



PATIENT

Zoe Hall

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

8 Years

WEIGHT

23 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

13143

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Vomiting multiple times since yesterday. Foul smelling vomit once that maybe had blood (unsure) Decreased appetite, cannot hold food down. Oral Cavity: Mucous membranes pink/mildly tacky, CRT <2s, mild tartar/gingival erythema, sublingual clear. No gingival petechia observed. Abdominal: mildly uncomfortable on mid-abdominal palpation Integument: Normal skin/haircoat, no evidence of ectoparasites. No petechia or ecchymoses observed.

CBC: microcytic (60.4), HCT 46, moderate to severe thrombocytopenia Chem: ALT 433 EPOC: mild hypokalemia (3.2), mild hyperglycemia (137) cPL: WNL PT/PTT: PT normal, PTT elevated (119.4) Radiographs: Normal thorax. abnormal soft tissue opacity structure noted in the mid dorsal abdomen and ventral to L4 and L5, may be located within the jejunal or less likely descending colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 5.9 cm in length. The right kidney measured 6.1 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 0.59 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 0.65 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary discrete nonhomogenous noncapsule deforming caudal splenic nodule was visualized measuring 1.6 cm in diameter.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mild thickened intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid.

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A mid abdomen strongly shadowing intestinal lumen echo was present consistent with jejunal location with mild surrounding hyperechoic regional peri-intestinal omentum. The shadowing echo measured approximately 3.0 to 4.0 cm in length x 2.5 cm in diameter. Mild segmental intestinal ileus proximal with concurrent empty intestinal segments likely distal.

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

Pancreas

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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.

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Free Abdomen

No obvious visualized significant swollen omental lymphadenopathy or overt peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with mild regional peri-intestinal hyperechoic omentum.
- Mild retained gastric fluid.
- Discrete noncapsule deforming splenic nodule- hyperplasia. Hematopoiesis, granuloma, emerging tumor thought less likely yet not excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Reactive potential mildly inflamed peri-intestinal omentum is suspected although no overt intestinal perforation or definitive peritonitis. No obvious additional gastrointestinal foreign material. Gross inspection of the spleen at time of surgery is recommended +/- 9 diagnostic or prophylactic splenectomy.

