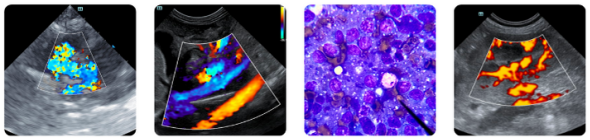




**PATIENT**

Hero Veraart

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Male Intact

**AGE**

3y 4m

**WEIGHT**

4.5 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mariusz Chmielinski, DVM

**HOSPITAL NAME**

Apex VS Ltd.

**REFERRING VET**

Alpine 24/7 / ER Doctor

**INVOICE**

13300

**DATE**

3/19/26

## PRESENTING CLINICAL SIGNS

History:

- Hospitalized for acute onset vomiting, lethargy, abdominal pain, and fever, followed by aspiration pneumonia after regurgitation event.
- Course complicated by: Severe aspiration pneumonia (now improving; off oxygen), Persistent gastrointestinal dysfunction (vomiting - now controlled with NGT). Systemic inflammatory response
- Currently: Clinically improving, no vomiting overnight, tolerating NG tube feeding, still not eating voluntarily

Abnormal PE/Chem/CBC/UA Results: BAR, hemodynamically stable $SpO_2$ 96% on room air Mild cranial abdominal distension, non-painful Persistent GI dysfunction (ileus vs gastritis vs pancreatitis) Marked ↑ ALP (1151 U/L) – reactive vs hepatobiliary disease Ongoing systemic inflammation (leukocytosis with left shift) AXR: Fluid-filled small intestines, mild gastric debris (“gravel sign”), no obstruction TFAST: Bilateral B-lines and consolidation (aspiration pneumonia) Bloodwork: Leukocytosis with left shift Marked ALP (1151 U/L) Mild monocytosis

## 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.1 cm in diameter.

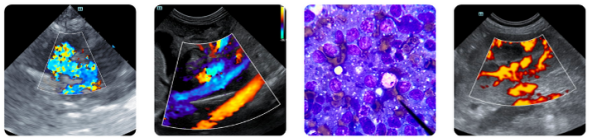
The descended right testicle presented sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 4.4 cm in length. The right kidney measured 4.8 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 0.53 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 0.44 cm width at the caudal pole.





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

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, hyperechoic duodenojejunal mucosal speckling to the level of the colon. No evidence of pathology in the area of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

### *Pancreas*

The pancreas was normal in size with capsule asymmetry exhibiting variable heterogeneous to hyperechoic parenchyma compared to adjacent mild hyperechoic peripancreatic omentum.

### *Free Abdomen*

Normal appearing retained left testicle caudal abdomen cranial to urinary bladder at the approximate level of iliac trifurcation. No visualized significant or swollen mesenteric lymphadenopathy and minor peri intestinal effusion was present.

**PRIMARY FINDINGS** Benign hepatopathy pattern – metabolic, reactive, vacuolar, non-obstructive cholestatic hepatopathy, less likely inflammation with no evidence of neoplastic criteria

- Non-organized gallbladder debris (non-mucocele)
- Pancreatitis – possibly resolving
- Empty gastrointetsinal tract with mild enteritis pattern and soft fecal matter in colon
- Transdiaphragmatic comet tail artifact and minor peri intestinal effusion

