



PATIENT

Karma Childress

SPECIES

Canine

BREED

Malamute X

SEX

Neutered

AGE

3yr

WEIGHT

36.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

24349

DATE

03/30/2026

PRESENTING CLINICAL SIGNS

- Transfer from SVEC on 3/27 for HGE. Began vomiting 24 hours prior to presentation and the remainder of the day was very listless and lethargic. O noted increased respiratory rate at home and then P developed profuse liquid, bloody diarrhea. The initial vomit had plastic material and cardboard within it. Has a history of eating voles/moles and their feces, and had exposure to salmon caught by a family member approximately 1 week before symptoms began in addition to brownies 5-7 days prior to symptoms.

Abnormal PE/Chem/CBC/UA Results: SVEC 3/26 CBC: HCT 63.5 (H), Retic 115.7 (H), WBC 9.67 (N), Neut 7.28 (N)- band suspected, Mono 0.84 (N), Lymph 1.52 (N) Chem: Gluc 158 (H), Na 142 (L), K+ 3.2 (L), Cl 102 (L), TP 8.4 (H), Alb 4.1 (H), ALT 220 (H), ALP 271 (H), GGT 61 WilVet 3/27: EPOC: Na 132 (L), K+ 3.3 (L), Cl 101 (L), Lac 8.06 (H), Creat 1.95 (H), BUN 21 (N), Gluc 156 (H), HCT 64 (H) cPL: 677 (H) Vomiting and bloody diarrhea, severe dehydration: R/O Hemorrhagic gastroenteritis (HGE/AHDS), infectious (e.g., salmon poisoning disease), dietary indiscretion, foreign body, pancreatitis, neoplasia, other Elevated cPL: r/o pancreatitis, GI foreign body, SPD, open Elevated liver enzymes (GGT, ALP, ALT) - r/o secondary to GI disease, cholestasis, toxic insult - Pica/Dietary indiscretion (historical finding) - r/o behavioral

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 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 7.5 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized with no obvious pathology subjectively measuring 0.44 cm caudal pole width.

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



PATIENT

Karma Childress

SPECIES

Canine

BREED

Malamute X

SEX

Neutered

AGE

3yr

WEIGHT

36.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

24349

DATE

03/30/2026

The liver presented borderline mildly enlarged in size. The hepatic parenchyma revealed mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 moderate amount of anechoic fluid. No obvious obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal non-distended visible colon wall layers were present with soft feces in lumen.

Pancreas

Diffuse enlargement of the visualized left pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Regional peripancreatic hyperechoic omentum was present.

Free Abdomen

No obvious visualized significant or swollen mesenteric lymphadenopathy.

Minor peri intestinal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic reactive mildly inflamed omentum
- Acute gastroenteropathy exhibiting moderate gastric and mild segmental intestinal ileus- no obvious mechanical obstruction
- Acute hepatopathy
- Soft fecal matter in colon
- Minor peri intestinal effusion
- Sonographically normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with acute, non-specific gastroenterocolitis with concurrent active pancreatitis and primary or secondary acute hepatopathy. Dietary indiscretion, infectious disease, enterohepatotoxic insult, acute inflammatory bowel, occult Addison's disease, less likely occult neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level is recommended. Assuming normal clotting status and using a 25ga needle, hepatic FNA cytology could be considered primarily to assess for inflammatory criteria.

Hospitalization with empirical therapy for acute non-specific gastroenteritis /hepatitis and pancreatitis