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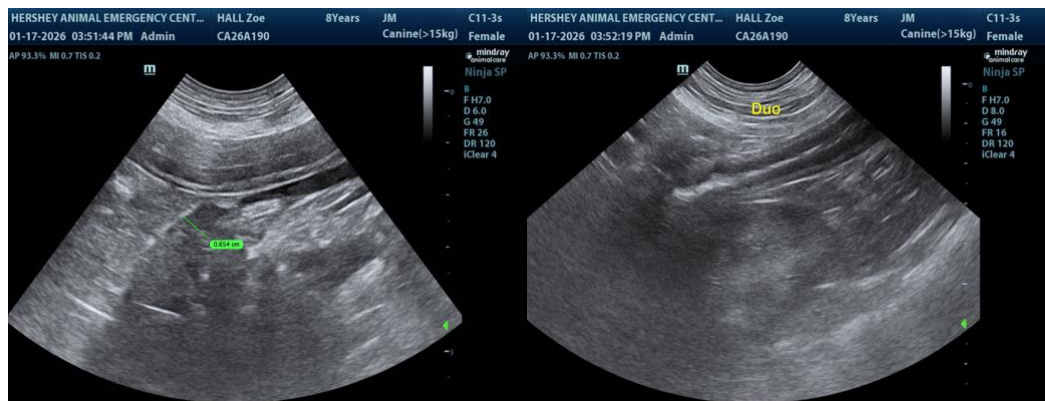
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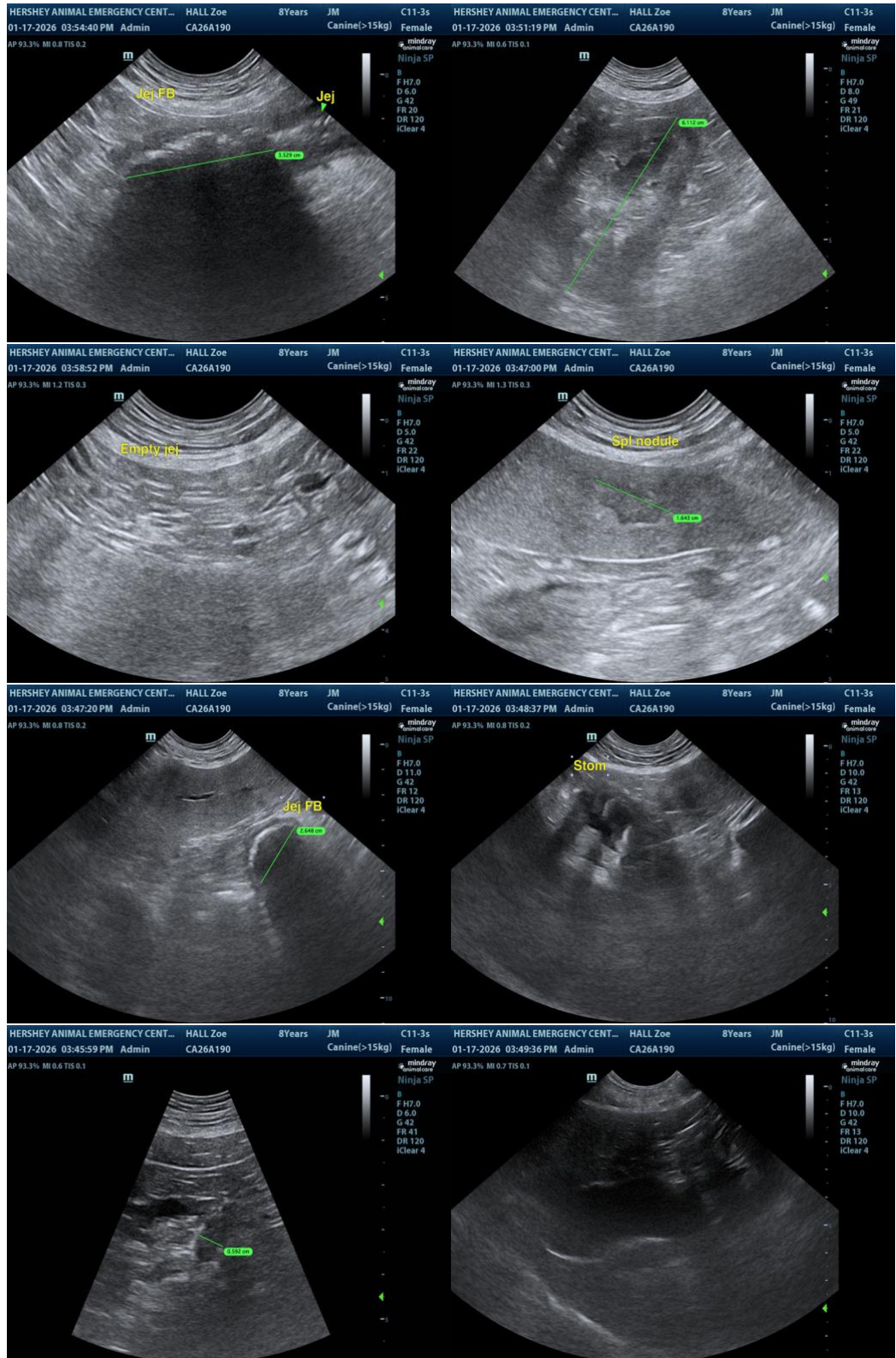
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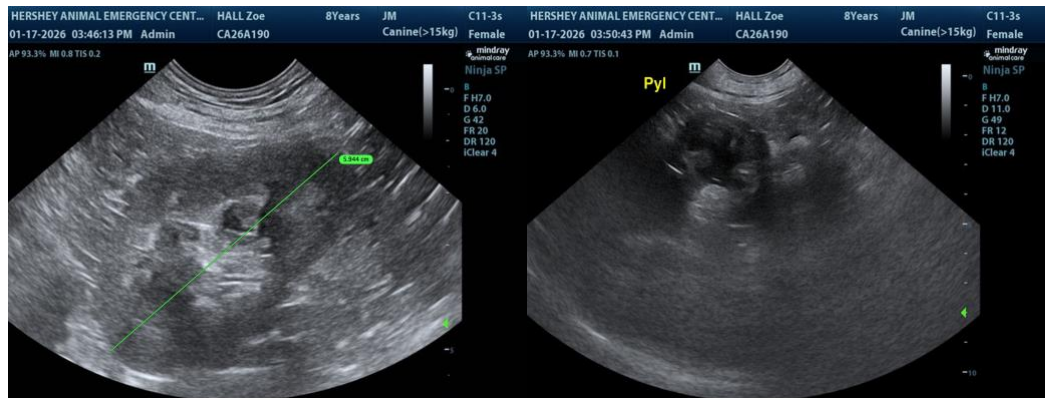
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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