



PATIENT

Leonardo Coron

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

10yr

WEIGHT

85.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr Hallihan

INVOICE

24077

DATE

03/02/2026

PRESENTING CLINICAL SIGNS

vomiting blood , anorexia, weight loss of ten pounds over couple months, diarrhea with blood , blood on rectal, blood in vomit

Abnormal PE/Chem/CBC/UA Results: neur (hi) 16,600 , PLI abnormal alk phos - 249

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small thinly walled medullary left kidney cyst was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen with segmental non-obstructive gas pattern to the level of the colon.



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The colon was indistinctly visualized, potentially owing to empty colon lumen.

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

SEX

MN

Primary

- Mildly thickened hypomotile stomach
- Structurally unremarkable primarily empty small intestine with non-obstructive segmental intestinal gas
- Normal area of pancreas
- Hepatopathy -most consistent with benign criteria and suggestive of metabolic, reactive or vacuolar hepatopathy pattern
- Mildly non-organized gallbladder debris (non-mucocele)
- Age-related renal changes with small left kidney cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt mechanical gastric or gastrointestinal obstructive pattern, foreign material or definitive gastrointestinal mural pathology, i.e. mass or definitive macroulceration as an obvious cause of the hematemesis and hematochezia. Mild pancreatitis or structurally insignificant gastroenterocolic disease, including microulceration, may present sonographically unremarkable.

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A GI panel, screening cortisol level and three view chest radiographs given patient age and weight loss are warranted. Gastroprotectants and overall gastrointestinal support, including broad spectrum deworming with clinical monitoring, pending additional diagnostics is recommended. Sonographic reassessment indicated if continued or progressive gastrointestinal signs, while upper and lower gastroenterocolic endoscopy may be considered with potential for biopsies.

