



PATIENT PRESENTING CLINICAL SIGNS

Hemi McComb

History: Hemi presented for inappetence, lethargy, and vomiting. The signs are similar to an issue that began 5 days ago, for which he was seen by his regular veterinarian. The owner reports he has gotten progressively worse since that visit, particularly after starting new medications. Diagnosed with hypothyroidism approximately 1 year ago. Blood work performed 3 days ago (04/21/2026) at his regular veterinarian reportedly showed a normal thyroid level. His last full meal was approximately 1 week ago. He is refusing his kibble, as well as offered ground chicken and rice. Sudden onset blindness this morning, no menace but not PLR/palpebral, IOP 26 and 27. Elevated blood pressure this morning.

SPECIES

Canine

BREED

Lab X

Current Medications: Levothyroxine 200 mcg, Mirtazapine 50 mg, Cerenia 60 mg, omega supplement

SEX

Male Neutered

Abnormal PE/Chem/CBC/UA Results: ALT 338, ALKP 247, TBIL 138, CHOL 1.62, AMYL 430 4DX neg, Lepto witness negative USG 1.016, UBG 12mg/dL

AGE

7y

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

28 kgs

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

INTERPRETED BY

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

The residual prostate was normal and free of pathology.

No obvious significant medial iliac or sublumbar lymphadenopathy or masses. No evidence of distal aortic thrombus.

IMAGING PERFORMED BY

Kelly Reschny

Normal size and margination was present in the left kidney with probable mild underestimation of right kidney size. 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 7.4 cm in length. The right kidney measured 6.1 cm in length.

HOSPITAL NAME

Beattie PH Stoney
 Creek

Adrenal Glands

REFERRING VET

Salib

The left and right adrenal glands were not definitively visualized with no obvious pathology.

Spleen

INVOICE

13443

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. Normal splenic vascularity present.

DATE

4/24/26



PATIENT

Hemi McComb

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

7y

WEIGHT

28 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
Creek

REFERRING VET

Salib

INVOICE

13443

DATE

4/24/26

Liver

The liver presented normal in size. The homogeneous hypoechoic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Mild increased prominence of portal vascular borders. The gallbladder was non distended in size without evidence of wall edema exhibiting mild, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach exhibited diffusely thickened hypoechoic wall with intact indistinct wall layer detail. The lumen of the stomach contained retained primarily non-shadowing ingesta and fluid along with lumen gas. Gastric body wall measured ~1.0 cm width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Primarily empty lumen with mild segmental non-obstructive ileus to the level of the colon.

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

Pancreas

The left and right pancreas presented enlarged in size with capsule asymmetry and non-homogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

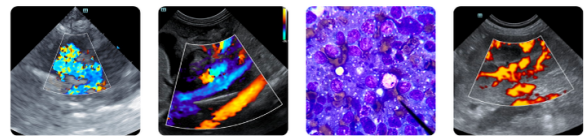
Omental hyperechogenicity and mild to moderate volume effusion was present. No obvious visualized significant or swollen mesenteric lymphadenopathy, although lymphadenopathy obscured by omental artifact, possible.

ULTRASONOGRAPHIC FINDINGS

- Acute nonspecific gastroenteropathy accentuated by thickened hypomotile stomach with retained ingesta
- Acute hepatopathy
- Non-edematous gallbladder with mild, non-organized debris (non-mucocele)
- Mildly enlarged non-homogeneous hypoechoic pancreas
- Normal spleen
- Omental hyperechogenicity and peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations may include acute to multicentric nonspecific inflammation with concurrent peritonitis, potentially associated with pancreatitis while underlying occult to acute neoplastic process, i.e. carcinomatosis, lymphomatosis or similar is possible. No obvious evidence of mechanical gastrointestinal obstruction. Further assessment may include, assuming normal clotting status, hepatic FNA cytology in correlation with effusion analysis cytology and +/- C/S if evidence of an inflammatory component. Association between abdomen comorbidities and potential neurological signs is unclear. Hospitalization with supportive care and empirical therapy for nonspecific peritonitis with clinical



PATIENT

Hemi McComb

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

7y

WEIGHT

28 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

Salib

INVOICE

13443

DATE

4/24/26

monitoring over the next 24-hours would be reasonable, unless confirmed evidence of septic abdomen. Guarded prognosis.

