



PATIENT

Belle Zyderveld

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

9.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

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DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Chronic, recurrent episodes of:
- Abdominal discomfort (prayer/stretching posture)
- Gurgling sounds (borborygmi)
- Lip licking, hypersalivation
- Intermittent vomiting/regurgitation (yellow bile)
- Occasional shaking/trembling
- Episodes last ~hours and resolve spontaneously
- Increasing frequency of episodes
- No clear dietary or environmental trigger identified
- Normal appetite between episodes

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):122, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate Bloodwork (Feb 2026): Marked incr ALP (~2000 IU/L) Previously elevated during suspected pancreatitis episode (Aug 2024) Abdominal Ultrasound (March 2024): Mild gallbladder sludge/sediment No active pancreatitis at that time Mild hepatic changes Otherwise unremarkable abdominal organs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change 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. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the caudal pole.

Spleen

The spleen presented normal in size and contour with nonhomogenous parenchyma exhibiting intermittent discrete splenic nodules with an example measuring 0.44 cm in diameter.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. 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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete nonhomogenous intraparenchymal nodules were present with an example measuring 0.83 cm in diameter.

The gallbladder was non distended in size with normal wall. Mildly echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented intact mildly prominent wall. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. The stomach contained a mild amount of retained anechoic fluid.

The small intestine presented nonthickened yet exhibiting mild altered wall layer ratio owing to propensity for mildly thickened muscularis and mucosa layers. Segmental jejunal corrugation and indistinct jejunal wall layer detail. No evidence of mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.41 cm wall width. The jejunum wall measured 0.37 cm wall width.

Normal visible colon wall layers were present with variably formed fecal matter.

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

Intermittent mildly prominent medial iliac and mesenteric 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). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile stomach.
- Nonspecific chronic enteropathy pattern exhibiting segmental indistinct jejunal mural detail.
- Heterogeneous remodeled pancreas- suggestive of chronic pancreatitis/benign remodeling.
- Hepatomegaly with discrete intraparenchymal nodules.
- Discrete splenic nodules.
- Immature gallbladder mucocele.
- Age-related renal/adrenal changes- normal adrenal size.
- Variably formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific inflammatory enteropathy criteria is favored, although given segmental mild indistinct jejunal mural detail, emerging intestinal neoplastic process is not excluded. No evidence of mechanical gastrointestinal obstruction. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

Correlation with the GI panel to include PLI, TLI, cobalamin and folate is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered



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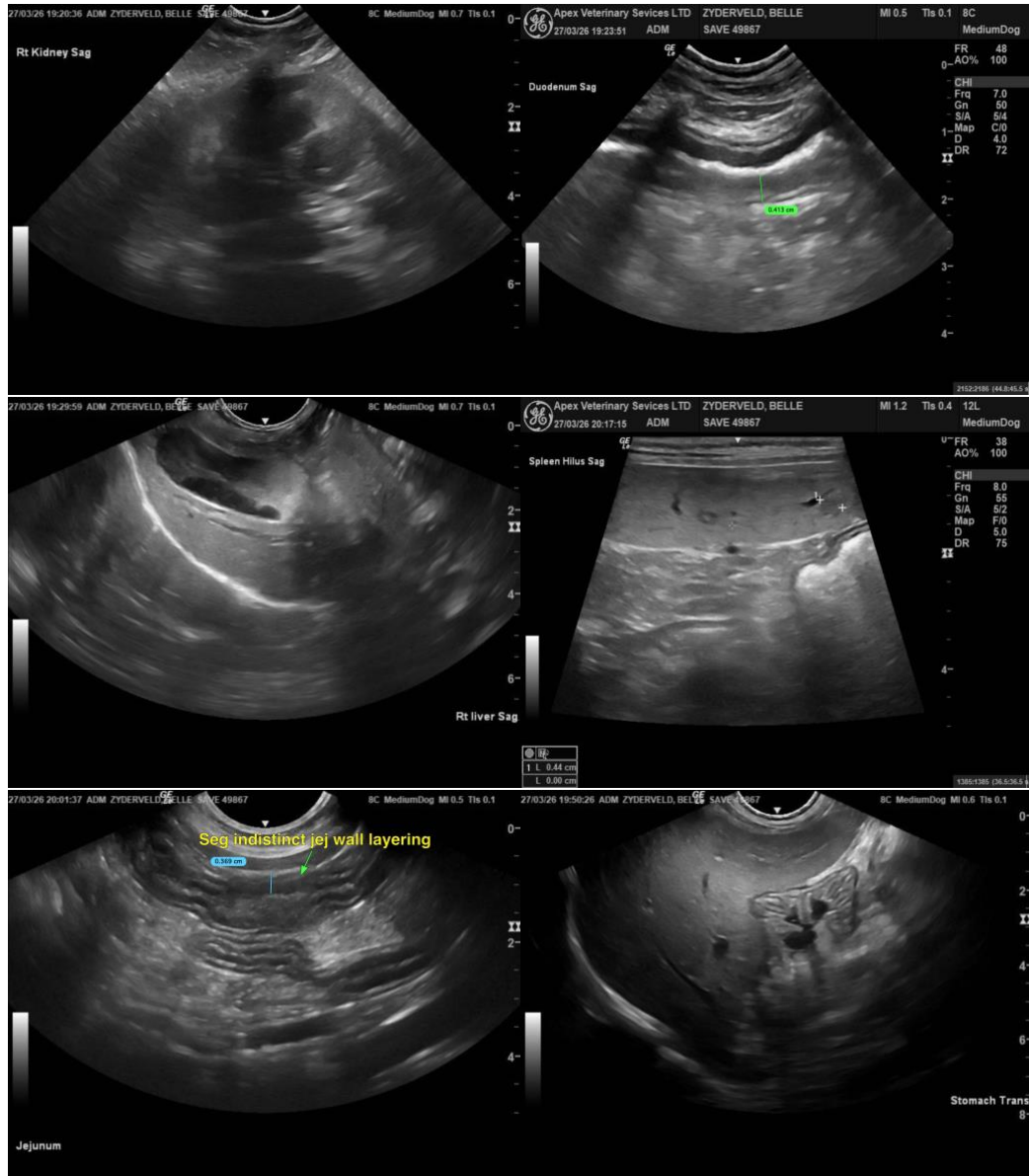
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for further assessment. Intestinal biopsies should be considered for histopathology and guidance of therapy. Hepatosupportive medications are recommended with sonographic reassessment of the gallbladder if evidence of progressive cholestasis.





