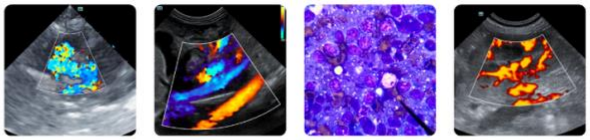

PATIENT

Abby Goetz

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13194

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Vomiting, lethargic, anorexic for 2 days. Shivering now. No recent BM.

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: Mucous membranes pink/tacky, CRT 2-3s, mod. tartar/gingival erythema Cardiovascular: No murmurs/arrhythmias, pulses snappy/synchronous rDVM: CBC: lymph 5.89K H Chem: BUN 70 H, creat. 1.7 H, P 9 H, Na 138 L, K 7.2 H, Cl 104 L Pancreatic lipase: 59 N HAEC: Baseline cortisol: <0.5 PCV/TS: 54%/8 EPOC: creat. 1.58 H, BUN 65 H, Cl 102 L, K 6.6 H, Na 133 L, BE -13.2 L, pH 7.161 L, TCO2 15.2 L, bicarb 15.4 L, Na:K ratio 20 Urinalysis: USG 1.036 ACTH stim pending

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width at the caudal pole.

The right adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.21 cm width at the caudal pole.

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 was subjectively borderline to mildly subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild retained anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

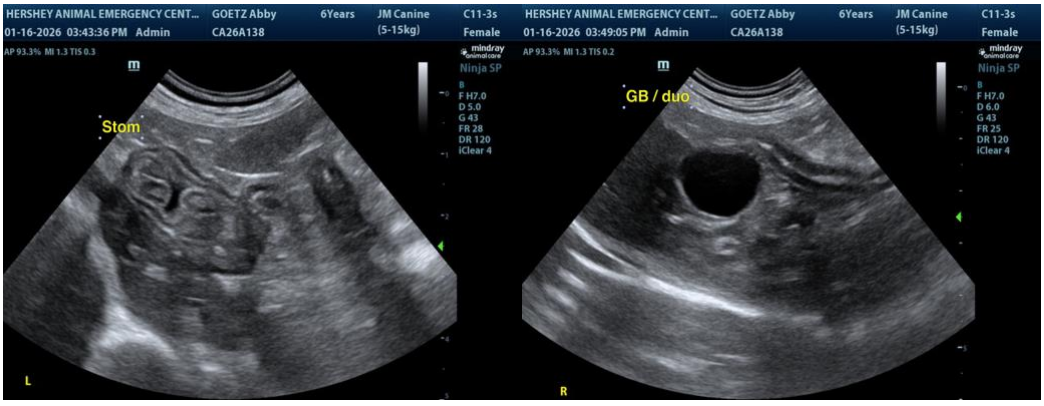
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral subnormal adrenal glands.
- Normal kidneys.
- Subjective mild volume contracted liver.
- Mild hypomotile gastritis with sonographically normal empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral subnormal adrenal glands, in conjunction with pre-renal azotemia and clinical signs, is highly suggestive of hypoadrenocorticism. Correlation with pending ACTH stimulation test is recommended. Pending diagnostics, supportive care with monitoring of renal parameters and gastrointestinal signs would be appropriate. No evidence of mechanical gastrointestinal obstruction.



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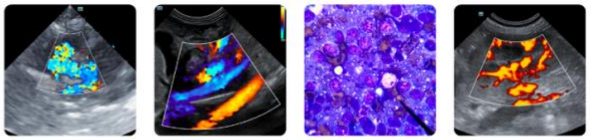

