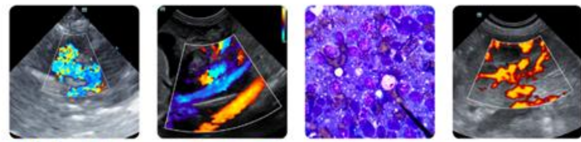


PATIENT
Casper Sanders

SPECIES
Canine

BREED
Labrador Retriever

SEX
NA

AGE
9yr

WEIGHT
35.6kg

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

IMAGING PERFORMED BY
Dr. Mariusz Chmielinski

HOSPITAL NAME
Apex Veterinary Services

REFERRING VET
Alpine 24/7 / ER

INVOICE
24910

DATE
05/23/2026

PRESENTING CLINICAL SIGNS

referred for progressive weight loss, intermittent vomiting, melena/abnormal feces, weakness, and concern for possible abdominal mass or GI disease. History of chronic prednisone administration for parotid salivary gland inflammation/abscess. Recent ~12 lb weight loss reported. Exposure to calf feces on farm

Abnormal PE/Chem/CBC/UA Results: QAR, markedly thin with generalized muscle wasting/atrophy and hindlimb weakness. Mild abdominal distension/doughy feel with possible mild discomfort. Febrile (39.7°C initially). No overt obstructive pattern appreciated clinically. Diagnostics: Prior bloodwork: markedly elevated ALP (2132). Radiographs: possible cranial abdominal mass effect, subjective hepatomegaly, questionable gastric wall thickening/gas distension. Melena reported by owners.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm 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 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 6.55 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.94 cm width at the caudal pole. The right adrenal gland measured 1.3 cm width.

Spleen

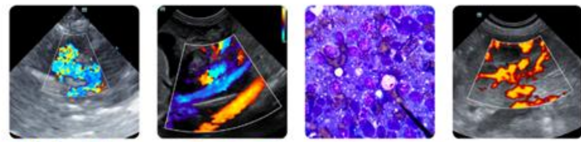
The spleen exhibited normal size and mild capsule asymmetry with mild heterogeneous parenchyma. A solitary visualized discrete non-homogenous non-expansive caudal splenic nodule measuring 0.69 cm in diameter was present. The nodule exhibited subjective mild central hyperechogenicity.

Liver/Gallbladder

Enlarged non-congested liver with rounded capsule contour and areas of mild capsule asymmetrical contour. Mild generalized non-homogenous hepatic parenchyma. No visualized masses or nodules were present.

The gallbladder was non-distended in size with thickened edematous wall. Mild non-obstructive lumen mineral was present. The gallbladder wall measured 0.5 cm in width.

Gastrointestinal



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The stomach presented markedly thickened, exhibiting non-homogenous hypoechoic wall with loss of gastric wall layer detail. Empty lumen with mild lumen gas.

Thickened duodenum with mild altered duodenum wall layering owing to subjective thickened duodenum muscularis layer. The jejunum was borderline thickened exhibiting overall intact wall layering and subjective prominent jejunal mucosa layer. The duodenum wall measured 0.62 cm width. The jejunum wall measured 0.53 cm width.

Normal visible colon wall layers were present with soft to non-formed feces in lumen with lumen gas.

Pancreas

Enlarged pancreas exhibiting non-homogenous hypoechoic parenchyma and capsule asymmetry.

Free Abdomen

Mild to moderate peritoneal effusion was present.

