



PATIENT

Willow Johnson

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

7yr

WEIGHT

20.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr McKay

INVOICE 24887

DATE
05/20/2026

PRESENTING CLINICAL SIGNS

Patient presented 1 week ago with GI signs and lethargy. Based on labs cholangiohepatitis and pancreatitis were suspected and patient treated with supportive therapy and antimicrobial. Developed a coagulopathy with severe thrombocytopenia. Clinically improved but still very quiet

Abnormal PE/Chem/CBC/UA Results: Amylase lipase elevation ALT and ALP elevation now moderate (from marked) Platelets slowly improving (4 per HPC)

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 6.2 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 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 0.54 cm width at the caudal pole.

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 mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was primarily uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Within the left liver lobe, a non-capsule deforming irregular to indistinctly marginated, non-homogenous to mixed echogenic possible partial fluid filled lesion with hyperechoic foci, which may indicate mineralization or gas, was visualized measuring ~ 4.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta and gas 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

The left limb and right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic reactive to mildly inflamed mesentery
- Hepatopathy with left liver non-homogenous possible partial fluid filled lesion exhibiting hyperechoic foci
- Overall normal gastrointestinal tract with mild retained non-shadowing gastric ingesta/ gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the overall hepatopathy may include reactive, vacuolar, inflammatory or cholestatic etiologies. The left liver lesion may indicate non-specific necrosis, necrotic abscess with gas inclusions or neoplasia with evidence of mineralization. Assuming normal clotting status, hepatic parenchyma and lesion FNA cytology +/- C/S recommended for further clarification. Gold standard biopsies with histopathology and tissue C/S may be required for definitive diagnosis.

Empirically, continued therapy for pancreatitis with concurrent hepatogastrointestinal support +/- concurrent therapy for hepatobiliary inflammation, including broad spectrum antibiotics with serial clinical and sonographic monitoring would be more conservative.