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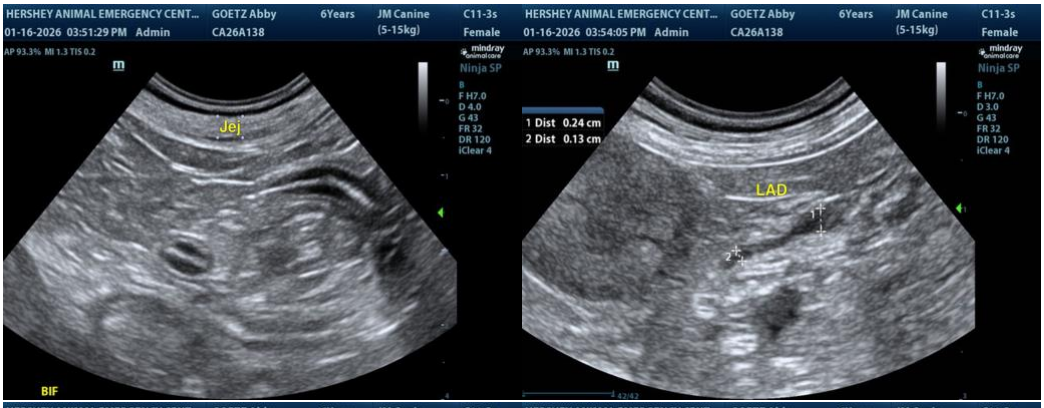

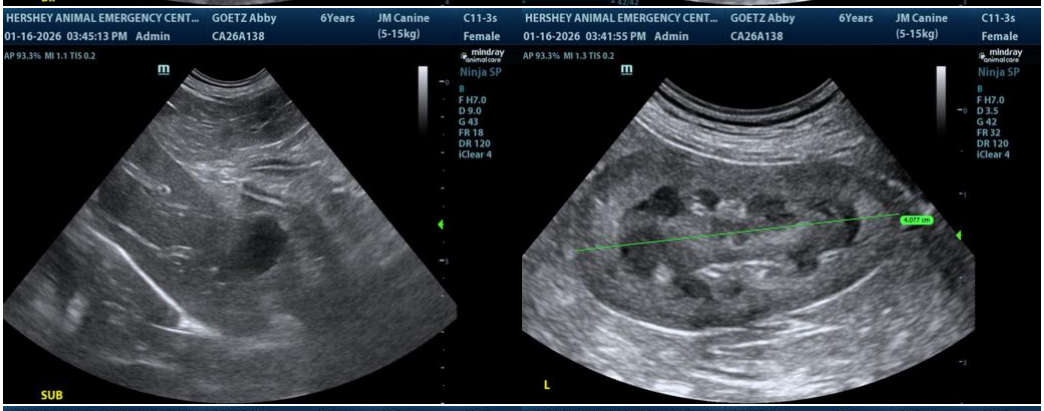

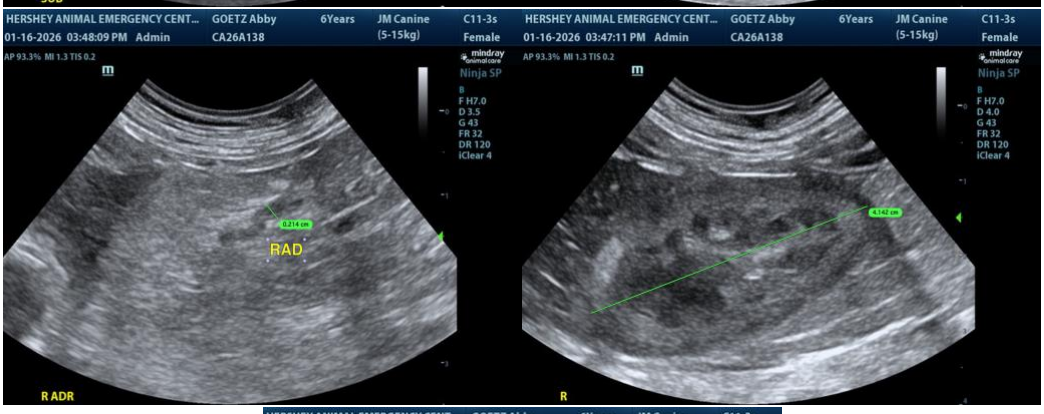

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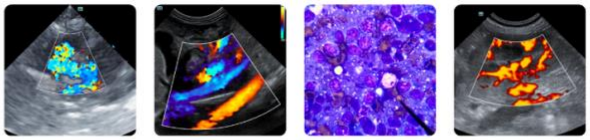

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com