Peripancreatic to perihepatic mild hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

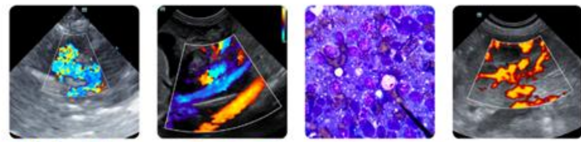
Primary

- Enlarged non-congested liver
- Thickened edematous gallbladder with mild non-obstructive lumen mineral
- Markedly thickened stomach exhibiting loss of gastric wall layering
- Intact diffuse mild thickened small intestine
- Subtle splenic nodule
- Enlarged non-homogenous hypoechoic pancreas
- Mild to moderate volume peritoneal effusion
- Mild age-related renal changes
- Non-specific mild right adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric to potential diffuse gastrointestinal to multi-centric neoplasia is a primary concern in this patient vs significant to diffuse inflammatory/ infectious disease severe gastritis / gastric edema and pancreatitis. No evidence of hepatic congestion as a contributing factor to the peritoneal effusion. Correlation with serum ALB is recommended. Further assessment may include assuming normal clotting status and if accessible gastric wall with screening hepatosplenic FNA cytology and correlation with effusion analysis +/- C/S if clinically indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Pending additional diagnostics, aggressive gastrointestinal support and empirical therapy for pancreatitis would be reasonable. An extremely guarded prognosis is indicated.



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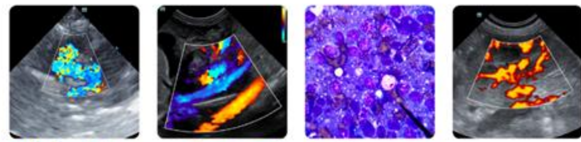

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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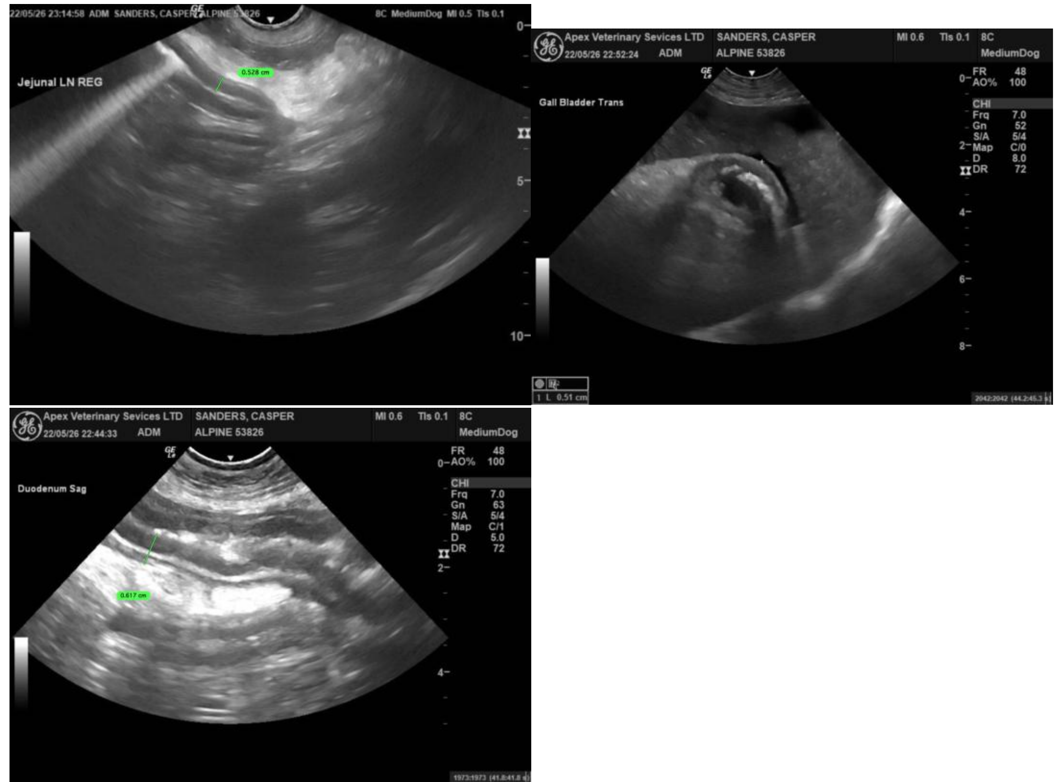

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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