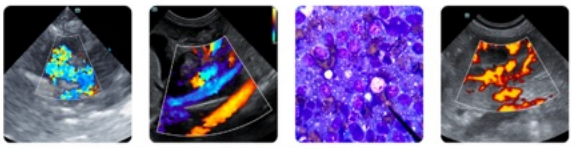


PATIENT

Haylee Hetrick

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

13 ½ years

WEIGHT

33 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Lang

INVOICE

72350

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- Presented 3/9 for 4d history of lethargy, diarrhea, hyporexia (willing to eat burger/rice) until 3/8. Seen by rDVM who performed radiographs and were concerned about an obstruction.
- mod-severe dental disease, NS OU
- bounding/synchronous pulses - improved after fluids
- loud borborygmi
- Tender abdomen, gas palpable in intestines, nauseated by palpation
- Decreased muscle condition, stiff hind limbs
- several SQ masses
- EPOC: K 3.0 L, Cl 103 L Chem15+qPL: WNL CBC: Hct 38, WBC 17.42 H, bands 8.1% 1.42 H, Neu 11.2, Lym 1.24, Mon 2.79 H BP: 209/143 (153), pain meds admin 150/94 (106) Radiographs: Previously seen gas content on rDVM rads is not seen on repeat rads. Mild loss of serosal detail in cranial abdomen. Fecal foley balloon in place in distal descending colon. Mild diffuse bronchial pulmonary pattern. *melena developed during hospitalization*

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly underdistended. The wall appears subjectively thickened; however, accurate assessment is not possible due to the very limited degree of bladder distension. The small amount of urine present is anechoic.

The left kidney is normal in shape and size, measuring 7.23×3.67 cm, with cortical thickness of 0.67 cm in the sagittal plane.

The right kidney measures 6.93×4.06 cm, with cortical thickness of 0.62 cm.

In both kidneys, the cortex appears mildly hyperechoic relative to the liver parenchyma, with a few small cortical cysts. The corticomedullary ratio is preserved and corticomedullary definition remains normal. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

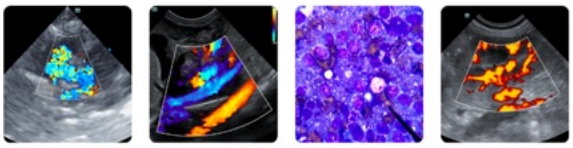
Both adrenal glands demonstrate normal shape and echogenicity.

Dorsoventral measurements in the sagittal plane:
Left adrenal gland measures 0.84 cm at the cranial pole and 0.76 cm at the caudal pole.
Right adrenal gland measures 0.77 cm at the cranial pole and 0.77 cm at the caudal pole.

These measurements are within expected limits for a dog of this size.

Spleen

Splenic thickness measures 2.46 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture, with a few small hyperechoic nodules consistent with myelolipomas. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a small amount of luminal fluid. Gastric wall thickness measures 4.68 mm, and normal wall layering is preserved. The pylorus measures 8.11 mm and appears completely empty and folded.

The duodenum appears thickened and corrugated.

The jejunum measures 3.82–4.03 mm, and the ileum measures 1.78 mm, with preserved wall layering.

A mild fluid pattern is present within portions of the small intestine, with corrugation of several intestinal segments. No ultrasonographic evidence of a linear foreign body, plication, or mechanical obstruction is identified in the provided videos.

The surrounding omentum appears mildly hyperechoic.

The colon measures 1.78–1.82 mm, is largely empty, and contains gas. Wall layering is preserved.

Pancreas

Although duodenal corrugation may be suggestive of pancreatitis, the pancreatic regions visualized in the provided videos do not demonstrate clear ultrasonographic evidence of overt pancreatitis.

Free Abdomen

No abdominal effusion is identified.

The intestinal mesentery appears mildly increased in echogenicity.

Cranial mesenteric lymph nodes measure 7.88–8.01 mm, with normal shape and echogenicity.

The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Duodenal corrugation and mild proximal small intestinal thickening.
- Subtle hyperechogenicity of the surrounding mesenteric fat.

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SECONDARY FINDINGS

- Mild intestinal hypomotility and fluid pattern compatible with functional ileus.
- Slight renal cortical hyperechogenicity with small cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant findings are duodenal corrugation, mild small intestinal wall thickening, and increased echogenicity of the surrounding mesenteric fat, which together indicate active inflammatory gastrointestinal disease.