Peritonitis Protocol:

Colloids/Hetastarch

10 to 20 mL per kilogram per hour and dogs
 10 to 15 mL per kilogram per hour cats
 (Can bolus first 1/3 of dose over 15 minutes)

Plasma 10 mL / kilogram IV over 4 hours

Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO

Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

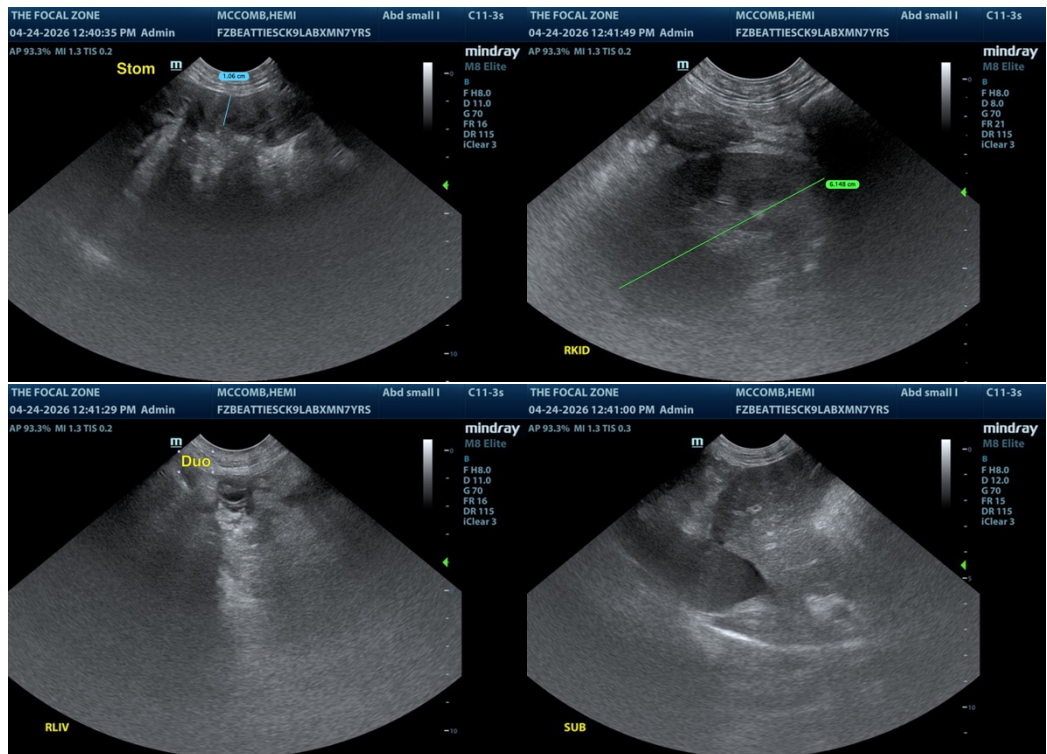
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

Clindamycin 10mg/kg IV p.o. bid

Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

Metronidazole 10-20 mg/kg IV p.o. b.i.d.

Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





PATIENT

Hemi McComb

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

7y

WEIGHT

28 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

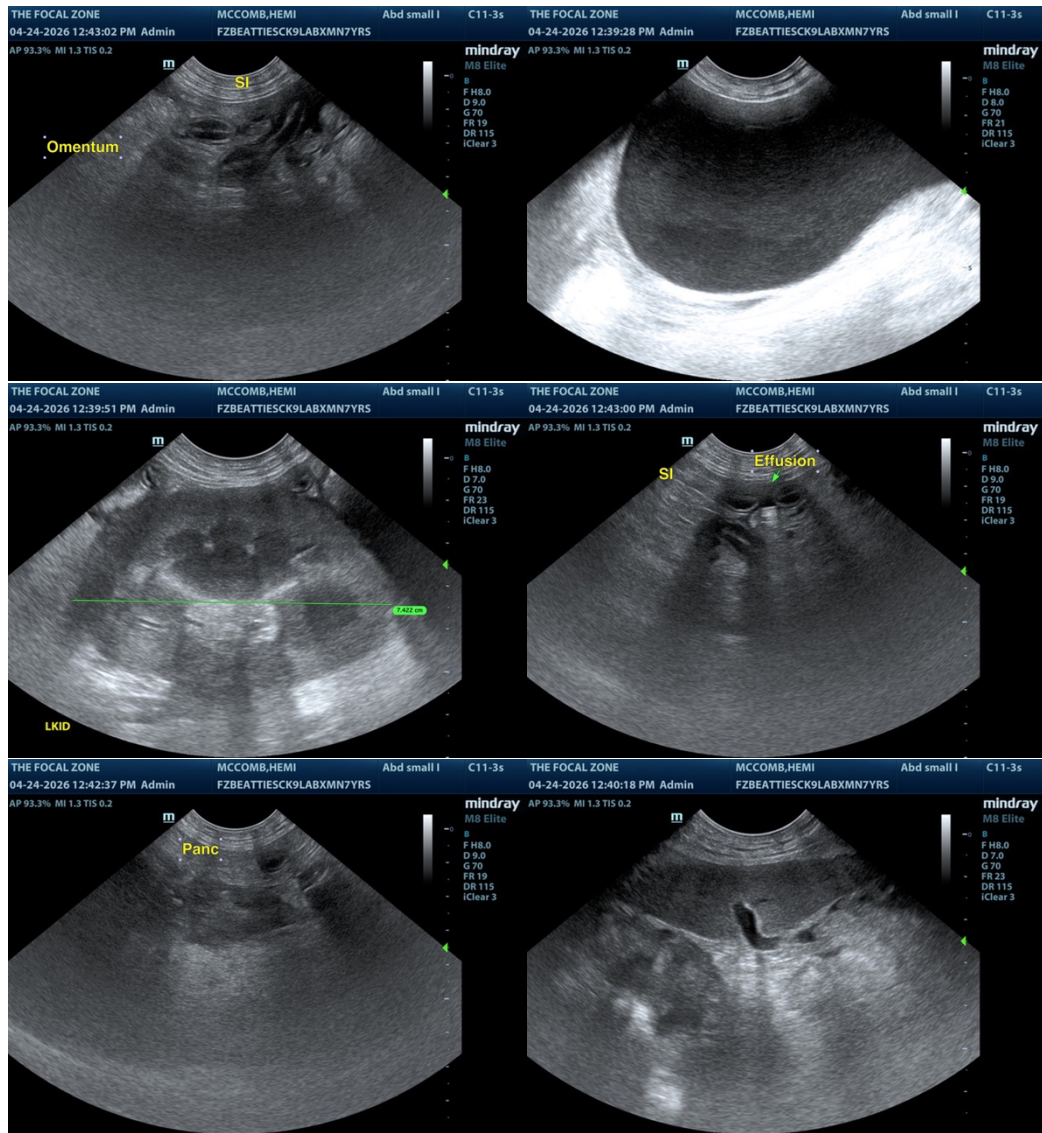
Salib

INVOICE

13443

DATE

4/24/26

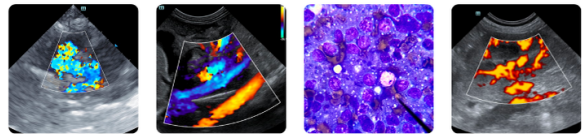


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

Hemi McComb

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

7y

WEIGHT

28 kgs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
Creek

REFERRING VET

Salib

INVOICE

13443

DATE

4/24/26