



PATIENT

Sloane Rehner

SPECIES

Canine

BREED

Yorkie Mix

SEX

MN

AGE

15yr

WEIGHT

5.38kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

23605

DATE

01/19/2026

PRESENTING CLINICAL SIGNS

- Presented Sunday 1/18 at 1:30p for vomiting, restlessness, and disorientation. Everything began overnight, with 2 vomiting episodes (food then liquid) and difficulty getting comfortable.
- PE: Dehydration: 8-10%
- EENT/oral: injected, tacky mm; CRT <1s. Severe periodontal disease with significant pyorrhea
- H/L: bounding pulses,
- Abd: Tense, full abdomen that is significantly painful on palpation
- Integ: Significant matting - particularly at ventral medial canthus OU
- Neuro: dull, poss dysphoric - cried out at random times when not being touched.
- @ Intake 1/18:
 - CBC: RBC 8.94 (H) RDW 21.9 (H) Reticulocyte Hemoglobin 21.5 (L) MPV 14.0 (H) Plateletcrit 0.47 (H) Chem15: Glu 176 (H) TP 9.7 (H) Albumin 4.3 (H) Globulin 5.4 (H) ALT 135 (H)
 - EPOC: pH 7.493 (H) Na 155 (H) iCal 0.98 (L) TCO2 28.5 (H) Glu 174 (H) Lac 4.73 (H) HCT 59 (H) CHGB 20.2 (H) BE, ECF 6.4 (H) BE, B 6.0 (H)
 - Panc Lipase: 479 (H, equivocal)
 - 1/18 ON BP: 158/114 (122), 176/121 (136)
 - PCV/TS: 40%, 7.2
 - EPOC: pH 7.523 (H), pO2 65.6 (H), Na 157 (H), K 3.0 (L), TCO2 27.4 (H), BG 131 (H), Lac 3.13 (H), Bicarb 28.6 (H), cSO2 94.7 (H)
 - UA: USG 1.034, pH 7.0, Blood 25, WBC 1/HPF, RBC 8/HPF, Non-squamous epithelial cells 1-2/HPF
 - POCUS: Scant peri-hepatic free fluid; sig. hepatomegaly with abnormal architecture - several areas of hypoechoic circular lesions within the hepatic parenchyma.
 - CBC: MCV 61.1 (L), Retic HGB 21.9 (L), Imm Neut 0.47, Lymph 0.75 (L)

Abnormal PE/Chem/CBC/UA Results: Rads: 1. Diffuse gastroenteritis/enterocolitis, likely with a functional component. Consider a primary inflammatory vs. infectious (e.g. parasitic, viral) enteritis, or secondary inflammatory enteritis due to pancreatitis. There is no evidence of mechanical obstruction



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or foreign content. 2. Hepatomegaly, considered non-specific. Differentials include vacuolar hepatopathies (e.g. steroid, metabolic, other), hepatitis or infiltrative neoplasia (e.g. round cell tumor - lymphoma, mast cell tumor), less likely congestive. Although no conclusive radiographic abnormalities of the cardiac silhouette are noted, significant cardiac abnormalities may exist without overt radiographic lesions. Given the presence of a heart murmur, consider additional evaluation including echocardiography.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.45 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 generalized enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to variable parenchymal remodeling. Normal hepatic vascular volume without overt congestive criteria. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering. The lumen of the stomach contained a mild to moderate amount of retained non-shadowing variably echogenic fluid.

The intestinal walls demonstrated intact wall layering and overall maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental jejunal ileus pattern consisting of mild fluid accumulation and segmental gas in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present. The colon was generalized non-distended in appearance with non-formed fecal matter.

Pancreas

The pancreas was prominent in size with capsule asymmetry and mild non-homogenous hypoechoic remodeled parenchyma compared to adjacent omentum.

Free Abdomen

No obvious visualized overt lymphadenopathy was present.

Mild non-homogenous increased omental echogenicity and mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged variable non-homogenous non-congested liver
- Normal non-edematous gallbladder
- Chronic / chronic active pancreatitis pattern with remodeling
- Acute gastroenterocolopathy exhibiting mild non-obstructive gastric and segmental intestinal ileus with non-formed fecal matter in colon
- Non-homogenous hyperechoic omentum and mild volume peritoneal effusion -non-specific peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt mechanical gastrointestinal obstructive criteria. Dietary indiscretion, enterotoxin, infectious disease, acute non-specific gastroenterocolitis in combination with acute on chronic inflammatory hepatopathy, non-cardiogenic hepatic congestion, hyperplasia, other hepatopathy, non-specific peritonitis potentially secondary to inflammation, infection or portal hypertension, given no evidence of hepatic congestion or hypoalbuminemia emerging to occult multicentric neoplasia, such as carcinomatosis or similar are all potentials.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology, as well as effusion analysis cytology +/- C/S if evidence of inflammatory component. Hepatogastrointestinal support with empirical therapy for chronic to chronic active pancreatitis pending additional diagnostics would be reasonable. A guarded prognosis is suspected.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be



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considered.