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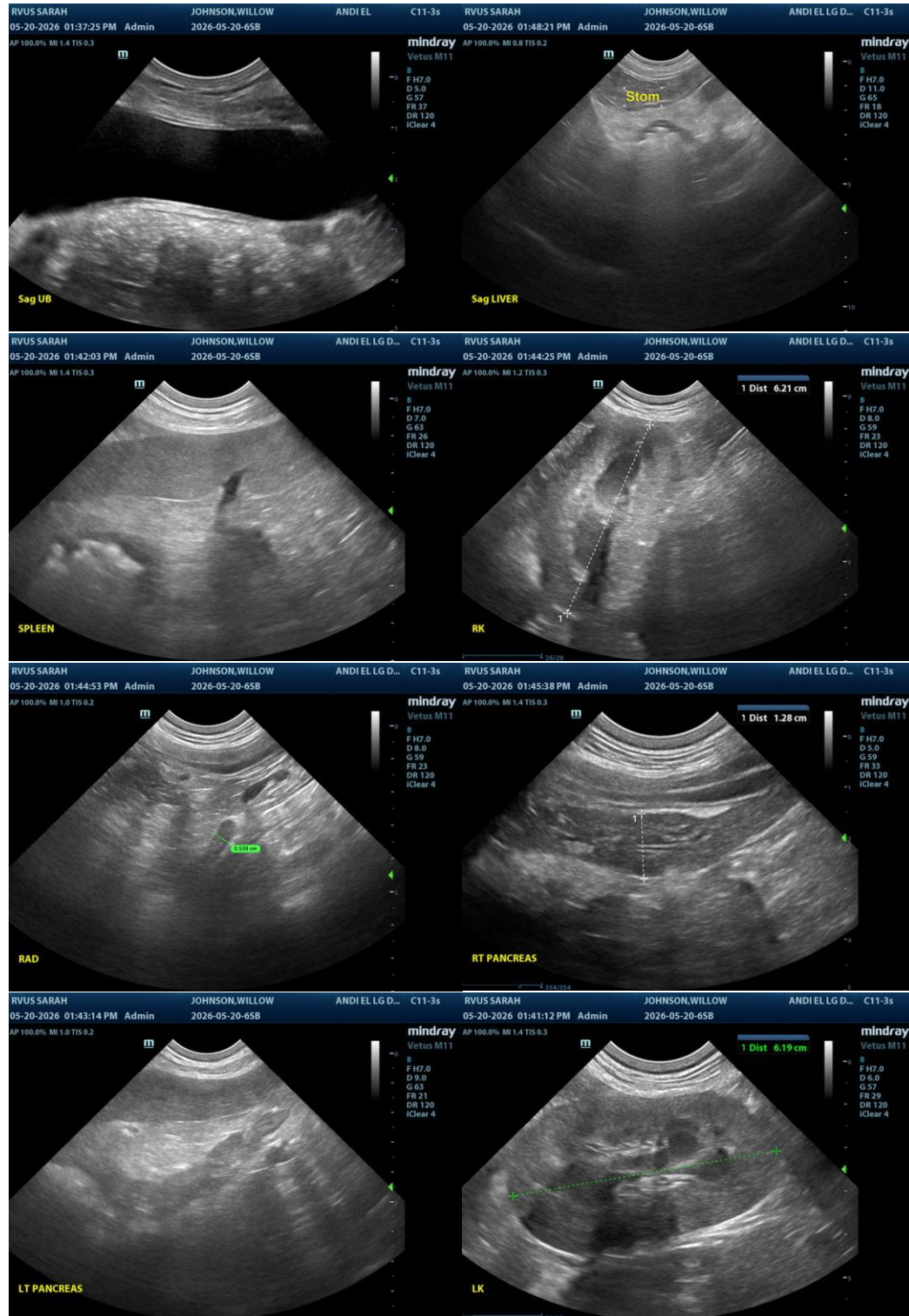
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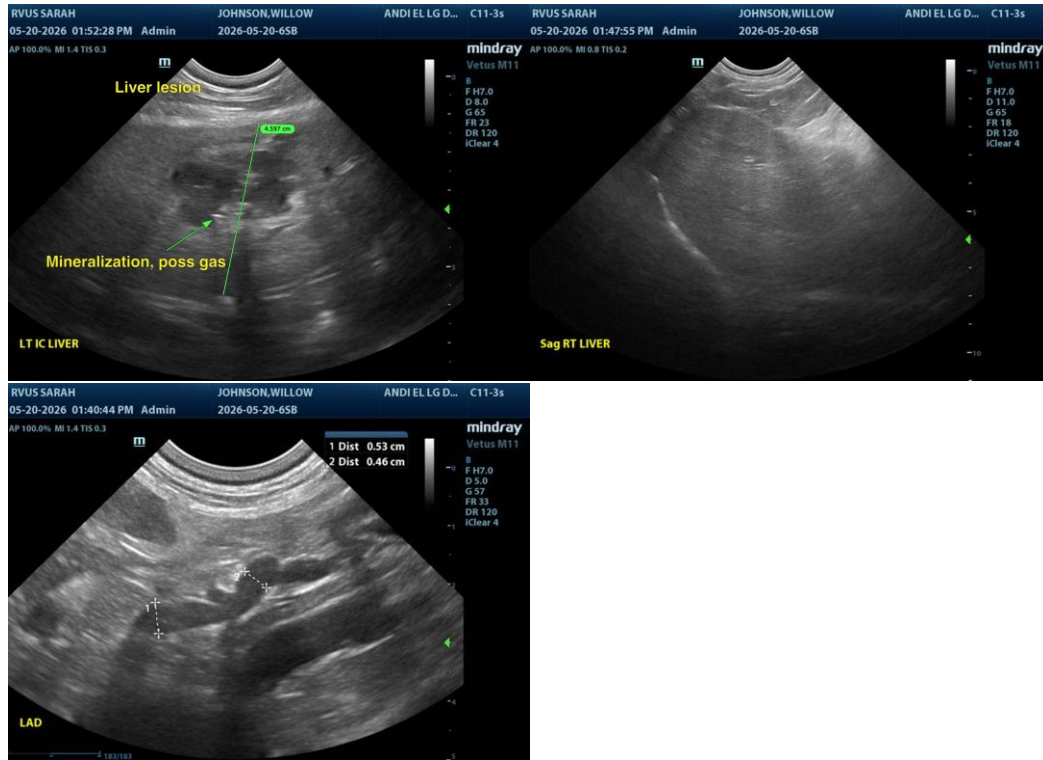
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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