Duodenal corrugation is most commonly associated with pancreatitis or severe gastrointestinal inflammation, and the overall distribution of changes in the proximal small intestine and surrounding mesentery raises suspicion for pancreatitis with secondary enteritis or ileus, even though direct pancreatic abnormalities are not clearly identified on the provided images. Given the history of melena, the proximal intestinal inflammatory changes may also be associated with duodenal ulceration or severe duodenitis, which may not always be directly visible on ultrasonography.

The gastrointestinal findings are compatible with severe inflammatory gastroenteropathy, pancreatitis-associated enteritis, or reactive functional ileus. The cranial mesenteric lymph nodes are within normal size limits and maintain normal morphology and echogenicity, which supports an inflammatory process. However, diffuse infiltrative intestinal neoplasia cannot be completely excluded by ultrasonography, particularly in the presence of active inflammation.

Renal findings include mild cortical hyperechogenicity and small cortical cysts, which are most consistent with age-related renal changes.

Recommendations

- Correlation with pancreatic-specific lipase (cPL) is recommended if not already performed, as pancreatitis remains a primary differential diagnosis despite the absence of marked pancreatic changes on ultrasound.
- Continued supportive therapy and clinical monitoring for gastrointestinal inflammation and ileus are recommended.
- Ongoing clinical monitoring for gastrointestinal bleeding is advised given the history of melena, and further evaluation of the upper gastrointestinal tract may be considered at the clinician's discretion.
- Follow-up abdominal ultrasound after resolution of the acute gastrointestinal signs may be helpful to ensure that the intestinal changes resolve, as severe inflammatory disease can occasionally mimic infiltrative intestinal neoplasia on imaging.

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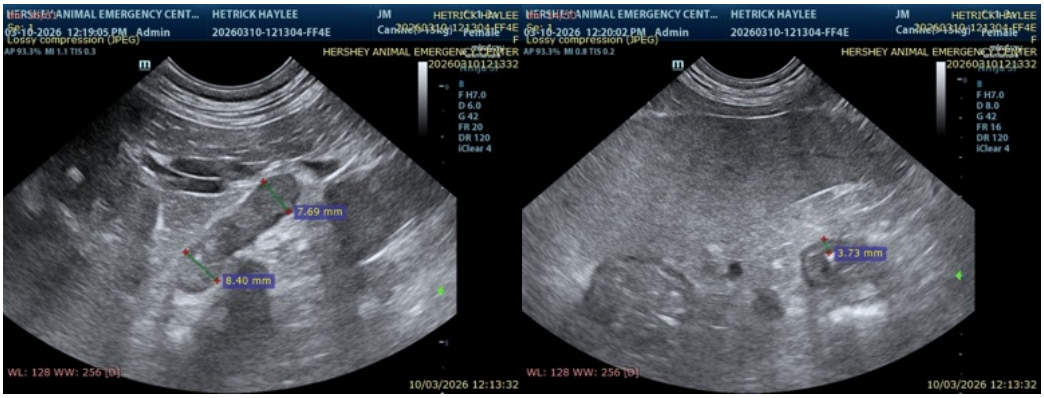

