



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Crosby Zimmerman	P had diarrhea on 4/7. On 4/8 P looked pale to owner and was lethargic. Today P panting and pacing. P has had slight hyporexia. No prior health concerns.
<b>SPECIES</b>	*concern for thrombocytopenia, hepatopathy, imha/itp, effusion, neoplasia, other
Canine	Abnormal PE/Chem/CBC/UA Results: PE: subtle pain; soft on abdominal palpation; heart murmur 2/6 cbc: Lymph 0.55 (L), PLT 38 (L), PCT 0.04 (L); manual platelet review: 2-3/hpf, no clumping epoc: pCO2 25.3 (L), Bicarb 15.2 (L), TCO2 14.5 (L), BE -9.8 (L), Lactate 5.3 (H) Chem: BUN 29.9 (H), Phos 5.7 (H), TP 4.9 (L), Chol 94 (L), ALT 662 (H), Lipase 238 (H) proBNP: 2,008.4 abnormal rads: unremarkable leptu (witness test): negative tru rapid (HW, lyme, ehrlichia, anaplasma): negative X4
<b>BREED</b>	
Weimaraner	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	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.
9yr	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 6.8 cm in length. The right kidney measured 6.8 cm in length.
<b>WEIGHT</b>	
33.2	
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
	The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized with subjective mild subnormal size. The right adrenal gland measured 0.49 cm in width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Melissa Randolph	The spleen exhibited mild enlargement with a symmetrical, mildly rounded capsule contour and mild non-homogenous parenchyma. Normal splenic vascularity. No visualized masses or nodules were present.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Shores Veterinary Emergency Center	The liver presented enlarged in size. The hepatic parenchyma revealed diffuse 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 rounded 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 mild edematous hyperechoic gallbladder wall. Mild anechoic bile was present in the gallbladder. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.
<b>REFERRING VET</b>	
Emily Brydon	
<b>INVOICE</b>	
24438	
<b>DATE</b>	
04/09/2026	



## PATIENT

Crosby Zimmerman

## SPECIES

Canine

## BREED

Weimaraner

## SEX

MN

## AGE

9yr

## WEIGHT

33.2

## INTERPRETED BY

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DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

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## Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Subjective mild hypoechoic intestinal mucosa. 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 semi formed to soft feces and gas in lumen. The colon was non-distended.

## 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Enlarged mildly hypoechoic liver
- Mild thickened edematous gallbladder
- Mildly enlarged non-homogenous spleen
- Non-specific potentially acute gastroenteropathy exhibiting non-obstructive mild gastric stasis
- Colon gas with semi-formed to soft fecal matter
- Subjective subnormal right adrenal gland, non-visualized left adrenal gland
- Normal bilateral kidneys

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status yet likely dependent upon further assessment of PLT, hepatosplenic FNA cytology using a 25ga needle would be ideal for further clarification primarily to differentiate between acute inflammatory or occult neoplastic etiologies which may present in a similar sonographic manner. High concern for hepatosplenic neoplastic criteria is warranted although not definitive.

No evidence of mechanical gastrointestinal obstruction or foreign material. A CBC pathology review, infectious disease serology and screening cortisol level may be considered. Empirical therapy for non-specific acute hepatopathy i.e. non-specific acute hepatitis or acute non-specific hepatogastrointestinal insult pending additional diagnostics and with clinical monitoring would be reasonable. A guarded prognosis is indicated.



