

PATIENT

Spunky Judd

SPECIES

Canine

BREED

JRT Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kim Davidson

INVOICE

13226

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Presenting for acute vomiting with decreased appetite and malaise over the past few days following grooming; also straining to defecate with minimal watery stool Oral Cavity: Mucous membranes pink/mildly tacky, CRT <2s, moderate tartar/gingival erythema, several teeth previously extracted. Ears: AS crusting on concave pinna, erythema, pain. Otitoscopic exam erythematous ear canal with light tan discharge AS, AD normal Eyes: Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU. Nuclear sclerosis OU 5-6% dehydrated - tacky mm +/- some change in skin turgor

CBC: WNL Chem: hypophosphatemia (1.7) EPOC: WNL cPL: 462 (elevated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 4.2 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole.

Spleen

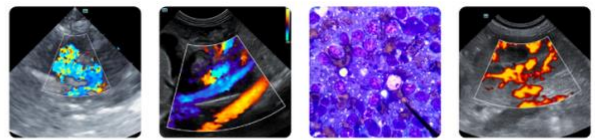
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus to the level of the colon.

Normal visible colon wall layers were present with no distention and lumen gas/semi formed fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

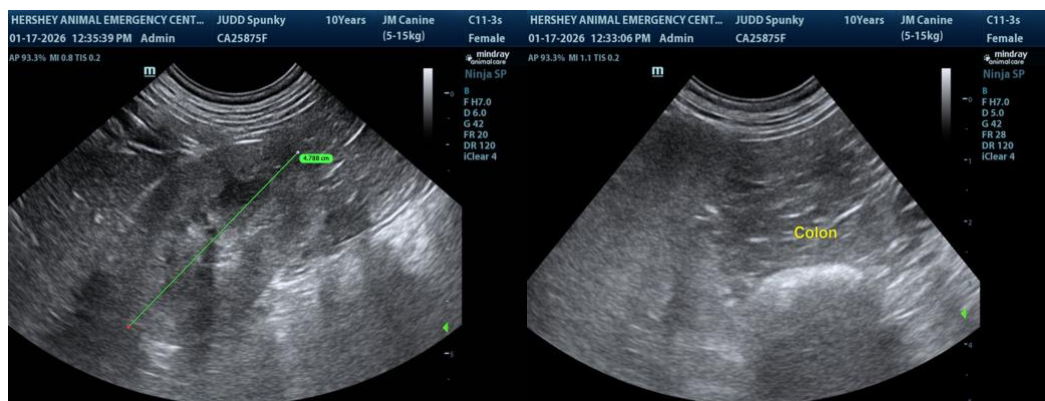
ULTRASONOGRAPHIC FINDINGS

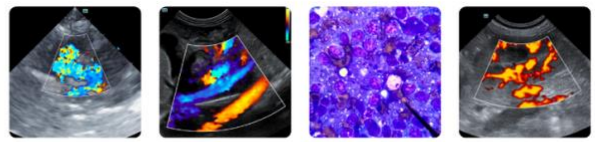
- Sonographically normal empty gastrointestinal tract.
- Heterogeneous remodeled pancreas.
- Nondistended colon with gas and semi formed fecal matter.
- Mild age-related renal changes.
- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastroenterocolic mural pathology, obstructive pattern or foreign material. Assessment for cranial abdomen/subxiphoid discomfort on palpation in conjunction with elevated cPL, which may indicate chronic to possible chronic active pancreatitis. Gastrointestinal support and empirical therapy for chronic-to-chronic active pancreatitis with clinical monitoring is recommended.

Sonographic reassessment is suggested if non-responsive or progressive gastrointestinal signs. The non-mucocele gallbladder debris not considered a clinical player given no reported hepatic enzyme elevations or cholestasis.





