



PATIENT

Ollie Davenport

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

5.7 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

72449

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Presented 1/23 for several week history of hyporexia, progressed to anorexia. Intermittent vomiting episodes, progressive diarrhea. 1/15 rDVM prescribed cerenia and proviable which had minimal effect. CBC/Chem, Fecal WNL at that time. 1/23 repeat CBC showed HCT 61.7% and rDVM referred for hospitalization. Tear staining medial canthus OU, epiphora OU. MM pink/tacky, previous dental extractions. Tense abdomen, no overt pain or abnormalities.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: rdvm 1/15- chem WNL; fecal NPS 1/23- CBC HCT 61.7%, lymphopenia, basophilia HAEC EPOC: pCO2 28.8 (L), BE -5.1 (L), BUN 6 (L), Gluc 139 (H), HCT 56 (H) Chem: ALT 218 (H) CPL: 75 (WNL) onclusions: 1. No evidence of G.I. mechanical obstruction. Soft tissue opaque material in the stomach and small intestines is likely retained ingesta and viscous fluid, less likely foreign material. Prominent gastric rugal folds may be from an inflammatory or infectious gastritis or secondary to pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.97 cm. Right kidney measures 4.29 cm.

Adrenal Glands

The adrenal glands are slightly thin and flattened with an isoechoic parenchymal echotexture. The phrenic vasculature is normal. Left measures 0.52 cm. Right measures 0.39 cm.

Spleen

The spleen measures 1.02 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild to moderate amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.

Supportive care for suspected gastroenteritis or occult pancreatitis is recommended at this time pending additional diagnostic tests.





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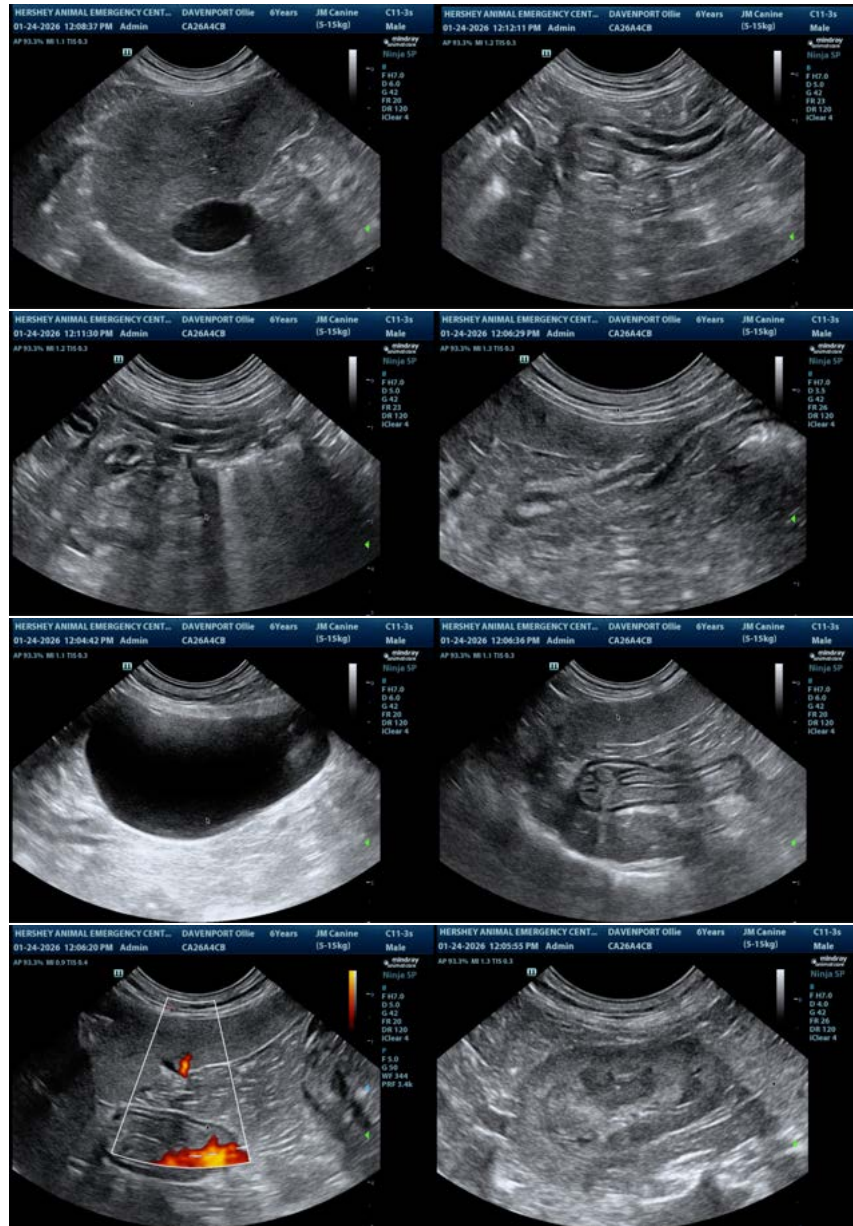
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com