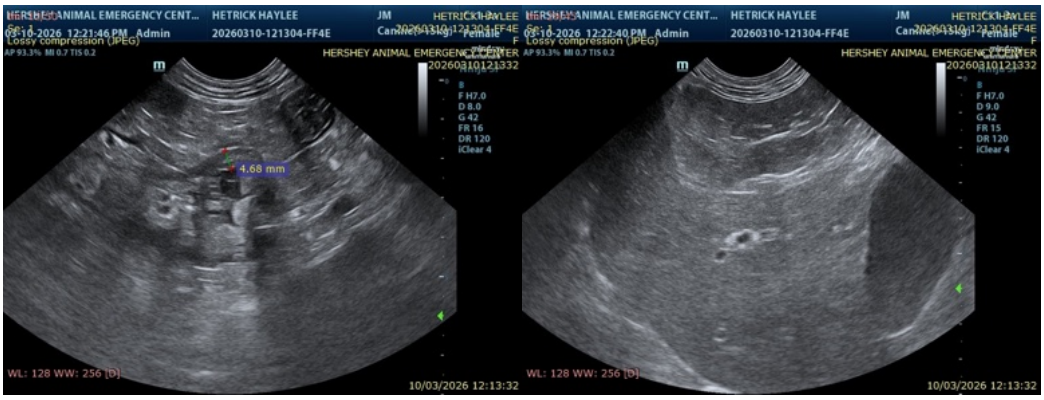

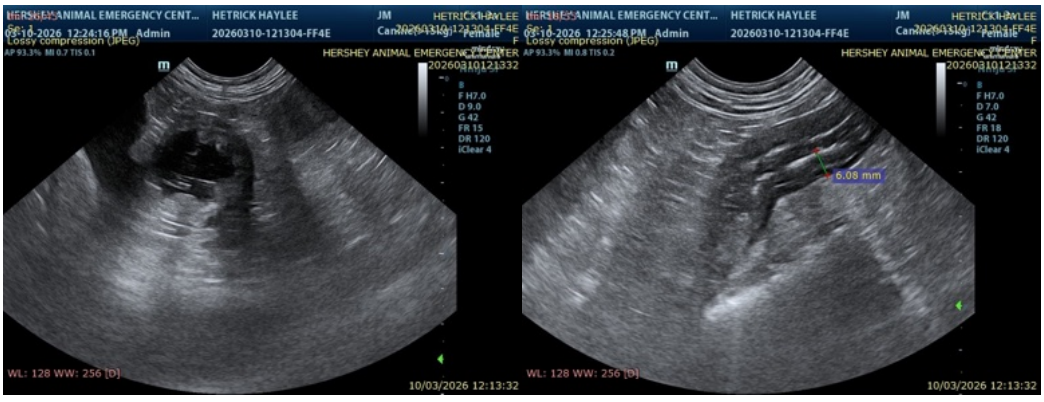

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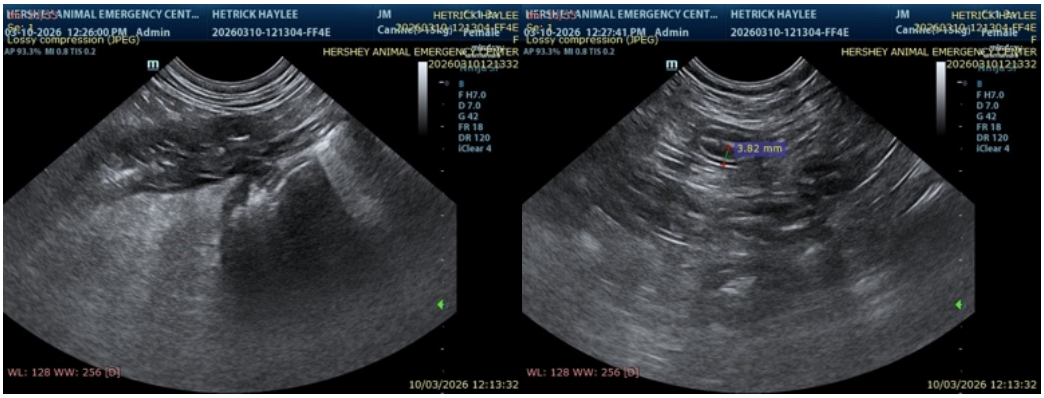

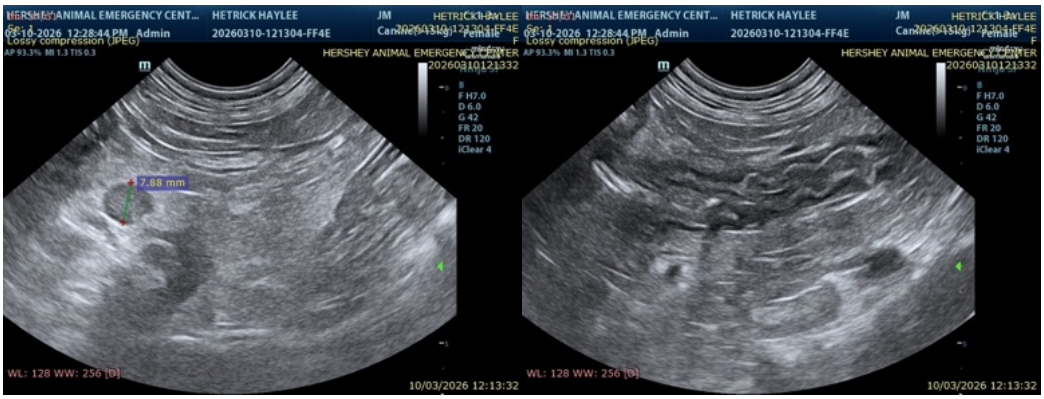

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com