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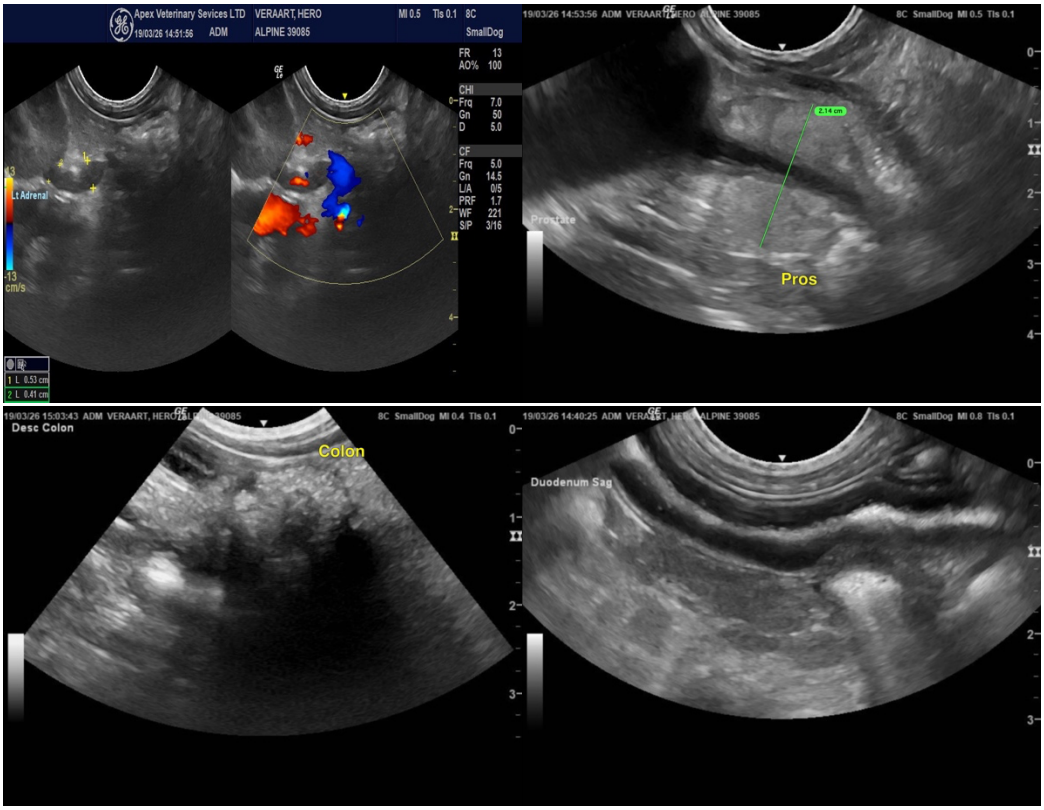
## SECONDARY FINDINGS

- Retained caudal abdomen left testicle
- Benign prostatic hyperplasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointetsinal obstruction or definitive foreign material. A small amount of non-obstructive or passing foreign material obscured by gastrointestinal gas not definitively excluded. No indication for surgical intervention. Gastrointetsinal support and empirical therapy for pancreatitis and aspiration pneumonia with clinical monitoring is indicated. Recheck sonogram indicated if decline in clinical improvement, recurrent gastrointetsinal signs or progressive hepatopathy.



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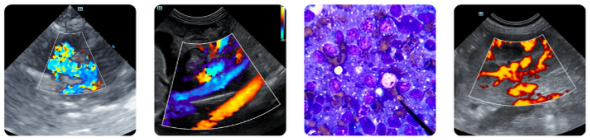

