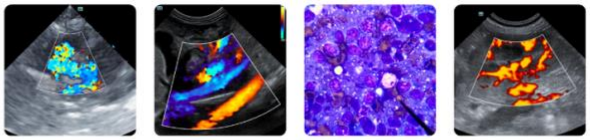


PATIENT

Mollie Wildasin

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

34.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

13122

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Acute vomiting with restlessness and inability to settle starting 12am, with multiple episodes of emesis (initially oily material then food and later watery). Polydipsia this evening and dull mentation. History of hypoadrenocorticism diagnosed at 4 months; managed with Zycortal and daily prednisone Mucous membranes pink/tacky Tachycardia, pulses moderate Mild to moderate pain on abdominal palpation Hindlimbs tremoring Perivulvar hyperpigmentation and mild erythema, recessed vulva

Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.494 H, BE 8.6 H, TCO2 30.6 H, Bicarb 31.9 H, K 3.3 L Glu 161 H, Hct 61 CBC: Hct 58.2%, Hb 20.6 H, Neut 12.26K H Chem15: Glu 163 H UA: USG 1.024, pH 8, Pro 3+, RBC >5/hpf, WBC <5/hpf Urine culture, pending Catalyst panc lipase: 84 (0-200) Abd/chest rads: 1. Decreased peritoneal contrast. This finding may be due to mild effusion or steatitis. 2. Mild to moderate multifocal distention of the stomach and small intestine with heterogeneous material. Functional ileus associated with an enteropathy (gastroenterocolitis) is considered. The nature of the described heterogeneous content is unclear. However, ingesta is prioritized over foreign material. A partial obstruction caused by this material is considered less likely at this time point. 3. Normal thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

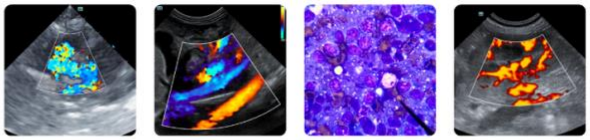
The left and right adrenal glands were not definitively visualized given the patient's history.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented with subjective mild hepatomegaly exhibiting mild nonhomogenous hypoechoic parenchyma and increased indistinct portal vascular borders. No visualized definitive hepatic mass or nodules.



PATIENT

Mollie Wildasin

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

34.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

13122

DATE

01/13/26

The gallbladder was non-distended in size with regional mildly thickened hyperechoic gallbladder wall extending into the mildly dilated cystic duct. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact mildly prominent to thickened wall. The stomach was overall nondistended containing a mild amount of retained anechoic fluid and lumen gas.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio and overall empty intestinal lumen.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

Mild volume of perihepatic to intermittent pockets of peritoneal effusion with increased perihepatic to cranial abdomen omental echogenicity. No visualized significant omental lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged hypoechoic liver.
- Nondistended gallbladder with regional mild hyperechoic wall and mildly dilated subjective nonobstructive cystic duct.
- Sonographically normal spleen.
- Suspect acute gastritis pattern with overall sonographically unremarkable empty small intestine.
- Mild volume perihepatic to mid/cranial abdomen peritoneal effusion and increased omental echogenicity.
- Nonvisualized adrenal glands- consistent with patient's history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstructive pattern, i.e., foreign material, mass or stricture. Monitoring for evidence of emerging acute hepatopathy, i.e., nonspecific hepatitis, hepatotoxicosis, less likely occult hepatic neoplasia at this stage. Non-obvious pancreatitis obscured by increased peripancreatic omental artifact may be suspected if cranial abdomen/subxiphoid discomfort on palpation. A spec cPL, consideration for screening hepatic FNA cytology (assuming normal clotting status) and effusion analysis cytology +/- culture and sensitivity if evidence of inflammation for further assessment may be considered. No indication for immediate surgical intervention with gastrointestinal support, clinical and as needed sonographic monitoring recommended. Recheck ACTH stimulation test if not recently done, may be considered.