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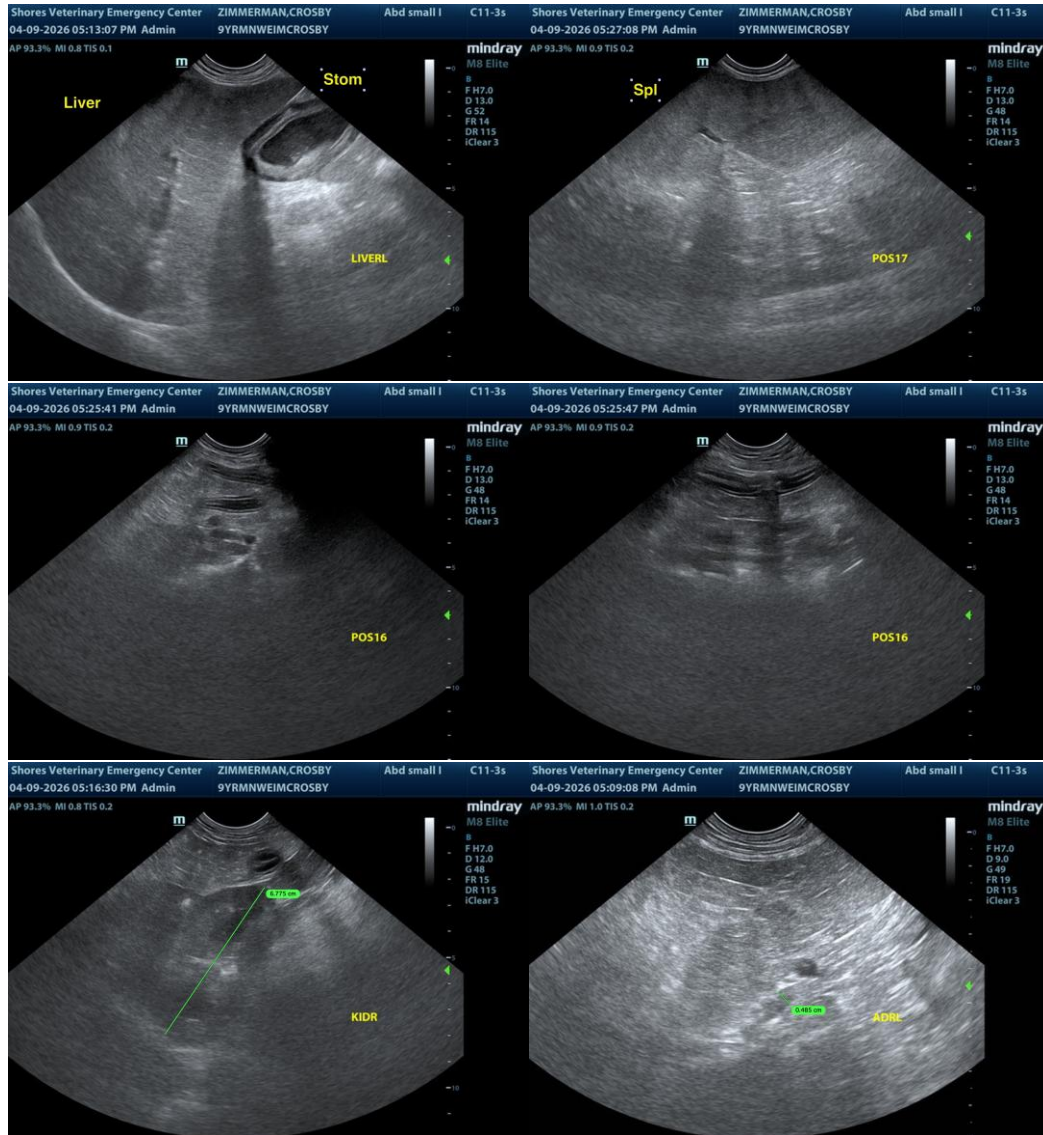
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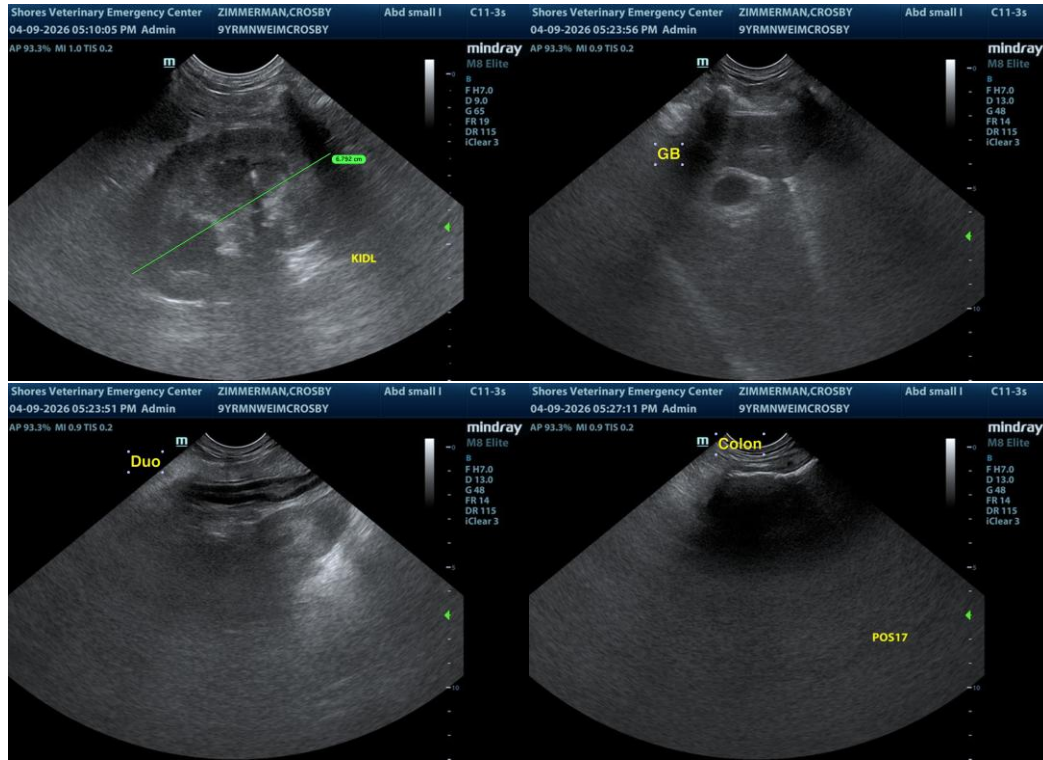
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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Melissa Randolph

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