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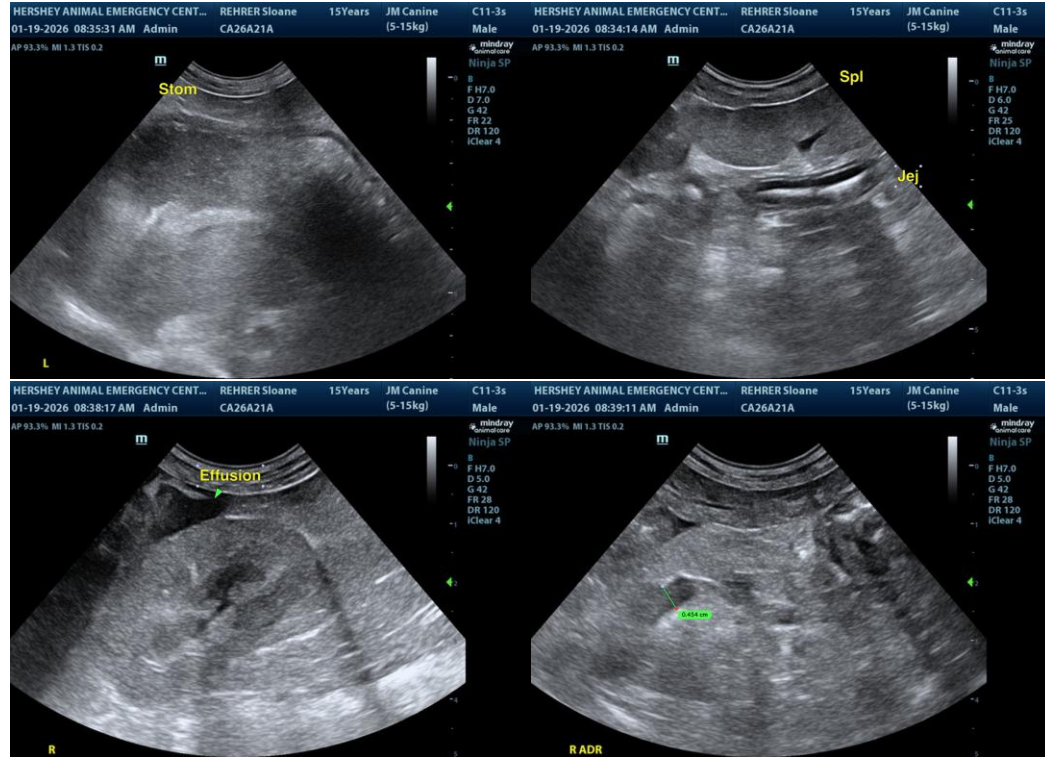
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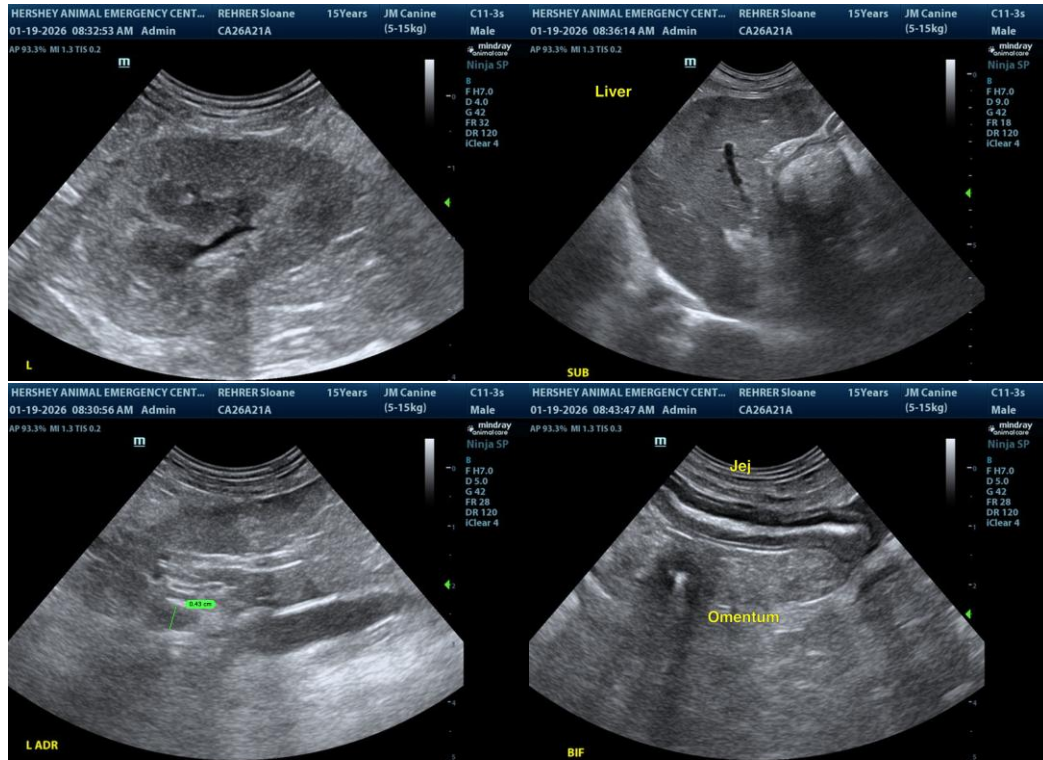
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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