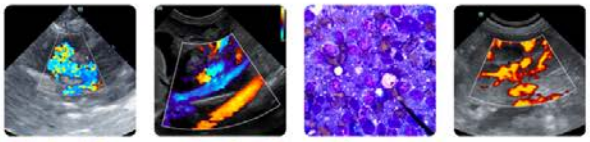


PATIENT

Ollie Wallie Giffin

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

71829

DATE

11/15/25

PRESENTING CLINICAL SIGNS

Ollie Wallie presented on 11/14 evening with a 3 day history of vomiting. He has a history of cholelithiasis (historical mild hypoalbuminemia- was normal last 2 times it was checked) Oral Cavity: severe dental disease Musculoskeletal: Ambulatory x 3 limbs, LR Amputated, no lameness, PROM x 3 limbs WNL 6-8% dehydration

Abnormal PE/Chem/CBC/UA Results: cbc: wnl chem 15: wnl catalyst pancreatic lipase: elevated 489 (consistent with pancreatitis) epoc: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is in adequately distended with anechoic urine. Bladder wall thickness and layering cannot be adequately evaluated. There is no overt sediment or urolithiasis noted. The trigone and pelvic urethra are unremarkable. The ureteral papillae appear normal.

The kidneys are normal in size. The cortices are mildly hyperechoic with a decreased corticomedullary definition and multifocal dystrophic mineralizations present throughout the cortices. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. The left kidney measures 4.83 cm. The right kidney measured 4.8 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.87 cm x 1.99 cm. Right measures 0.57 cm x 1.83 cm.

Spleen

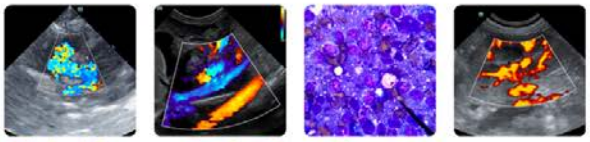
The spleen measures 1.5 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. 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 is appropriately thin walled and contains anechoic bile with a mild to moderate amount of echogenic suspended debris and dependent sediment. There are also several hyperechoic shadowing structures within the gallbladder lumen. The gallbladder neck and cystic duct are non-distended and within normal limits. There is no evidence of intra- or extrahepatic biliary dilation. The common bile duct is normal.

Gastrointestinal

The stomach and gastrointestinal tract are mildly distended with echogenic fluid that has a slight “to-fro” motion, most consistent with ileus. There is no shadowing material or evidence of mechanical obstruction identified. The pyloroduodenal junction and Ileocecocolic junction are patent without



PATIENT

Ollie Wallie Giffin

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

71829

DATE

11/15/25

evidence of obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The pancreas is slightly prominent and hypoechoic with mixed hyper- and hypoechoic nodular changes. There is moderate regional mesenteric and omental fat that is hyperechoic and nodular with evidence of steatitis or inflammation. There is no overt free peritoneal effusion or lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.

- 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.

- The shadowing structures within the gallbladder are consistent with the history of cholelithiasis. However, there is no overt evidence of active biliary obstruction noted at this time.

- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is a consistent response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered.

- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Given the changes consistent with active pancreatitis, supportive care as clinically indicated is recommended at this time. If clinical signs persist or do not improve, serial imaging of the abdomen should be considered to monitor for progressive or occult biliary obstruction.

