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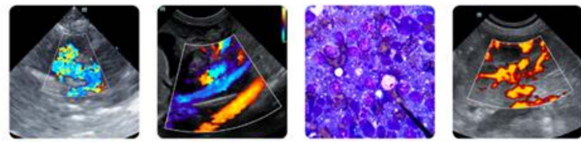


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Hunter Hernandez

SPECIES
Canine

BREED
Pomeranian

SEX
MN

AGE
11yr

WEIGHT
3.56kg

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. Brittany Lang

INVOICE
23709

DATE
01/29/2026

PRESENTING CLINICAL SIGNS

- Started vomiting and having diarrhea on Monday. Changed diet and seemed to improve some. Last night no vomiting but still having diarrhea. Went to rDVM this AM, ran some bloodwork. rDVM concerned with bloodwork results, transferred to HAEC
- Eyes: Corneas clear and bright, no erythema, mucoid discharge OU, lenticular sclerosis OU, PLR and palpebral/menace intact OU
- Oral Cavity: Mucous membranes pale pink/tacky, CRT <2s, mild dental tartar, sublingual clear
- Cardiovascular: Grade II/VI left systolic heart murmur, no arrhythmias, pulses strong/synchronous
- Abdominal: Very tense and painful cranially
- Musculoskeletal: Ambulatory x 4 limbs, slightly stiff on right forelimb but otherwise no lameness, PROM x 4 limbs WNL

Abnormal PE/Chem/CBC/UA Results: 1/29 rDVM: CBC - Lymph 0.51 Chemistry - ALP >2000, GGT 120, BUN >130, Creat 2.8, Phos 12.1, BG 149 cPL - abnormal Fecal + giardia - negative 1/29 HAEC: EPOC: TCO2 16.8 (L), pH 7.261 (L), BE, ECF -9.8 (L), BUN >120 (H), Creat 3.04 (H) QPL: 641 (H) Witness Lepto: Negative POCUS: significant gallbladder debris, no obvious abdominal free fluid, no pleural or pericardial effusion, rare B lines bilaterally

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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. Bilateral cortical cysts, medullary mineral and mild pyelectasia 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.

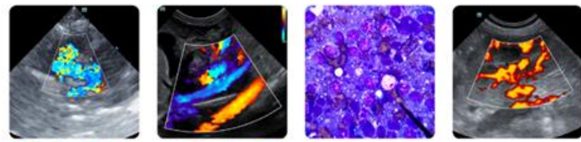
The residual prostate appeared normal and free of pathology

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.43 cm width.

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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Empty lumen was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

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

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

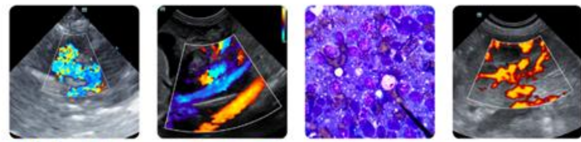
Mild generalized increased omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis
- Hepatopathy
- Immature gallbladder mucocele
- Chronic nephropathy exhibiting cortical cysts, medullary mineral, and mild pyelectasia
- Gastroenterocolopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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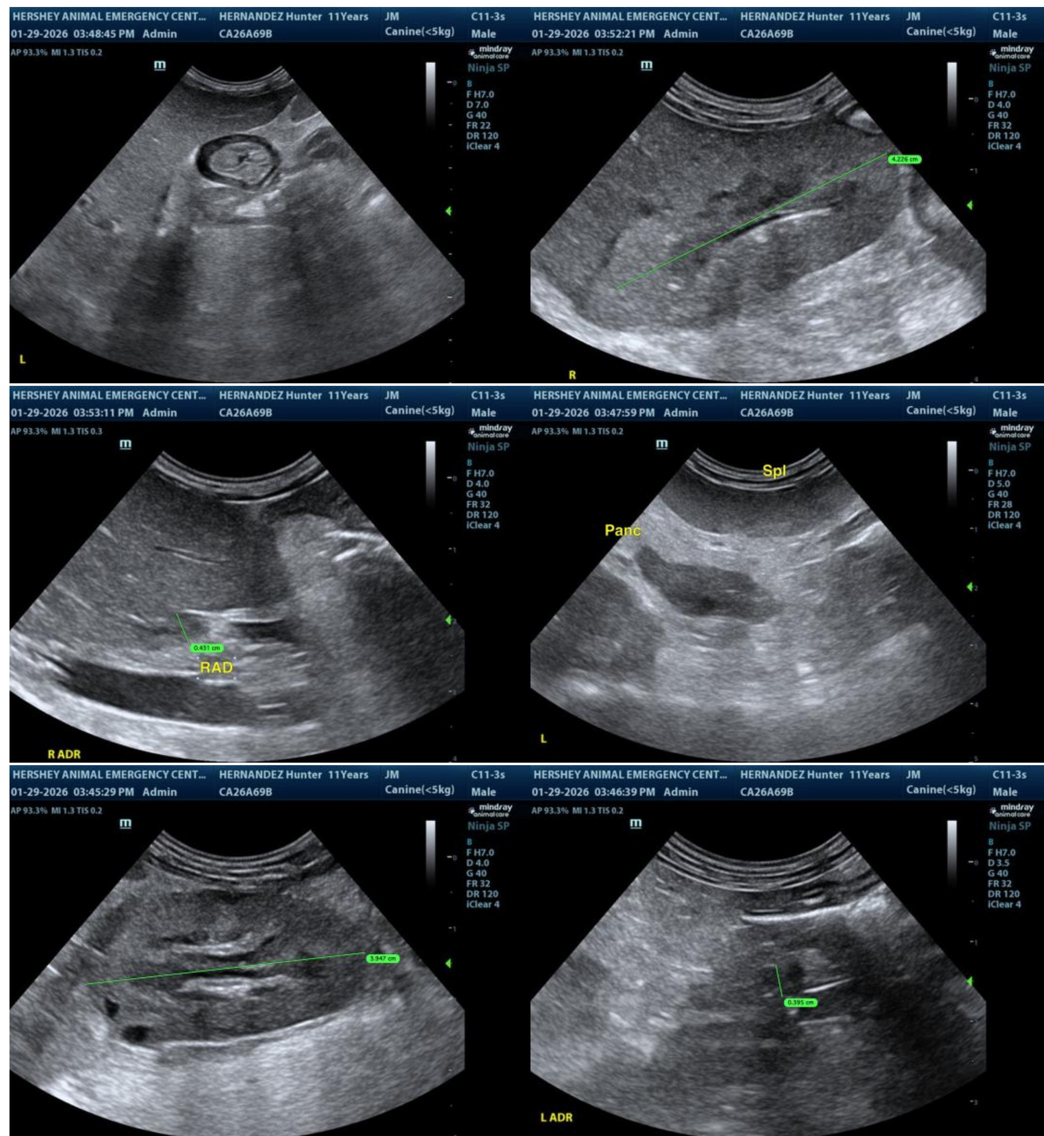
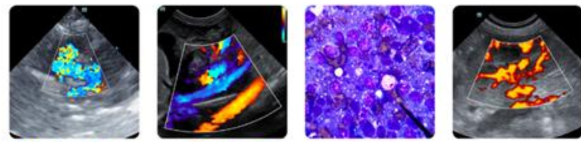
Benign or reactive vacuolar, cholestatic, or inflammatory hepatopathy probable with a occult hepatic neoplasia thought less likely. No current evidence of gallbladder or peripheral gallbladder inflammation. Urinary workup, including UA, C/S and baseline UPC level for renal staging is recommended.