PATIENT

Karma Childress

SPECIES

Canine

BREED

Malamute X

SEX

Neutered

AGE

3yr

WEIGHT

36.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

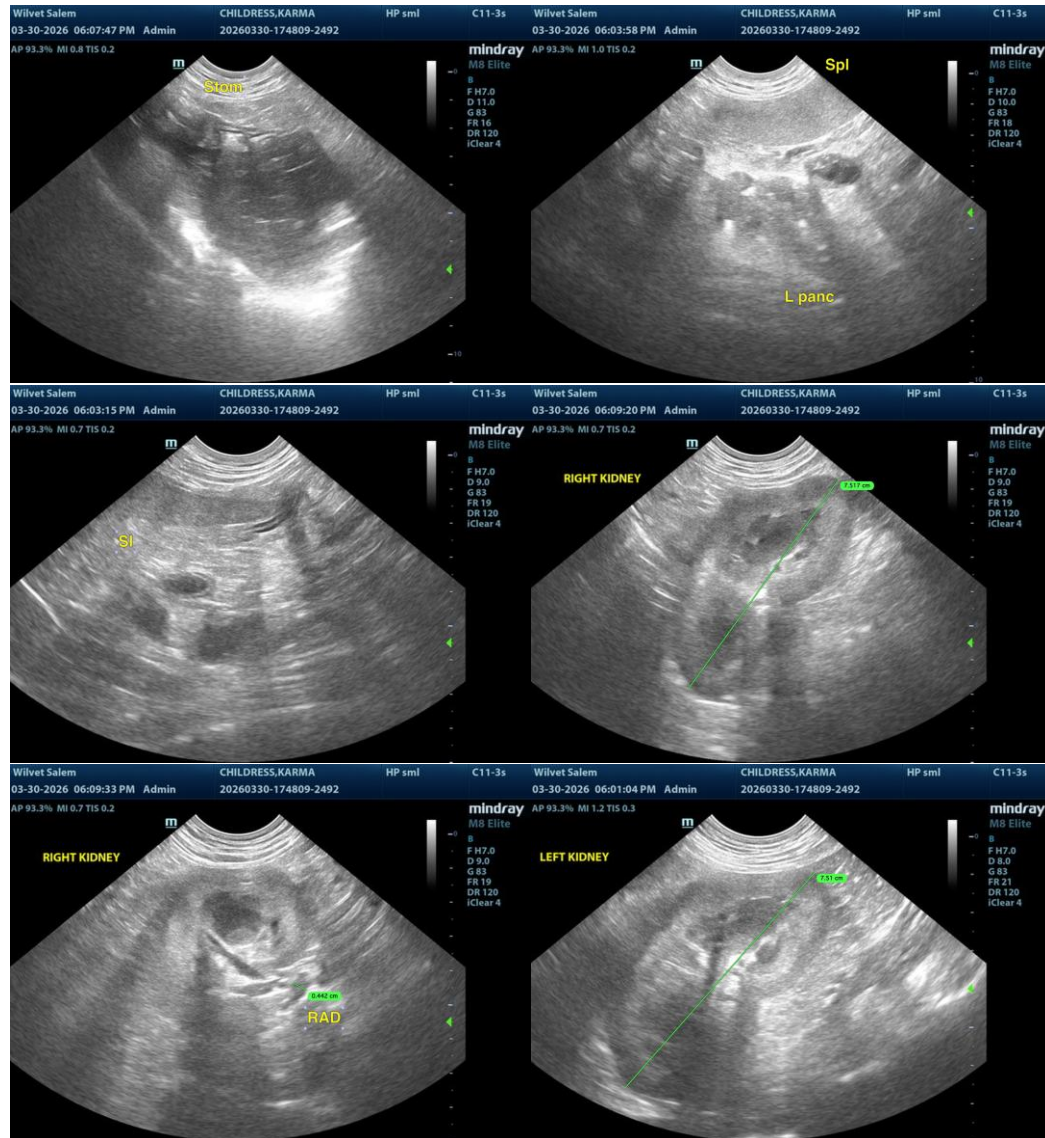
INVOICE

24349

DATE

03/30/2026

with coverage for potential infectious component and clinical monitoring is recommended. Recheck sonogram if non-responsive or progressive gastrointestinal signs or progressive hepatopathy. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.





PATIENT

Karma Childress

SPECIES

Canine

BREED

Malamute X

SEX

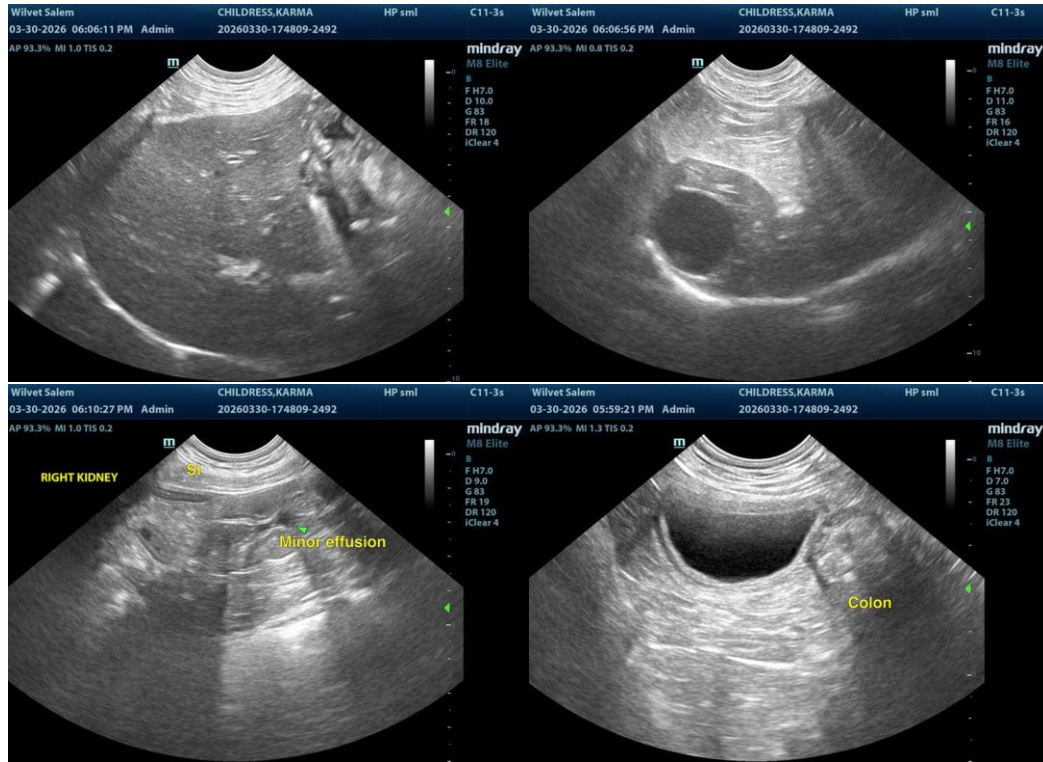
Neutered

AGE

3yr

WEIGHT

36.6kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE
24349

DATE
03/30/2026

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