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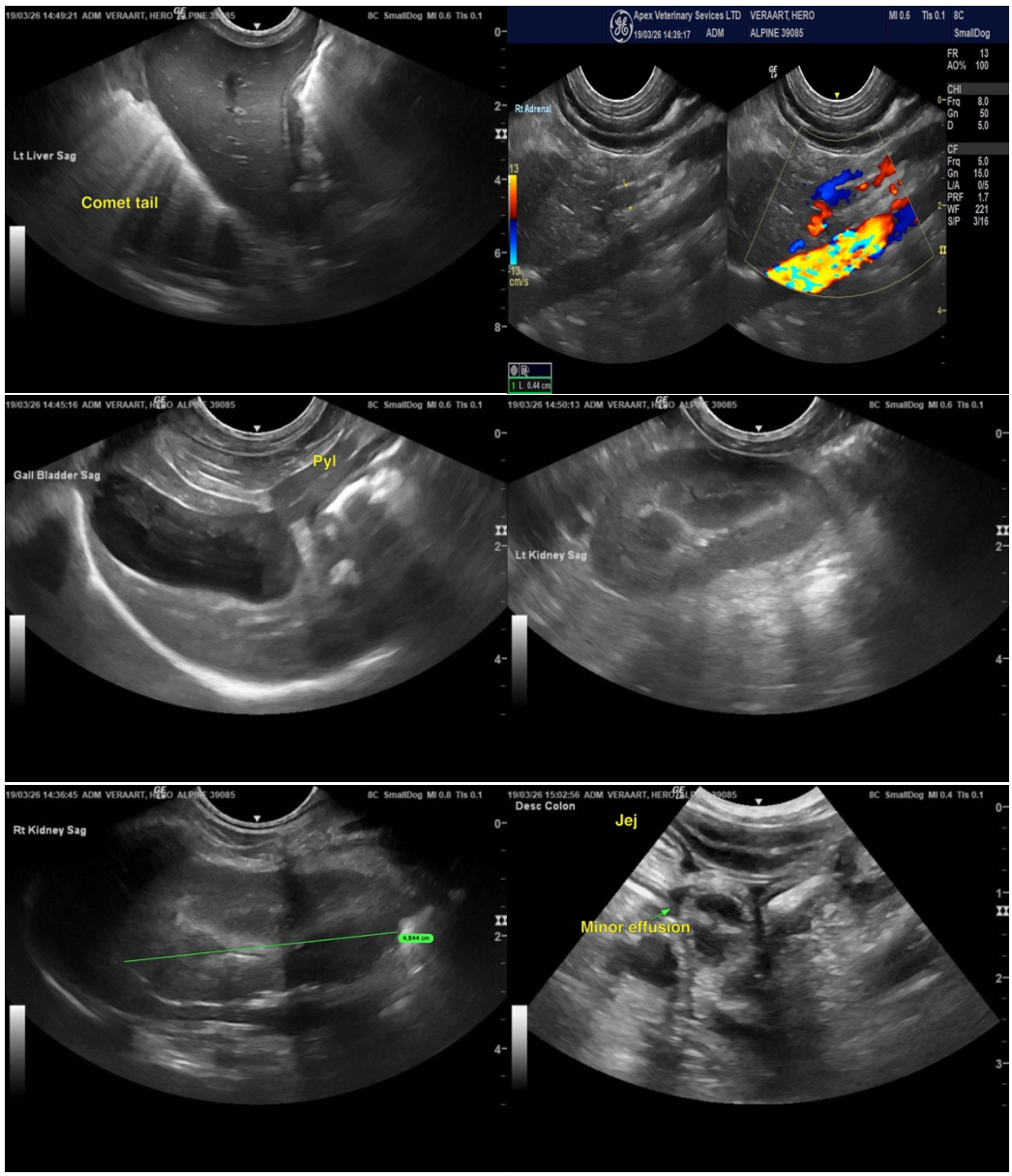

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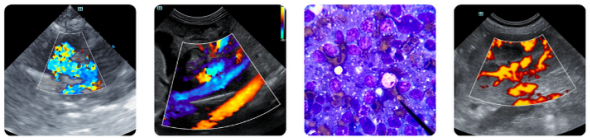

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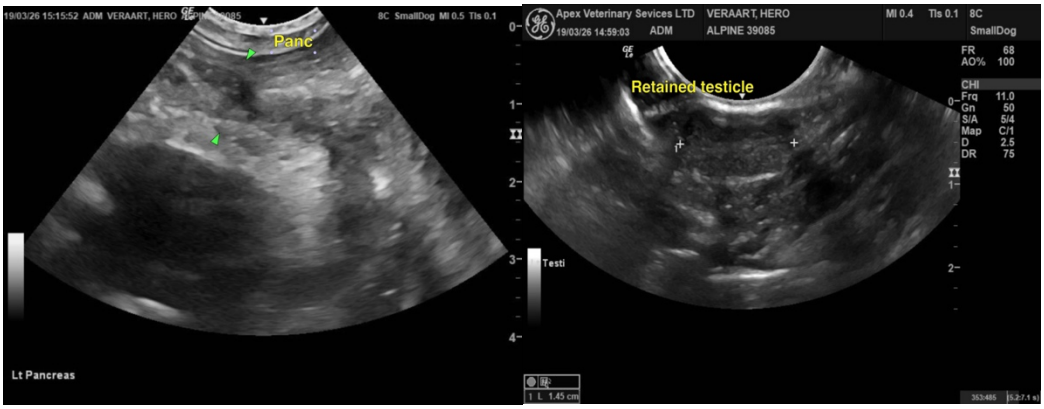


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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