PATIENT

Ollie Wallie Giffin

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

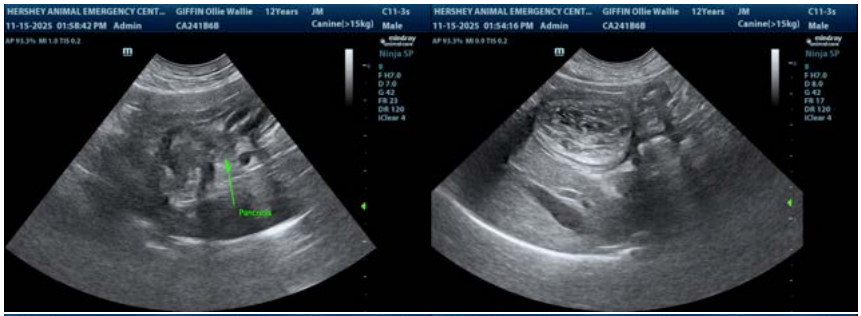
Dr. Brittany Lang

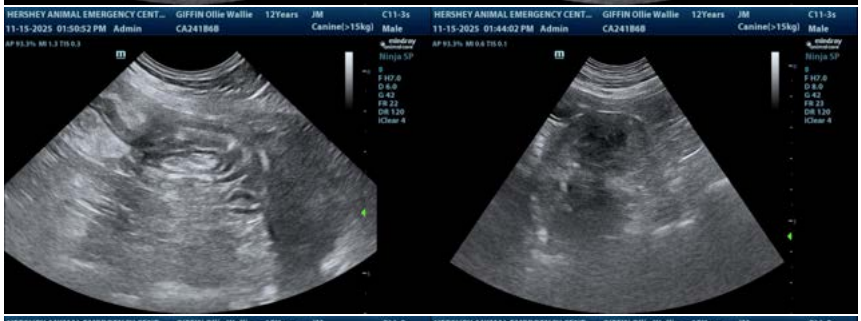
INVOICE

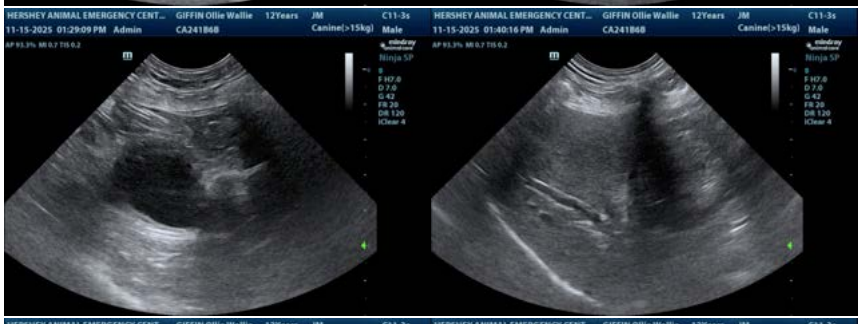
71829

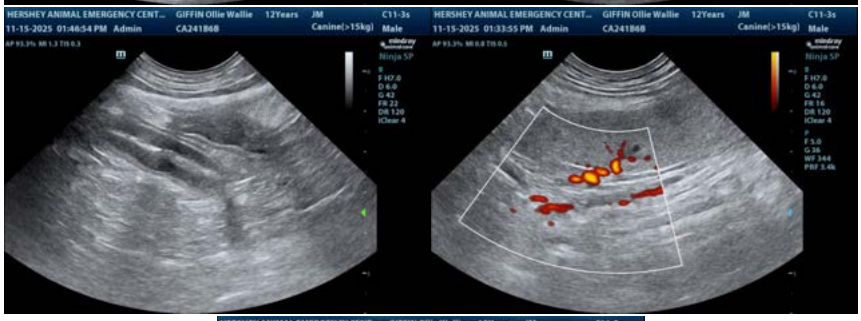
DATE

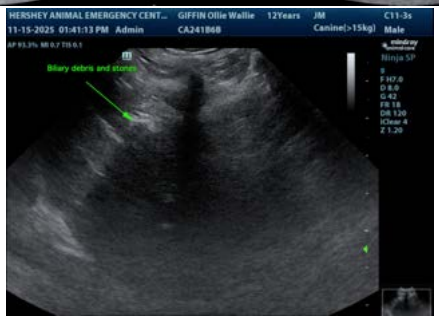
11/15/25



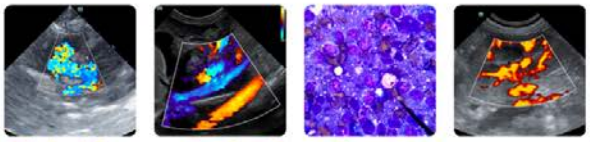








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Ollie Wallie Giffin

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

71829

DATE

11/15/25

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, Residency trained in cardiology

info@SonoPath.com