



PATIENT

Hope Wise

SPECIES

Canine

BREED

St Bernard Mix

SEX

FS

AGE

5yr

WEIGHT

37kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME
Ingersoll VS

REFERRING VET

Allen

INVOICE
24067

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

- Not eating for several days , Monocytes are up, Bilirubin total and Conjugated slightly elevated
- Current Medications None
- Abnormal PE/Chem/CBC/UA Results: BW pending Anything going on in the abdomen to explain symptoms?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 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 7.2 cm in length. The right kidney measured 7.6 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 0.64 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and adrenal depth.

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 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. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Mild congealed non-organized gallbladder debris was present.

The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



PATIENT *Gastrointestinal*

Hope Wise 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.

SPECIES The small intestine presented overall intact wall layering exhibiting segmental thickened intestine with mild altered wall layer ratio. No evidence of mechanical intestinal obstruction with mild segmental non-obstructive intestinal ileus. An example of thickened small intestine measured 0.75 cm wall width.

Canine

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

BREED

Pancreas

St Bernard Mix

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.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

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Multiple variably enlarged, hypoechoic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with borderline to abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 5.1 cm x 2.4 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Multicentric hypoechoic swollen mesenteric lymphadenopathy
- Hypoechoic omentum and peritoneal effusion
- Segmentally thickened small intestine
- Non-congested hepatomegaly
- Gallbladder wall edema with mild non-organized bile debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria with multicentric round cell neoplasia probable involving multicentric abdominal lymph nodes, segmental small intestine and potentially liver is present. Assuming normal clotting status, lymph node and screening hepatic FNA cytology in conjunction with effusion analysis is recommended for further clarification, staging and potential oncology consultation. Correlation with pending lab work and three view chest radiographs is recommended.

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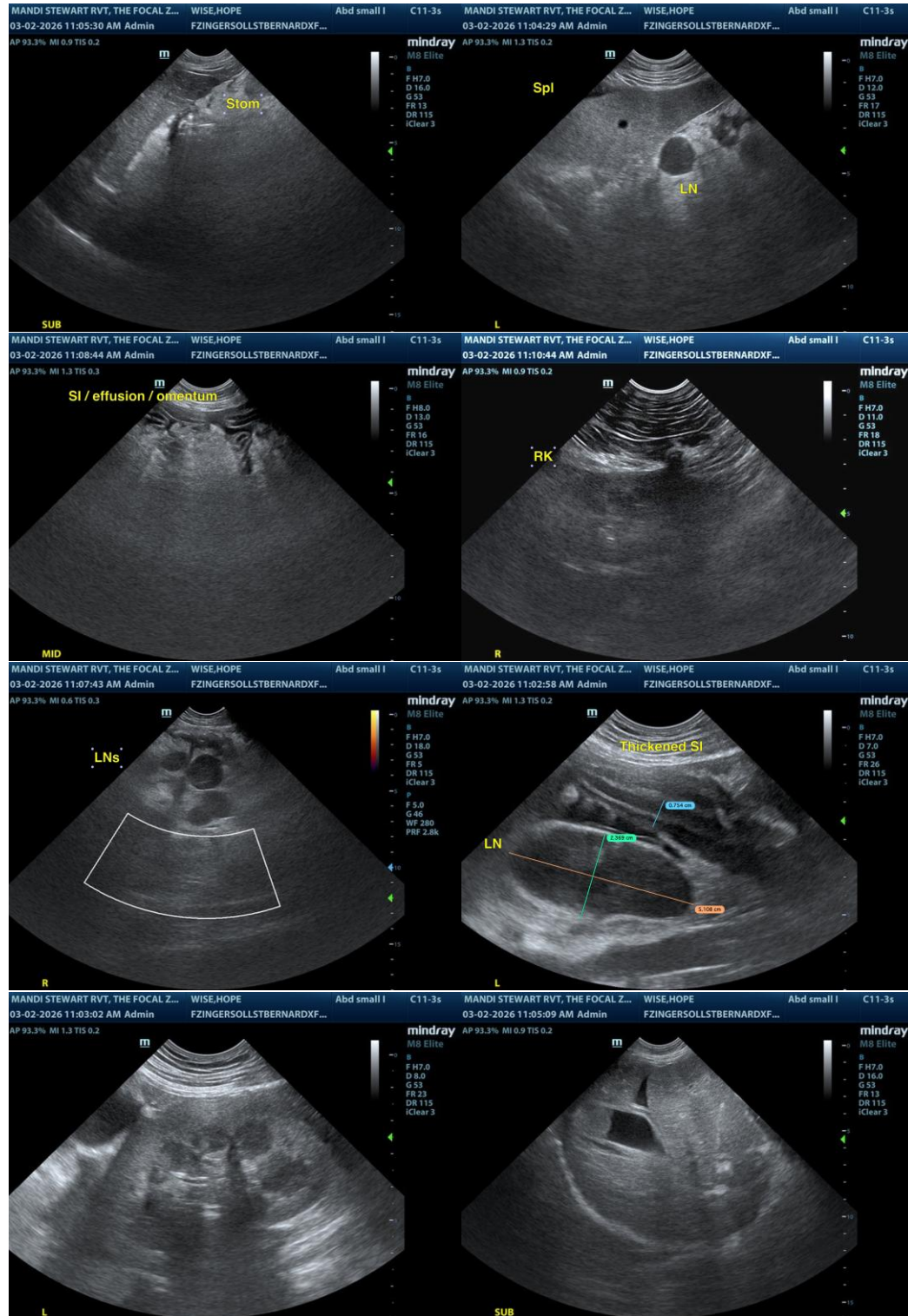
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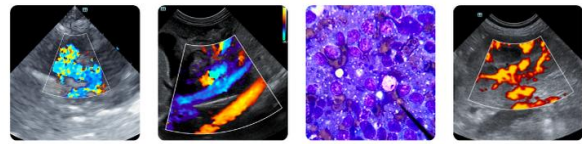
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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