



PATIENT

Ollie Peterson

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

63.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

15532

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Starting last week, Ollie was given a new treat and seemed off within the same day. His appetite decreased and he was less and less inclined to eat his regular food or canned EN food. He has had some intermittent episodes of loose stool/diarrhea (no blood or mucus), no vomiting. As of Saturday, he didn't want to eat at all until offered chicken and rice and has been eating that consistently. He's had an intermittent fever of 103.4 and his gait potentially seemed off in the back end today. He has seemed a little bloated to owners. He was started on gabapentin, metronidazole, proviable, and Cerenia. Abdominal ultrasound to assess for pancreatitis, primary liver issue, other. He is up to date on vaccinations, including lepto. He's had a diarrhea PCR panel and infectious disease PCR panel done - all negative.

Abnormal PE/Chem/CBC/UA Results: CBC - plt 50,000-100,000; WBC 23.8 ALP 164, AST 82; Cystatin B 1850 (normal Crea, SDMA, BUN); K 3.4

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.

No obvious pathology in the area of the residual prostate.

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 7.0 cm in length. The right kidney measured 8.0 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 0.75 cm width at the caudal pole.

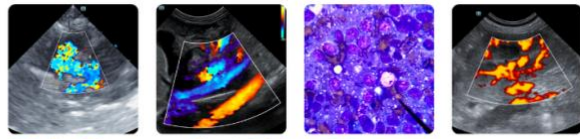
The right adrenal gland was not definitively visualized.

Spleen

The spleen presented mildly enlarged with areas of mildly rounded to asymmetrical capsule contour and homogenous parenchyma with several expansive to hypoechoic splenic nodules.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The hepatic parenchyma revealed homogenous mild reduced echogenicity compared to the spleen with a mild coarse echotexture. Mild 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized mass or nodules.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material. No obvious obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio and empty lumen to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Minor perisplenic and perihepatic effusion was present with several variably enlarged to swollen hypoechoic mesenteric lymph nodes in the mid abdomen adjacent to the spleen. An example of lymph nodes measured 5.8 cm x 2.2 cm with surrounding perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with expansive hypoechoic splenic nodules.
- Hepatomegaly exhibiting mild parenchyma hypoechogenicity.
- Normal gallbladder.
- Variably hypoechoic to swollen perisplenic to mid abdomen mesenteric lymphadenopathy.
- Minor perihepatic/peritoneal effusion.
- Structurally unremarkable gastrointestinal tract with nonshadowing gastric ingesta.
- Sonographically unremarkable area of the pancreas.
- Semi formed/soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric neoplasia is strongly suspected involving the liver, spleen and mesenteric lymph nodes. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic and if accessible lymph node FNA cytology.

No visualized sonographic evidence of gastroenterocolic mural pathology. Correlation with most recent meal ingestion is recommended as the gastric ingesta is most suggestive of food echogenicity and metabolic gastric stasis. If suspected neoplastic process is confirmed, early gastroenterocolic involvement may be possible.