Hospitalization with empirical therapy for pancreatitis, including hepatogastrointestinal and renal support with clinical monitoring is recommended. Sonographic reassessment warranted if evidence of progressive hepatopathy, non-responsive gastrointestinal signs, or progressive azotemia.





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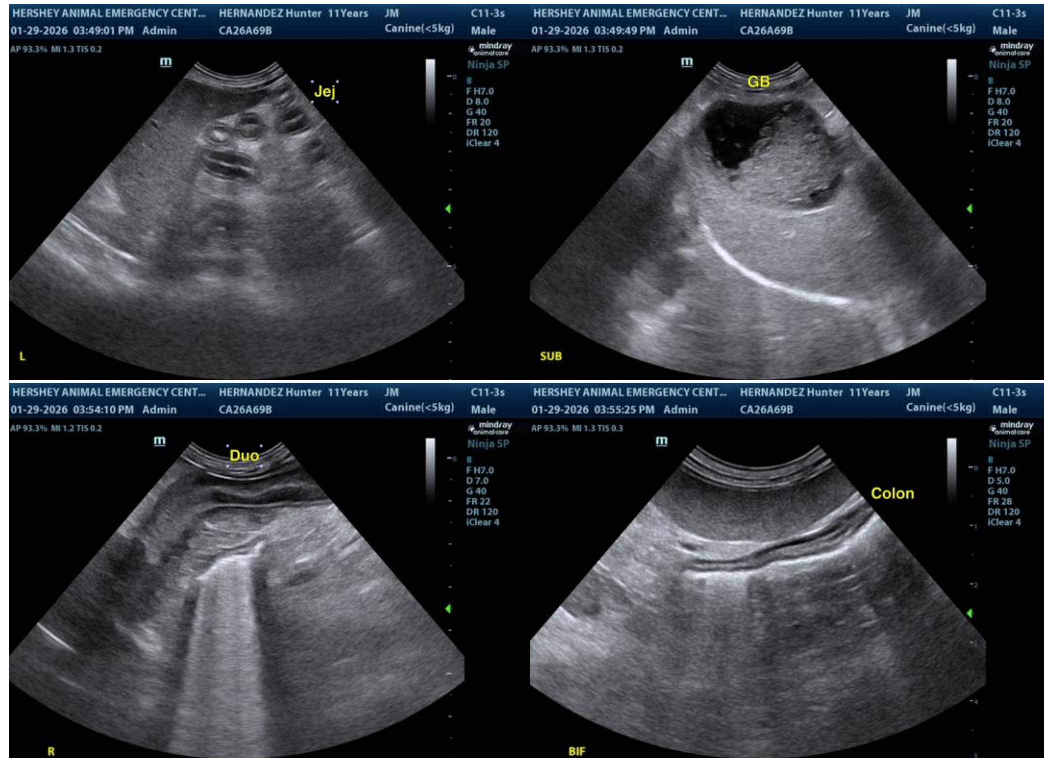

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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