



## PATIENT

Ransom Shaver

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

27.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr. Johnson

## INVOICE

15354

## DATE

04/24/26

## PRESENTING CLINICAL SIGNS

ADR, lethargy, hyporexia. Has had a couple regurgitations. Drinking lots.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia (creatinine around 150) Isosthenuria Urine culture is pending Mild neutropenia and borderline anemia

## 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 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.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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. Minor bilateral pyelectasia was present. The left kidney measured 7.9 cm in length. The right kidney measured 7.7 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

### *Spleen*

The spleen presented normal in size and contour with primarily homogenous parenchyma. Focal to intermittent discrete hypoechoic noncapsule deforming splenic nodules were visualized with an example measuring 1.0 cm in diameter.

### *Liver & Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented variably to markedly thickened wall exhibiting hypoechoic mural echogenicity and loss of gastric wall layer detail primarily noted in the antrum and pylorus. Possible gastric body wall pseudo-layering with retained variably echogenic to strongly shadowing gastric content and retained fluid. Possible gas pockets associated with gastric body lumen surface which may suggest ulceration. The stomach wall measured 1.0 cm wall width, Ventral gastric body wall measured up to



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2.2 cm wall width in the area of the antrum and pylorus. The pyloroduodenal junction wall measured 1.2 cm wall width. Mild perigastric hyperechoic omentum.

The small intestine presented overall intact wall layering with maintained wall layer ratio. Mild segmental duodenal corrugation and retained nonshadowing upper to mid duodenal chyme. The duodenum wall measured 0.48 cm wall width. The jejunum wall measured 0.40 cm wall width.

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

### *Pancreas*

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Variably to markedly thickened stomach exhibiting regional loss of wall layer detail with potential for indistinct pseudo-layering, possible ulceration and retained fluid with shadowing content.
- Intact small intestine wall layering with mild upper to mid duodenal corrugation and retained nonshadowing chyme.
- Discrete splenic nodules.
- Sonographically normal bilateral kidneys/adrenal glands with minor pyelectasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the stomach may include variable to severe gastritis with primary concern for infiltrative gastric neoplasia given regional loss of gastric wall layering. Associated emerging gastric ulceration and potential for concurrent gastric foreign material is possible versus retained dense ingesta and associated hypomotile to paralytic gastric ileus.

Although normal adrenal glands, screening cortisol level to rule out occult Addison's disease is suggested given concurrent mild azotemia and polydipsia. Gastric endoscopy for further clarification of the gastric content and potential for biopsies is recommended. The concurrent discrete splenic nodules may indicate incidental to discrete lymphoid hyperplasia, hematopoiesis, inflammation, although potential emerging primary or metastatic nodules are not excluded.

Assuming normal clotting status and using a 25-gauge needle, splenic nodule FNA cytology could be considered versus sonographic monitoring.



