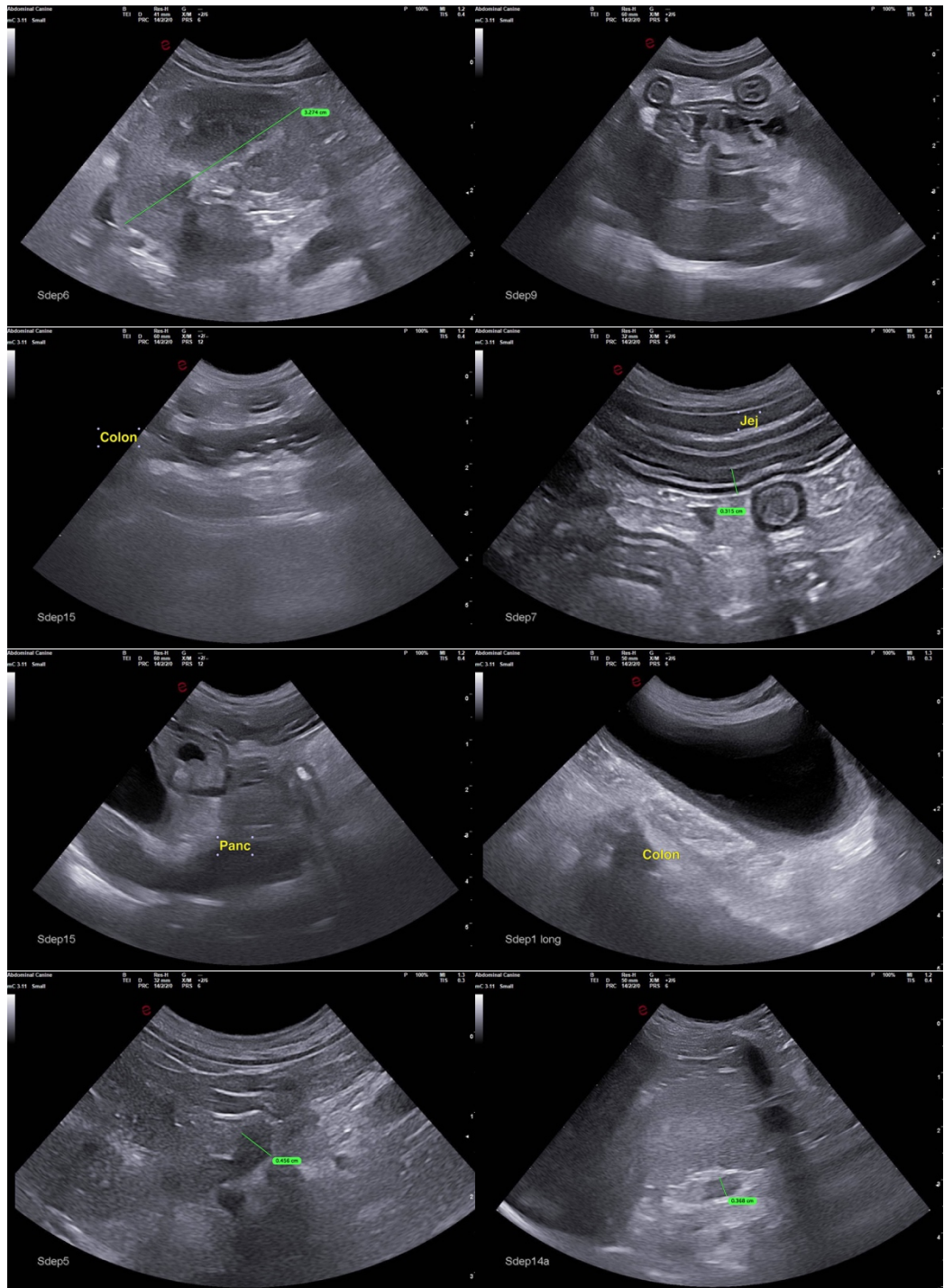
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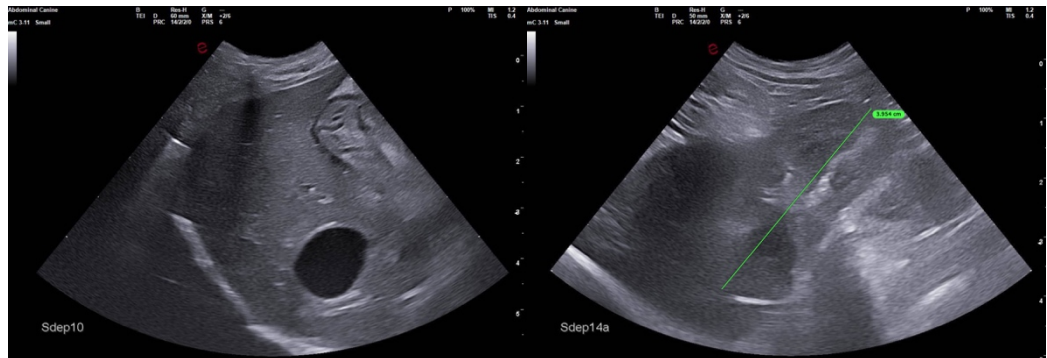
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@sonopath.com](mailto:info@sonopath.com)