

**PATIENT**

Fiona Sabholk

**PRESENTING CLINICAL SIGNS**

Presented on 5/22 for ADR: anorexic x 2d, no bowel movement, lethargic.

CBC/CHEM17lytes/PL wnl

**SPECIES**

Canine

Rad report gastric material seen despite 2d hx anorexia. emesis induced undigested food produced. P treated with Cerenia and sq fluids. O reported improvement. 5/23 and 5/24 p progressing inappetent, panting.

**BREED**

Doodle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND THORAX**

**Cardiac/Thorax Presentation**

Brief subjective echocardiogram revealed normal left and right chamber dimension with adequate LV systolic function. Mild primarily centralized MR on Doppler assessment of the mitral valve. No evidence of cardiac tumors or pericardial effusion in the visible window. No overt arrhythmia.

**SEX**

FS

Lobar non-homogenous hypoechoic lung with areas of air entrapment was present. Area of non-homogenous lung measured ~ 3.0 cm in diameter. Suspect focal mildly enlarged non-homogenous cranial thoracic / sternal lymph node measuring 2.0 cm in diameter. Moderate volume echogenic pleural effusion.

**AGE**

5yr

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

**WEIGHT**

32lb

**INTERPRETED BY**

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

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 5.5 cm in length. The right kidney measured 5.9 cm in length.

**IMAGING PERFORMED BY**

Loetitia Saint-  
Jacques,  
LVT

The area of the aortic trifurcation was free of pathology.

**HOSPITAL NAME**

Donner Truckee VH

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.43 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.

**REFERRING VET**

Dr Vannini

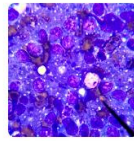
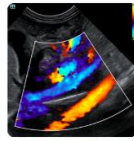
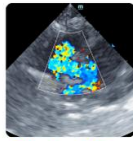
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**Liver/Gallbladder**

**DATE**

05/26/2026



## PATIENT

Fiona Sabholk

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. Normal vascular volume. 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.

## SPECIES

Canine

### **Gastrointestinal**

## BREED

Doodle

The stomach presented intact wall layering with a normal wall layer ratio. Intermittent subjective mildly prominent ventral gastric body rugal folds with potential for focal areas of mucosal hyperplasia, less likely polyps. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The stomach wall measured 0.37 cm in width.

## SEX

FS

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. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.30 cm width.

## AGE

5yr

Normal visible colon wall layers were present. The colon contained soft hyperechoic to focally non-shadowing hypoechoic fecal matter. The area of non-shadowing hypoechoic fecal matter in the descending colon measured 1.5 cm in diameter.

## WEIGHT

32lb

### **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**

## INTERPRETED BY

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

No evidence of peritoneal effusion was present. Generalized normal omental echogenicity was present.

Intermittent normal to mildly prominent to enlarged jejunal and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of inflammatory or metastatic criteria. An example of a jejunal lymph node measured 0.65 cm in diameter.

## IMAGING PERFORMED BY

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LVT

## ULTRASONOGRAPHIC FINDINGS

## HOSPITAL NAME

Donner Truckee VH

### **Primary**

- Overall sonographically normal empty gastrointestinal tract with possible focal prominent gastric rugal folds vs mild mucosal hyperplasia
- Soft to focal non-shadowing hypoechoic fecal matter in colon
- Normal area of pancreas
- Normal volume liver
- Subjective normal cardiac structure/ function with mild compensated mitral valve insufficiency
- Lobar non-homogenous /consolidated lung with air entrapment- infection / pneumonia, inflammation, nonspecific consolidation, torsion, neoplasia or combination possible
- Non-cardiogenic pleural effusion

## REFERRING VET

Dr Vannini

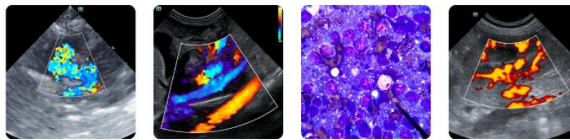
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically no evidence of significant visceral, specifically gastrointestinal or pancreatic pathology or evidence of neoplasia as a primary contributing factor to the patient's clinical signs. Potential for non-sonographically evident to mild gastritis/ gastroenteritis or pancreatitis possible. Gastrointestinal support is indicated

**SPECIES**

Canine

Thoracocentesis with pleural effusion analysis cytology +/- C/S if evidence of inflammatory component with concurrent consideration for FNA cytology of pathological lung for cytology in search of more definitive diagnosis is recommended. Correlation with pending radiographs and ideally gold standard thoracic CT recommended.

