



PATIENT

Chase Friends

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

38.8 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

14733

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Presented Sunday 3/29 at 4:15p for collapse at 1:30pm, lethargy, clear nasal discharge. Collapsed today with clear fluid draining from nose did not lose consciousness. lethargic
- Occasional cough reported from previous and current fosters, not super often.

Abnormal PE/Chem/CBC/UA Results: HAEC Intake diagnostics: POCUS on presentation by er vet : no pericardial effusion, no abdominal effusion, normal gallbladder contour, normal urinary bladder contour Abdominal/thoracic radiographs: thorax unremarkable, significant gastric distention with gas and fluid, incidental metallic BBs in thoracic dorsum, heterogenous stool in colon Repeat radiographs: stomach looks more distended and more gas-filled than it did previously. EPOC: pH 7.448 H, Calcium 1.19 L, Hct 52 H PCV/TS: 55/10 CBC: Reticulocytes 110.5 H Chem15: ALP <10, TP 7.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with a mild amount of suspended echogenic mobile sediment. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. 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. The left kidney measures 7.7 cm. The right kidney measures 7.7 cm.

Adrenal Glands

The left adrenal gland is 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. The left adrenal gland measures 0.79 cm x 2.07 cm. The right adrenal gland was not visualized.

Spleen

The spleen 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. The spleen measures 1.8 cm at the hilus.

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 amount of suspended echogenic debris and dependent sediment. No intra- or extrahepatic biliary dilation. The cystic and common bile ducts are normal.



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Gastrointestinal

The stomach is moderately distended with echogenic shadowing contents that is concerning for potential foreign material. The pylorus and pyloroduodenal junction are not distinctly visualized and a pyloric outflow obstruction can't be ruled out. There is multifocal mild small intestinal distension with echogenic contents most consistent with ileus. There is no significant shadowing foreign material within the small intestinal tract identified and no overt indication of mechanical small intestinal obstruction. Gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The visible pancreas is 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

There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- 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.
- There is gastric dilation with shadowing foreign material or shadowing contents which is concerning for potential foreign material. If the patient has been fasted since previous evaluation on 3/29, then this likely represents a pyloric outflow obstruction. The mild small intestinal distension likely represents a functional ileus. However, an occult mechanical small intestinal obstruction can't be definitively excluded.
- There is no other overt etiology for the patient's acute collapse or syncopal episode noted today.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was fasted since the previous abdominal radiographs, an exploratory laparotomy or an upper gastrointestinal endoscopy should be considered to further evaluate the potential for pyloric outflow obstruction. If fasting has not been performed, consider supportive care with IV fluid therapy and antiemetics as clinically indicated and serial imaging to evaluate for gastric emptying.



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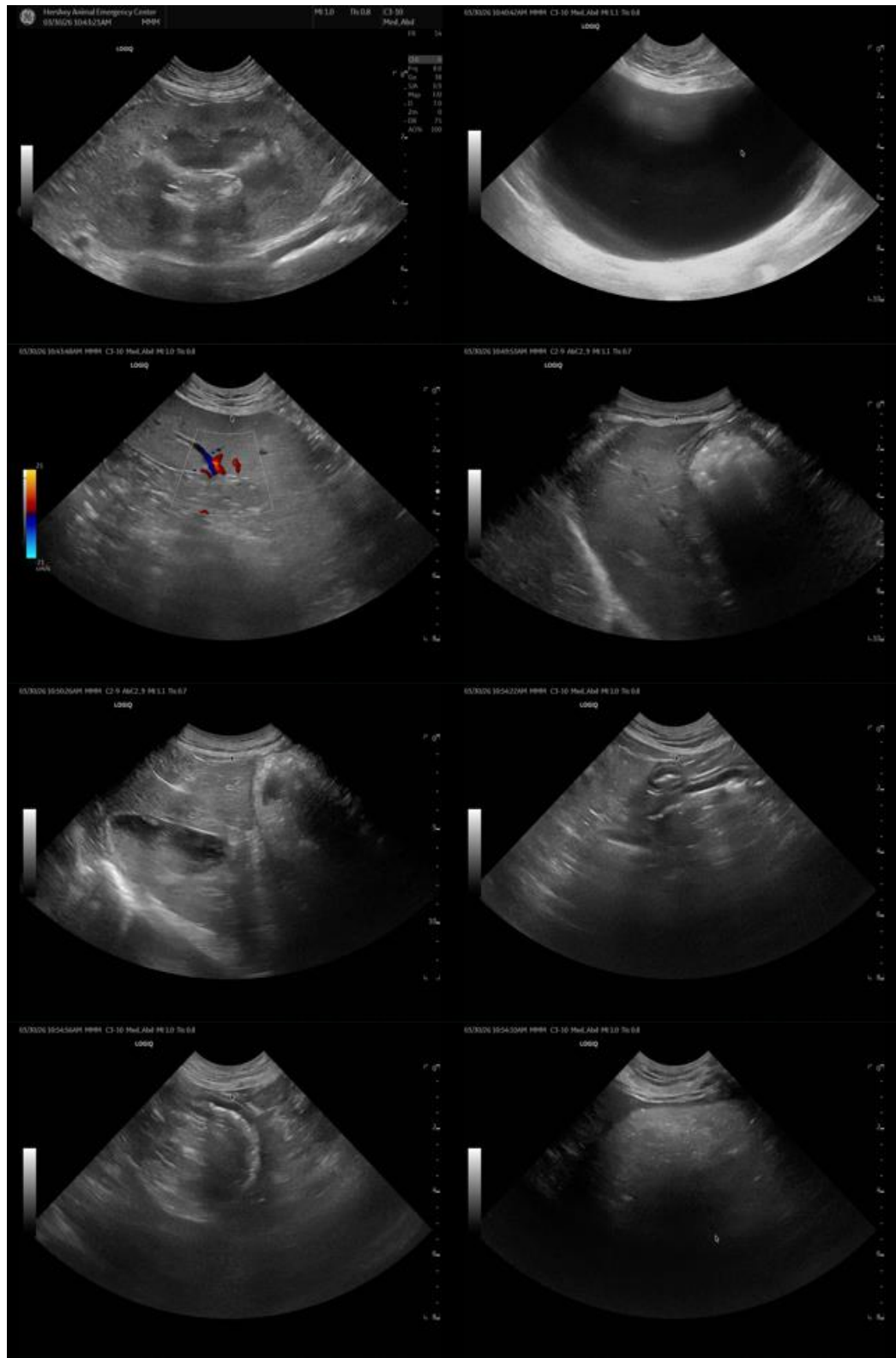
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com