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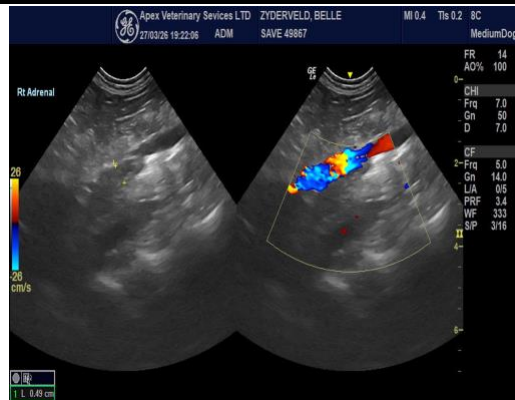
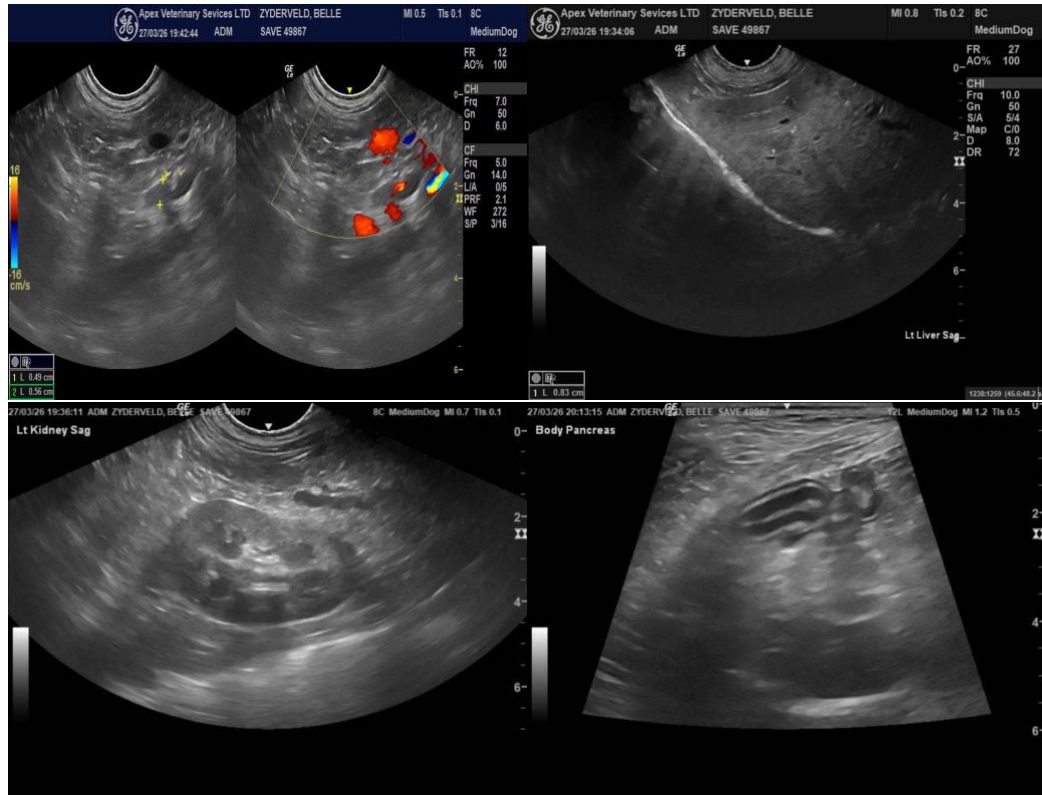
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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