**BREED**

Doodle

Subjective cardiac anesthetic risk is considered mild. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

**SEX**

FS

**AGE**

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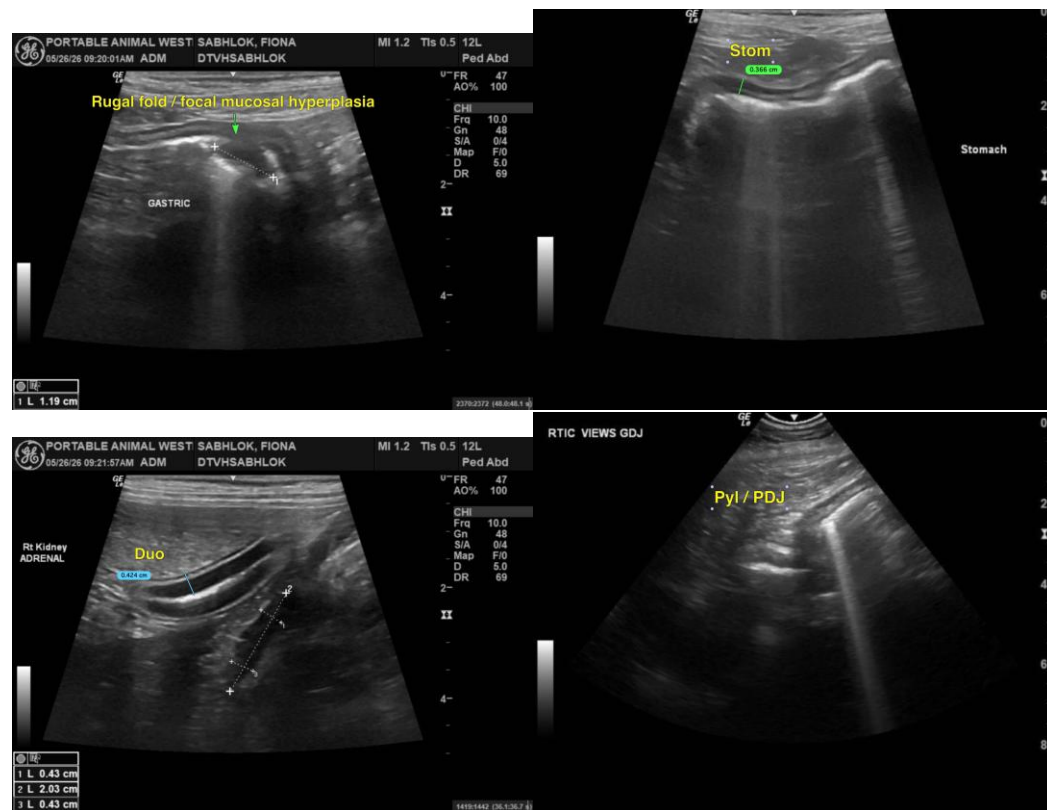
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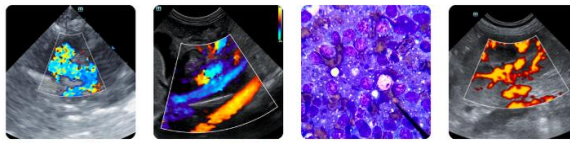
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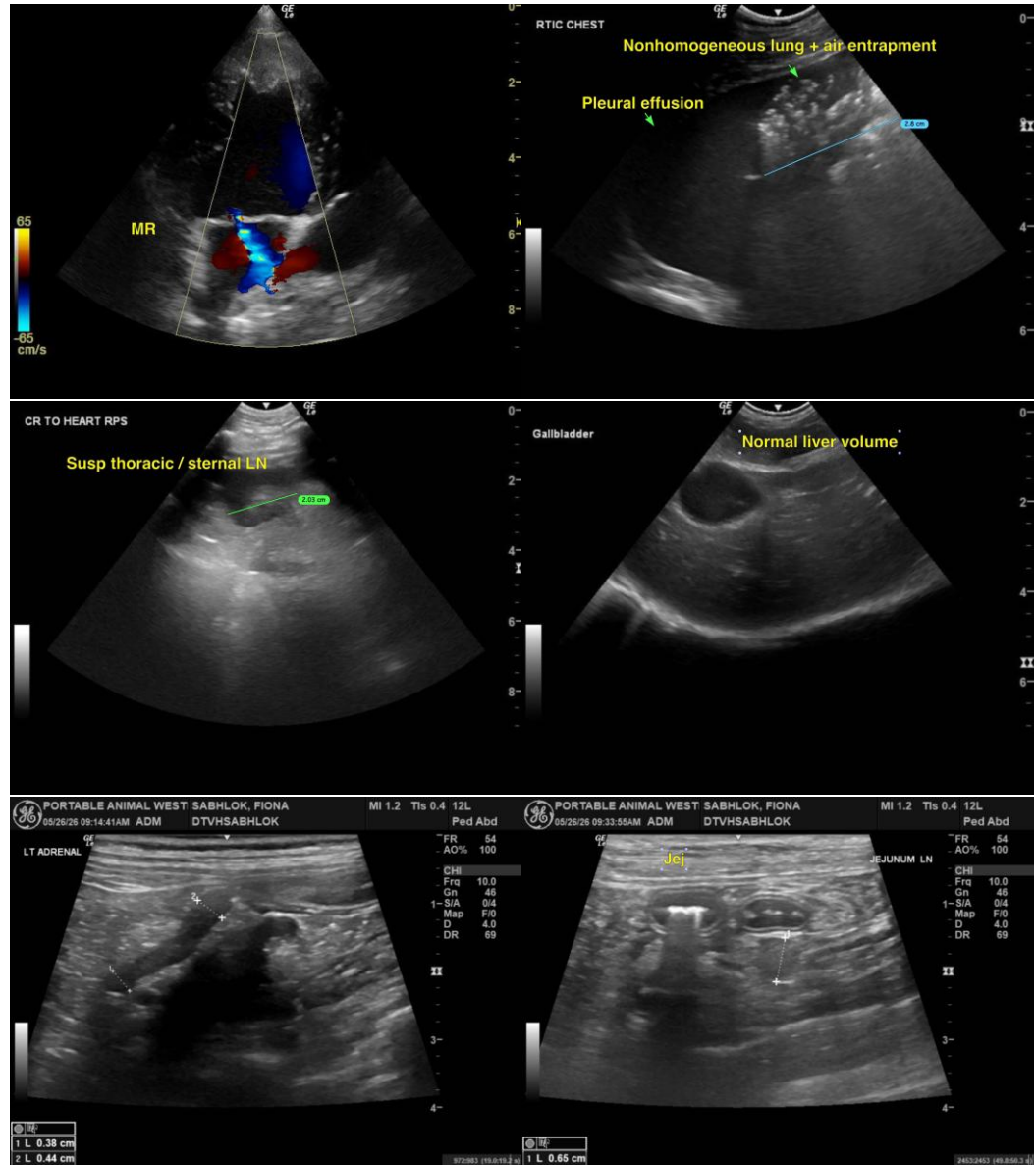
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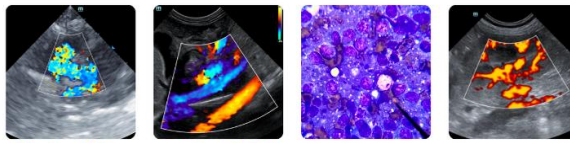
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**SEX**