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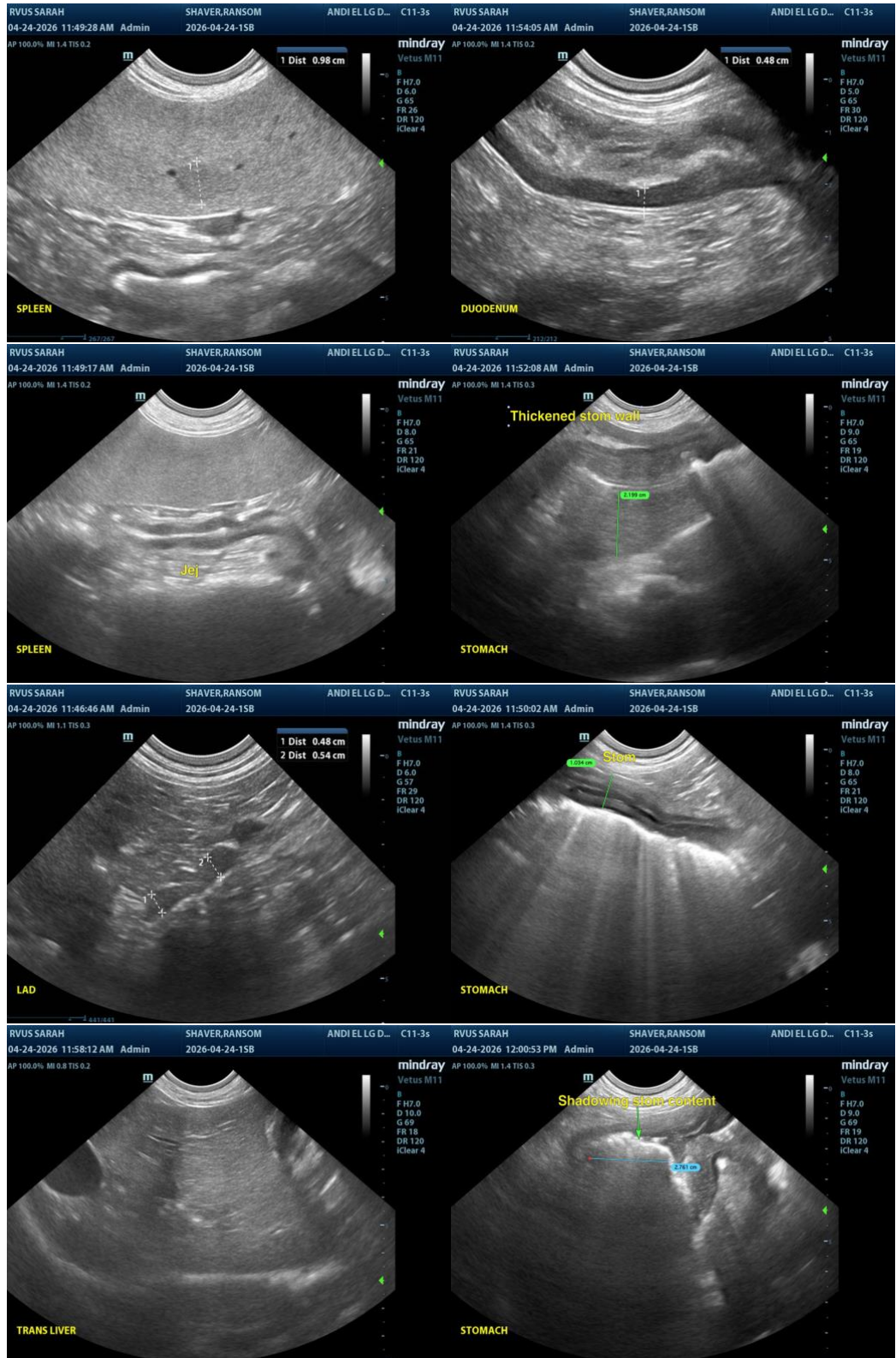
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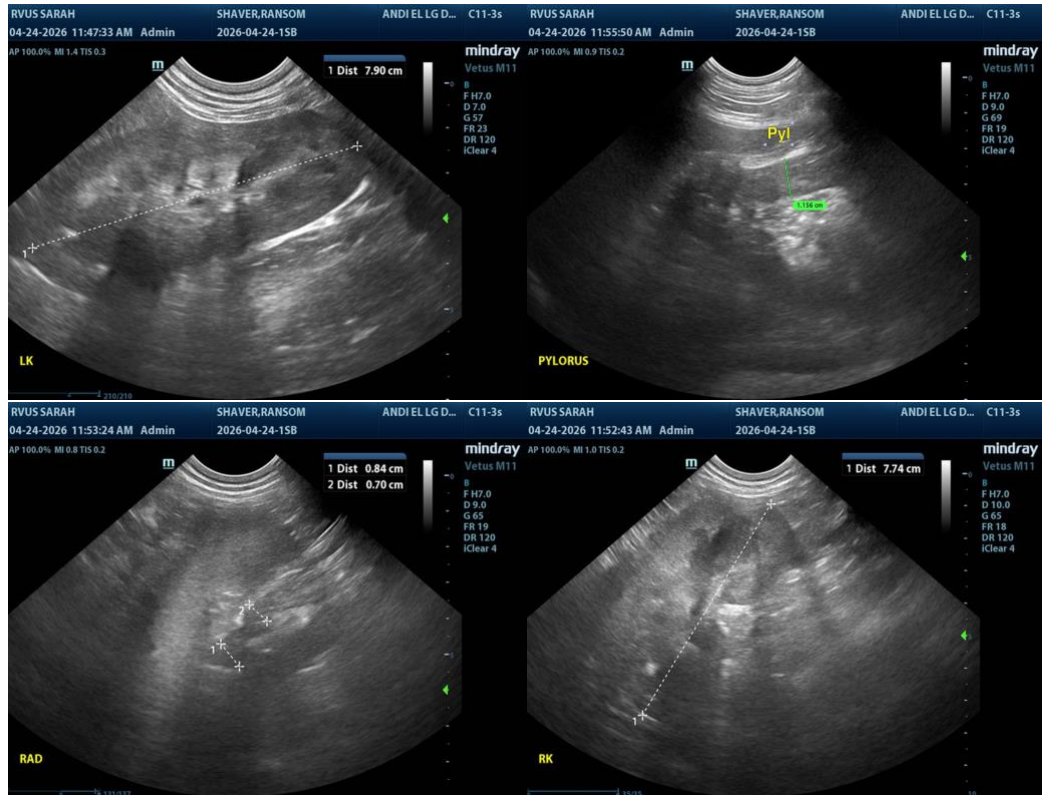
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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