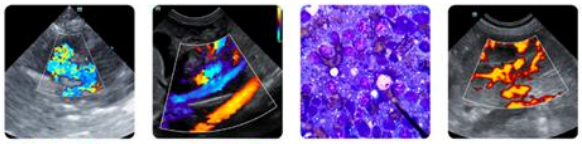


PATIENT

Jonsey Jenkins

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

10yr

WEIGHT

44kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara DVM

HOSPITAL NAME

Allure Veterinary Hospital

REFERRING VET

Michelle Bammel DVM

INVOICE
24572

DATE
04/22/2026

PRESENTING CLINICAL SIGNS

Patient presented (4/22) for evaluation of acute lethargy and vomiting. The owner reports that after eating, he vomited once and then became extremely lethargic. This is a sudden change, as he is now unwilling to get up or go for a walk, which is described as very unusual behavior. Jonsey is reported to have been perfectly normal yesterday.

Abnormal PE/Chem/CBC/UA Results: CBC 4/22 RBC 9.45 - 5.65 - 8.87 M/µL H Hemoglobin 20.8 - 13.1 - 20.5 g/dL H WBC 26.24 - 5.05 - 16.76 K/µL H Neutrophils 23.58 - 2.95 - 11.64 K/µL H Eosinophils 0.01 - 0.06 - 1.23 K/µL H Chem BUN 33 - 7 - 27 mg/dL H ALT 219 - 10 - 125 U/L H ALP 739 - 23 - 212 U/L H Bilirubin - Total 1.1 - 0.0 - 0.9 mg/dL H

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 7.1 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.88 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

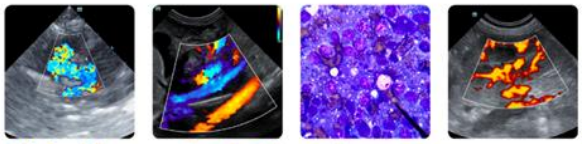
Spleen

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 with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size.

The gallbladder wall was moderately 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



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edema. Possible causes may include acute inflammation, edema and anaphylaxis. Concurrent mild non-dependent non-organized bile sediment was present.

Gastrointestinal

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

Prominent non-homogenous right pancreas was present.

Free Abdomen

Moderate volume peritoneal effusion was present. Primarily homogenous hyperechoic omentum.

Brief cardiac assessment revealed pericardial effusion. No definitive visualized cardiac tumor in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Congested liver with concurrent edematous gallbladder
- Moderate volume peritoneal effusion
- Pericardial effusion
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pericardial effusion is likely resulting in secondary cardiac tamponade, resulting in hepatic congestion, gallbladder wall edema, and associated peritoneal effusion / ascites. Concurrent hepatic disease, i.e., non-specific hepatitis, (viral, bacterial, leptospirosis, toxin) in conjunction with gallbladder wall edema, anaphylaxis, or occult multicentric neoplasia, not definitively excluded.

Ideally, referral for pericardiocentesis with pericardial effusion analysis, as well as correlation with peritoneal effusion +/- screening hepatic FNA cytology is recommended.

No overt sonographic evidence of primary splenic pathology as a contributing factor.

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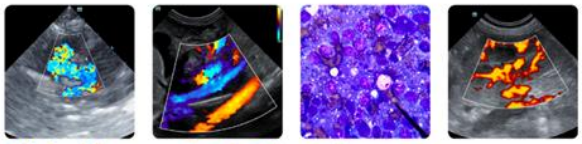