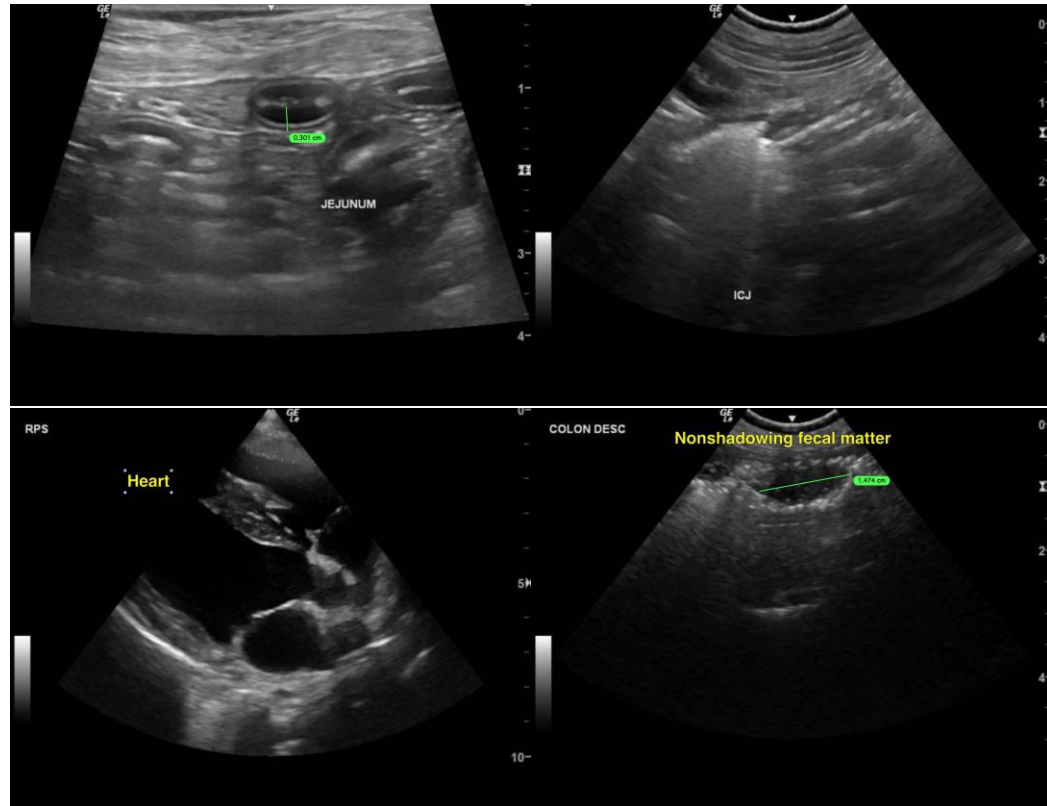
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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