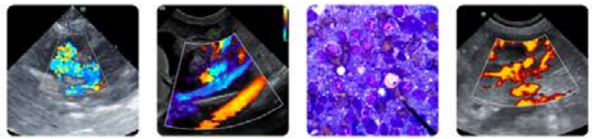


PATIENT

Max Bigland

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE

75587

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Seen 05-28-2026 for 3-day history of inappetence, lethargy and straining to defecate. CBC chem - ALP 1,589 U/L rr 23 - 212 - ddx: Cushings, hepatobiliary disease, other. T 38.9. Treated with methadone inj 0.2mg/kg then went home on codeine gabapentin in case of abdominal pain causing anorexia. Vomited up the codeine and came back next day for recheck. Moderate pu/pd the past few weeks.
05-29-2026 - 3 view abd radiograph unremarkable. Colon gas filled. Stomach and small intestines relatively empty. Cerenia injection, omeprazole and ursodiol added today while awaiting AUS report.

Abnormal PE/Chem/CBC/UA Results: 05-28-2026 - CBC chem - ALP 1,589 T4 - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non-obstructive medullary renoliths noted in both kidneys. Left kidney measured 5.0 cm. Right kidney measured 5.2 cm.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. Left measured 0.52 cm at the caudal pole. Right measured 0.58 cm at the caudal pole.

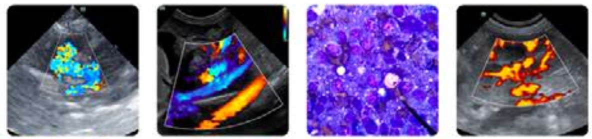
Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. A solitary, discrete, non-capsule deforming, hypoechoic mid to lateral splenic nodule was present measuring 0.54 cm in diameter.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate non-dependent, non-organized, possibly peripherally adhered with subtle areas of entrapped peripheral lumen mucus. No evidence of gallbladder or perigallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT
Max Bigland

SPECIES
Canine

BREED
Terrier x

SEX
Neutered Male

AGE
12 Years

WEIGHT
10 kg

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

IMAGING PERFORMED BY
Dr. Louise Corbeil

HOSPITAL NAME
Cochrane Animal Clinic

REFERRING VET
Dr. Louise Corbeil

INVOICE
75587

DATE
5/29/26

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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 ileus, obstruction or foreign material. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.36 cm. Ileocolic wall measured 0.38 cm.

Normal visible colon wall layers were present with non-formed to soft fecal matter.

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

Focally enlarged mesenteric lymph nodes were present. Example measured 1.8 cm x 0.38 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

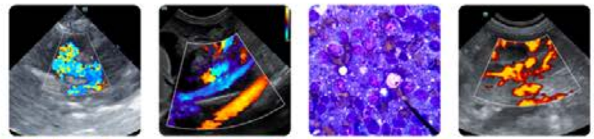
No effusion.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern.
- Non-organized gallbladder debris, not consistent with mature mucocele.
- Age related kidneys with medullary renolithiasis.
- Overtly normal adrenal glands.
- Structurally unremarkable gastrointestinal tract with non-formed to soft fecal matter in colon.
- Sonographically normal pancreas.
- Discrete splenic nodule.
- Mild jejunocolic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural or microscopic intestinal disease and mild pancreatitis, which may present sonographically normal, is recommended. No overt adrenal pathology as a contributing factor, yet if clinical signs consistent with Cushing's syndrome, adrenal workup is warranted. Suspect mild mesenteric reactive hyperplasia or lymphadenitis owing to inflammatory bowel episode. No evidence or suspicion of neoplastic criteria. Initial gastrointestinal support, which may include some or all of the following protocol, with monitoring of gastrointestinal signs, is indicated. If gastrointestinal signs are stabilized, hepatosupportive medications including Denamarin and Ursodiol with as-needed clinical monitoring and recheck sonogram if recurrent gastrointestinal signs or progressive hepatopathy would be appropriate.



PATIENT

Max Bigland

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE

75587

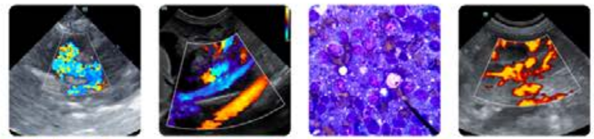
DATE

5/29/26

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Max Bigland

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

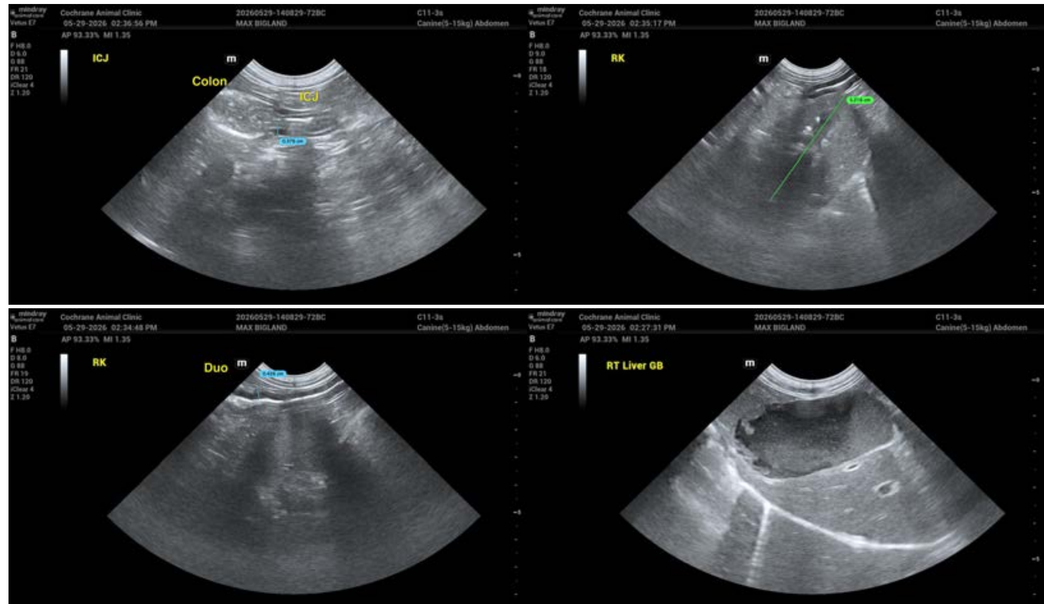
Dr. Louise Corbeil

INVOICE

75587

DATE

5/29/26



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