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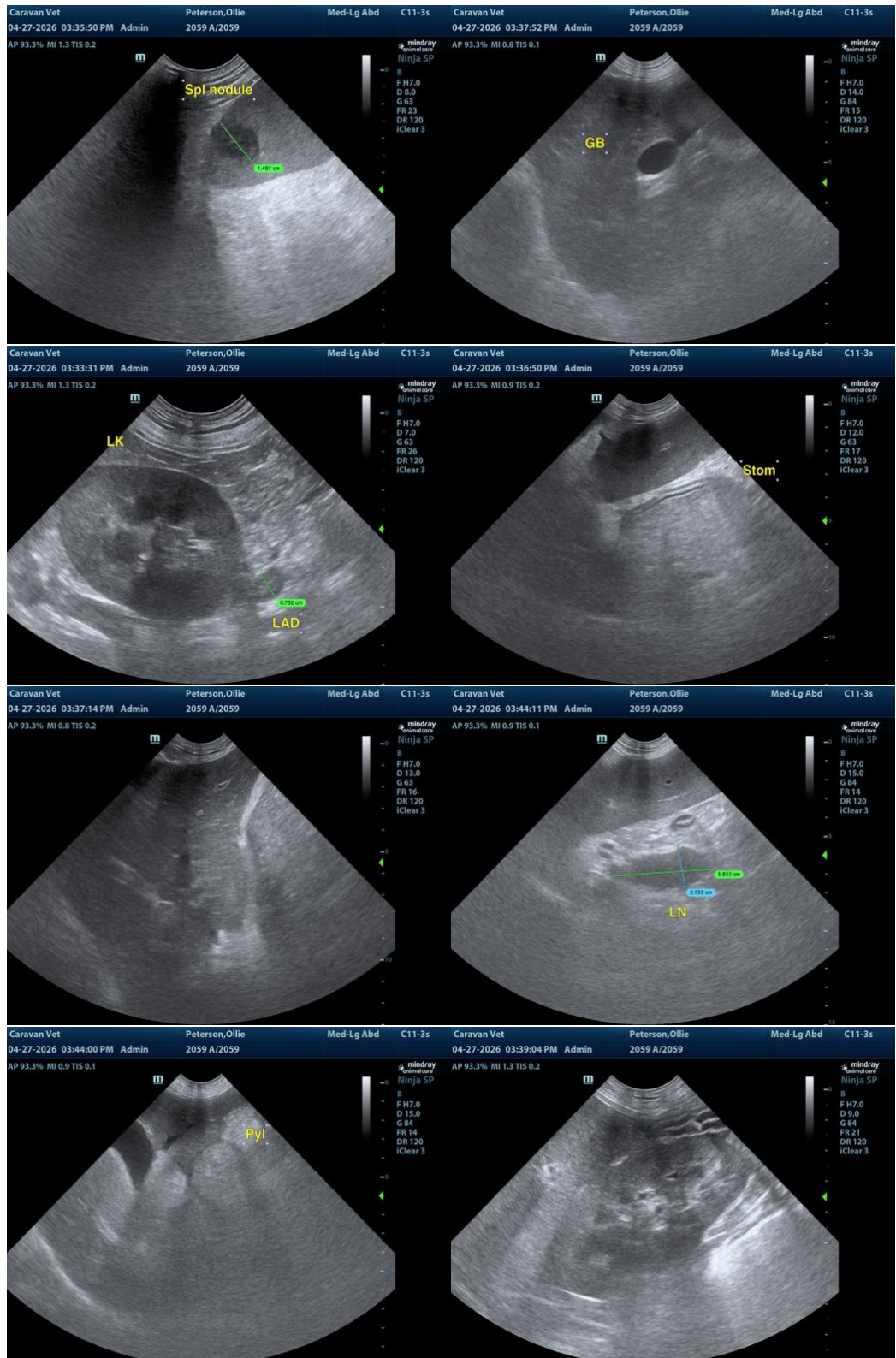
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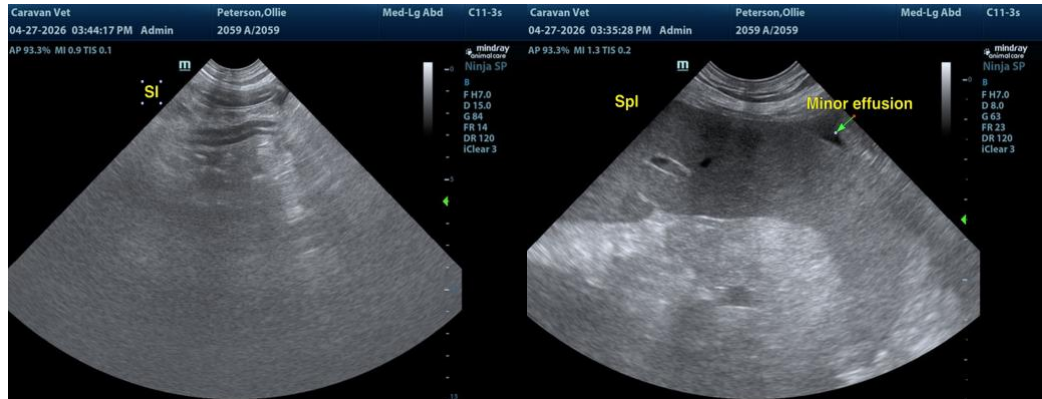
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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