



PATIENT

Paisley Harpster

SPECIES

Canine

BREED

Brittany Spaniel

SEX

FS

AGE

5 years

WEIGHT

26.4 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

11544

DATE

3/25/2026

PRESENTING CLINICAL SIGNS

- Pt was playing and running fine this morning, but around early afternoon, pt laid down and didn't want to get up - when she stood up she was wobbly and stumbling around. She was conscious the whole time, but lethargic and ataxic. Same incident happened before and O assumed heatstroke and pt recovered normally that time. Pt sometimes flinches when pet. Pt has history of burping and licking at air after eating and drinking - Rdvm has not been able to determine cause.
- Rdvm also suspected pain in back end.
- Pt went to Rdvm and had BW done which was normal per O except for anaplasmosis detected.
- Tense upon abdominal palpation.
- Mild dehydration (5-6%).

Abnormal PE/Chem/CBC/UA Results: pDVM: - Anaplasmosis + - CBC: Hgb 18.5 (H) - Chem: Chol 346 (H), Lipase 1942 (H) HAEC: - EPOC: BE -6.0 (L), Na 152 (H) - PCV/TS: 56/8.0 - USG 1.028 xray
CONCLUSION: 1. Multifocal distention of the small intestine suggestive of ileus. An underlying cause is not identified. A nonspecific chronic enteropathy is considered. 2. Otherwise, normal thorax, abdomen and spine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 5.81 cm in length, and the right kidney measures 6.09 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 2.82 cm in length, 0.63 cm at the caudal pole and 0.47 cm at the cranial pole. Right adrenal measures 2.17 cm in length, 0.61 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach is significantly distended with fluid. There is subjectively decreased motility. Wall layering is normal with no focal lesions observed. There is no visible foreign material within the stomach, though there is some gas shadowing partially obstructing visualization of contents.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Significant gastric distension, otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI changes are consistent with nonobstructive gastroenteritis and in the absence of chronic GI signs, acute gastroenteritis is most likely. While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, acute anaphylactic reaction, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.



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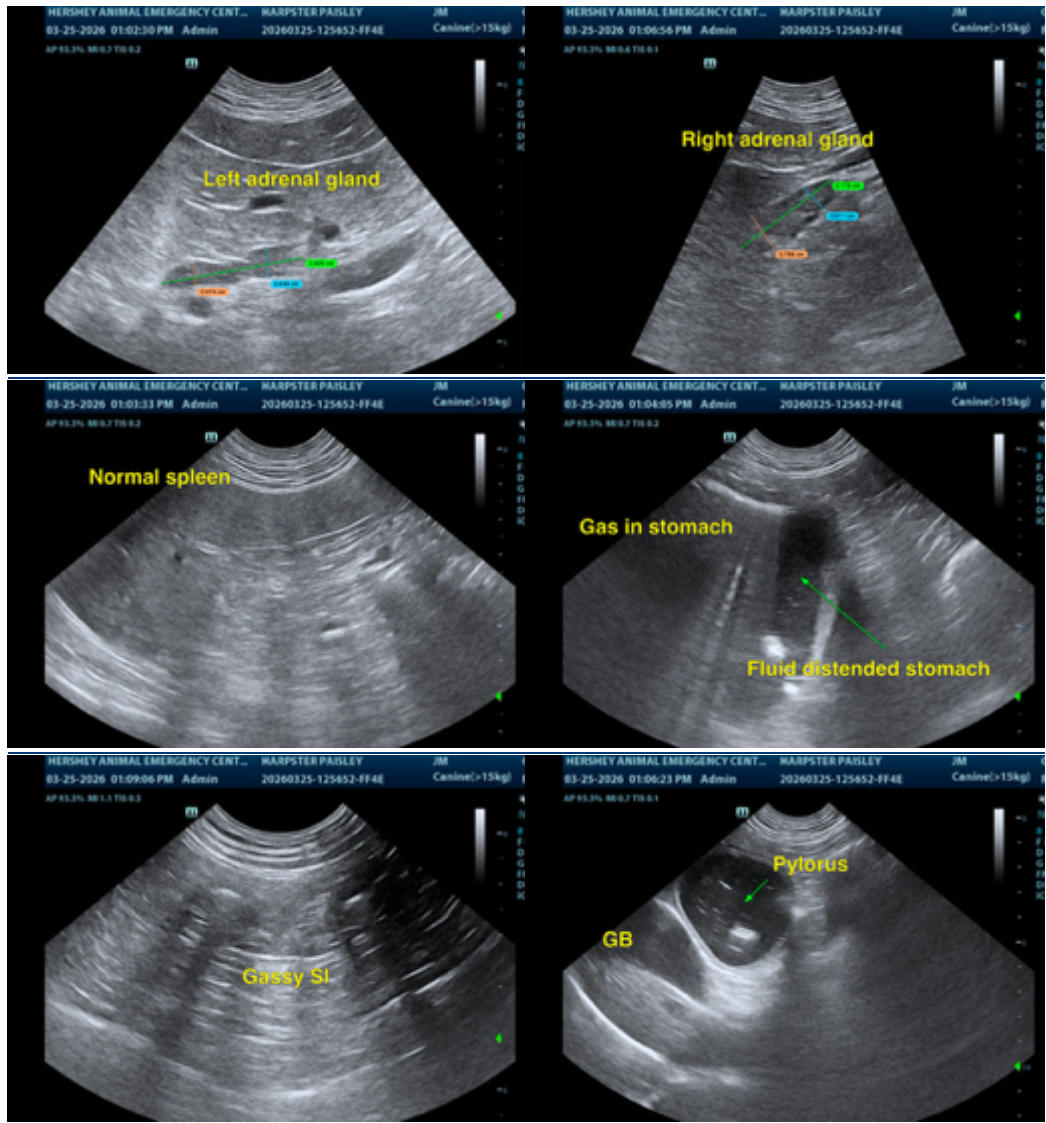
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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