PATIENT

Mollie Wildasin

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

34.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

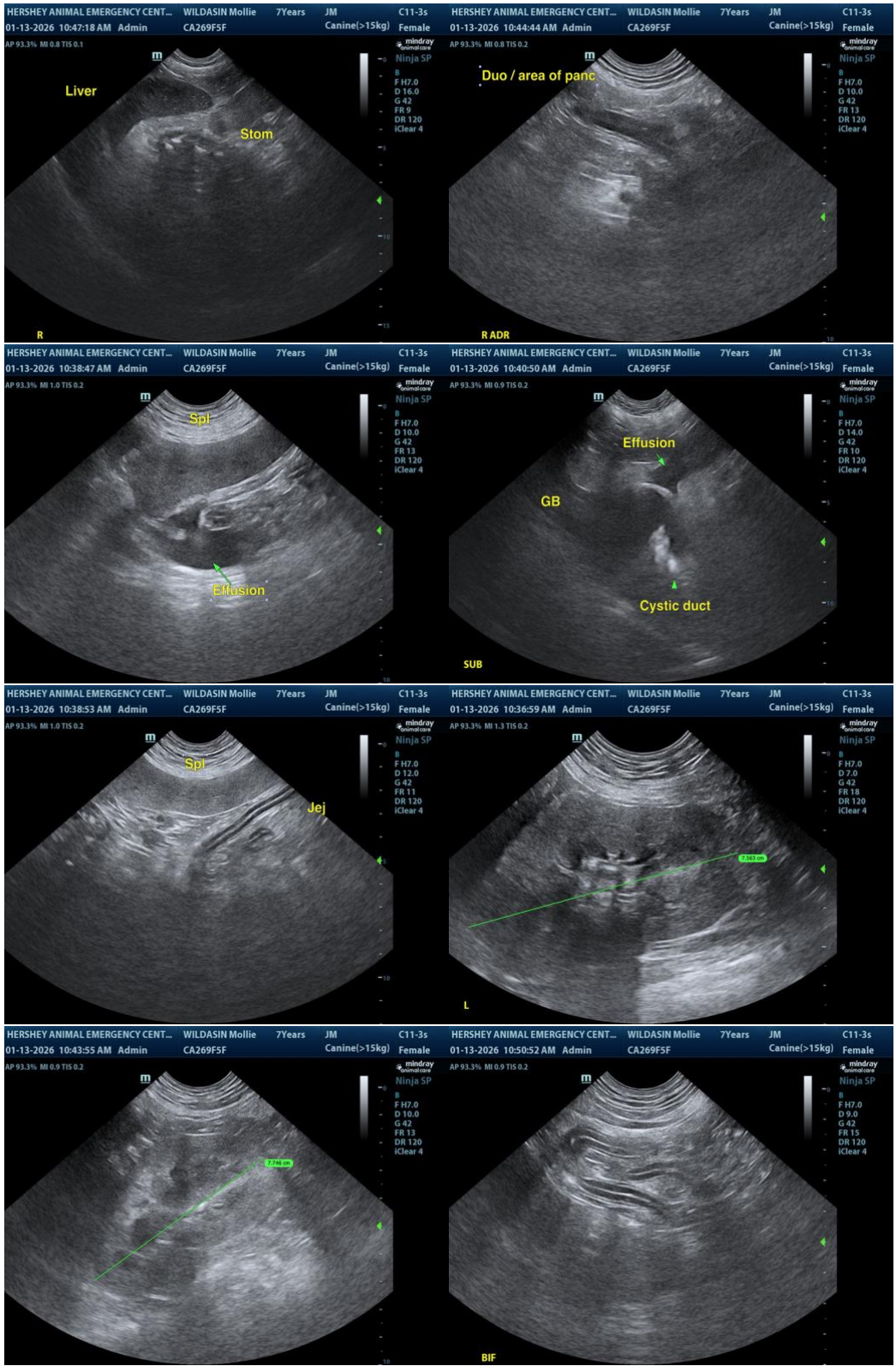
Dr. Brittany Lang

INVOICE

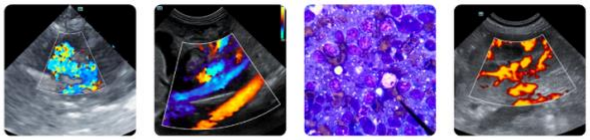
13122

DATE

01/13/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mollie Wildasin

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

34.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

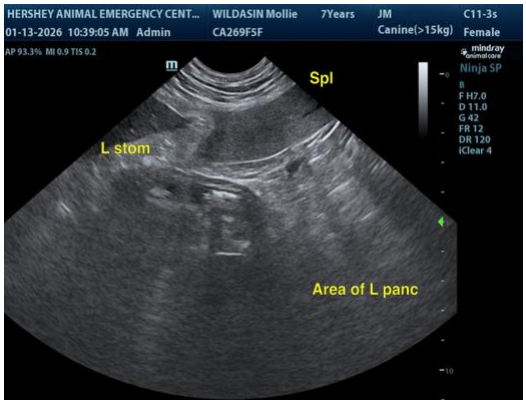
Dr. Brittany Lang

INVOICE

13122

DATE

01/13/26



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com