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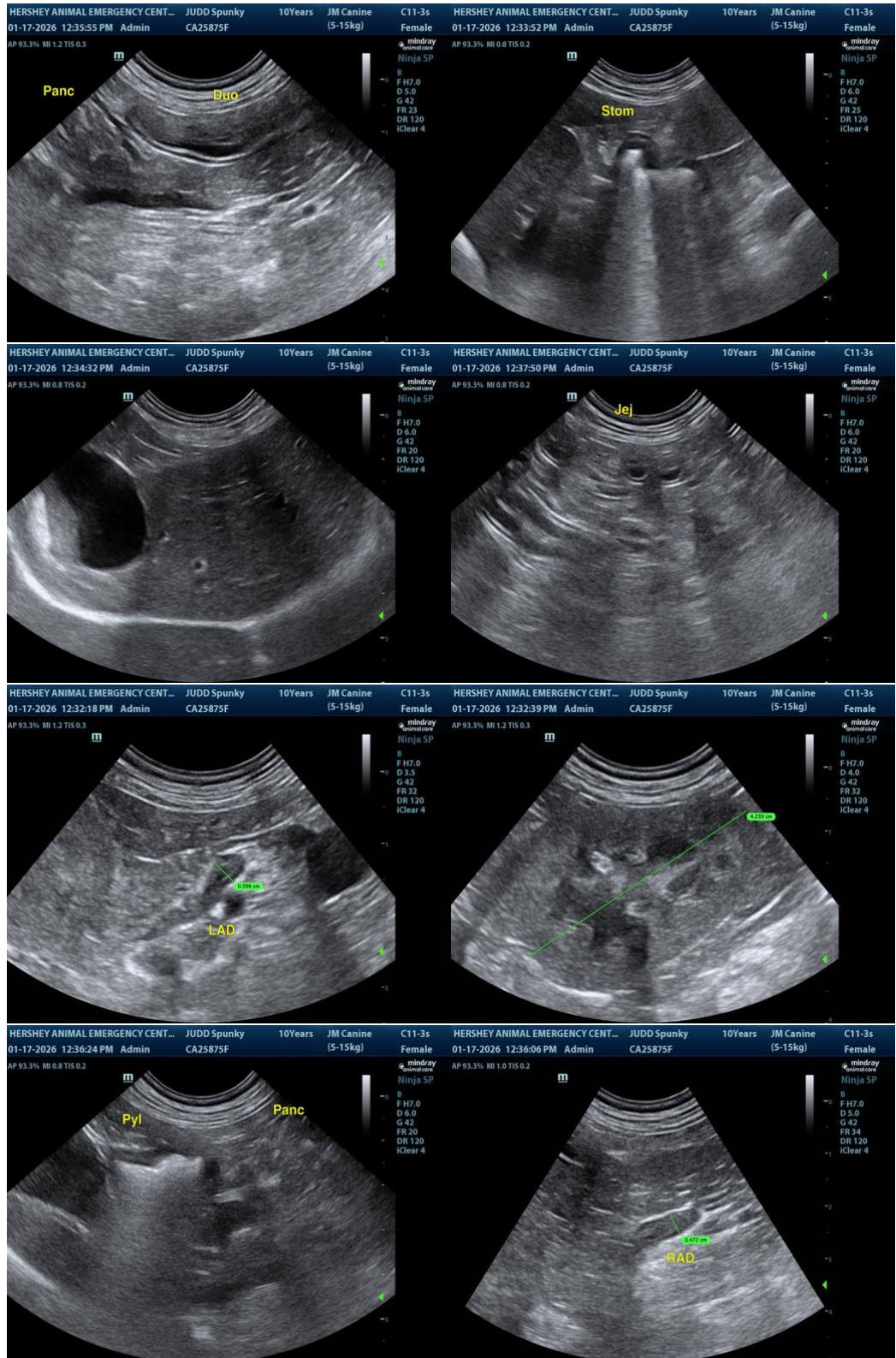
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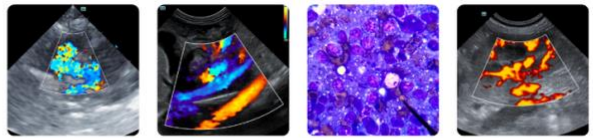
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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