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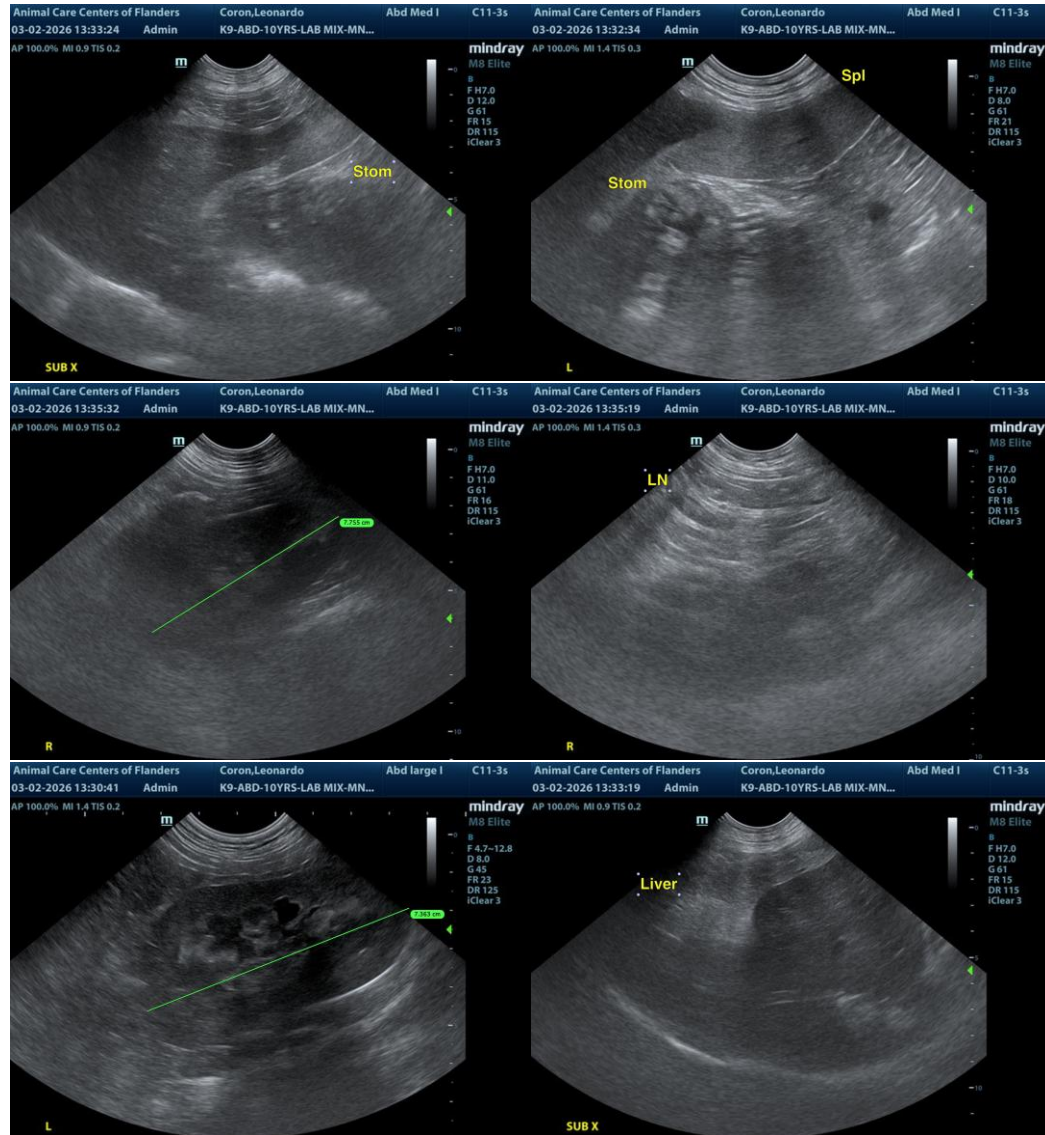
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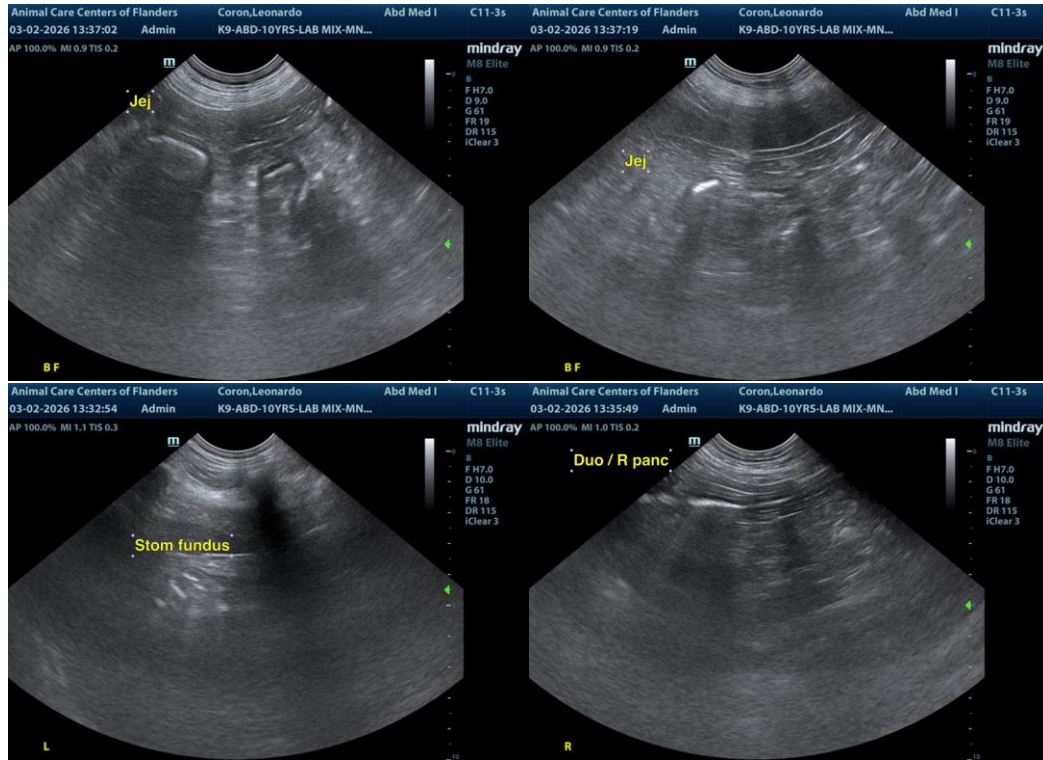
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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