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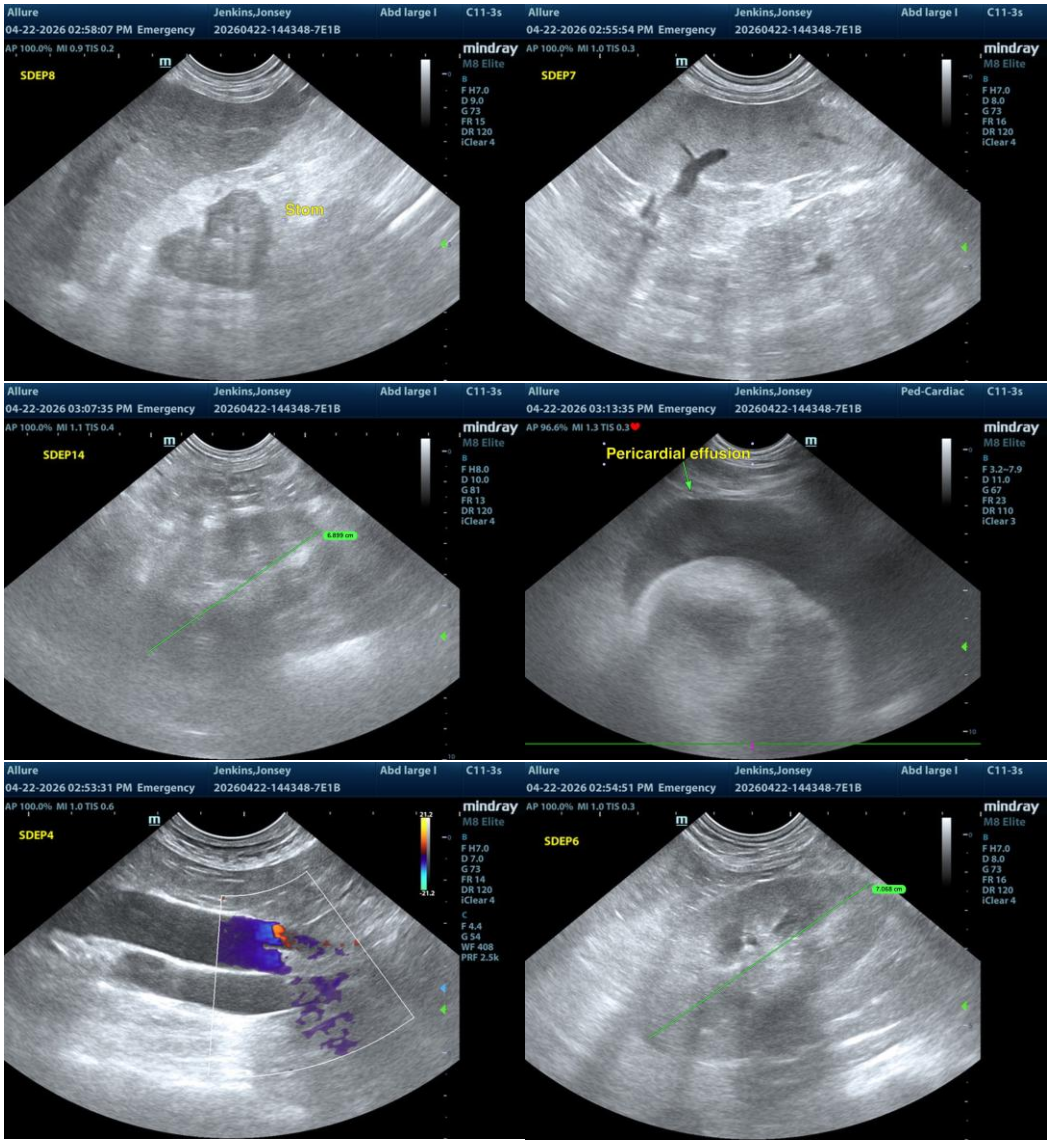

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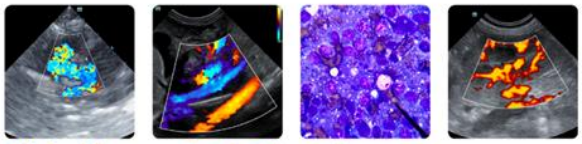

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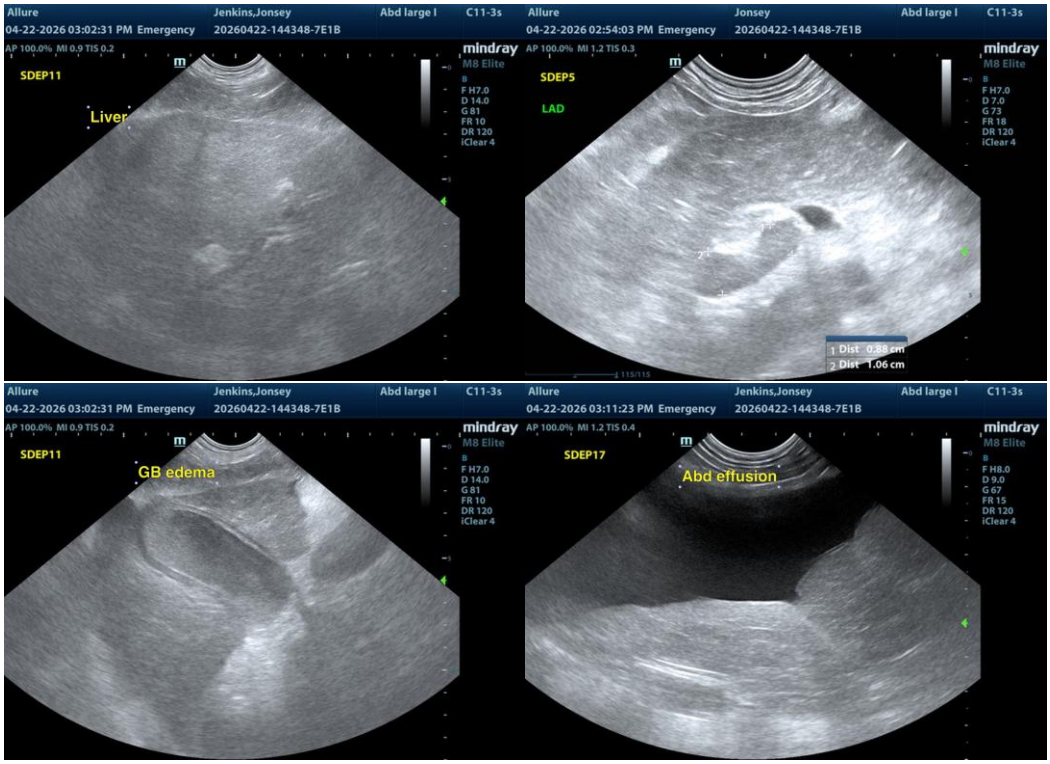

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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