



## PATIENT

Winnie Allen

## SPECIES

Canine

## BREED

Wheaten Terrier

## SEX

FS

## AGE

6yr

## WEIGHT

17kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

22952

## DATE

11/13/2025

## PRESENTING CLINICAL SIGNS

Presented for diarrhea, anorexia, and vomiting for 36 hours prior to hospitalization. No known ingestion. Hospitalized for supportive care for an additional 36 hours where initially diarrhea was improving and patient started eating. Overnight stopped eating and bradycardia noted, BP was slightly elevated. Previously managed OP for AHDS 03/2025. CV: Grade II/VI murmur inconsistently appreciated Abd: Tense with abdominal palpation Integ: Erythema and liquid to semi-formed stool on perineum

Abnormal PE/Chem/CBC/UA Results: Intake, 11/11 overnight: Chem15: WNL qPL: WNL CBC: Neu 14.64 H, Lym 1.01 L EPOC: Hct 57 H 11/12 day EPOC: Na 152 H, BUN 6 L PCV/TS: 53%/6.2 131/81 (100) 11/12 overnight iCa 1.06 L, AG 4 L, Glu 189 H 50/7.2 BP 159/78 (101 11/13 day EPoC: Glu 151 H, BUN 5 L PCV/TS: 46%/6.0 GI panel pending

## 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 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 5.3 cm in length. The right kidney measured 5.8 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 0.44 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 0.37 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

## Gastrointestinal

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The stomach presented normal intact visible wall. The stomach contained a moderate amount of variably echogenic to mild progressive shadowing ingesta. No obvious evidence of obstruction to pyloric outflow

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The small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of obstruction or foreign material to the level of the colon.

Intact mildly prominent colon wall. The colon was overall non-distended in size containing generalized soft fecal matter consistent with patient history.

## SEX

FS

## Pancreas

The area of the pancreas was sonographically normal.

## AGE

6yr

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

17kg

## Primary

- Mild to moderate variably echogenic progressively shadowing gastric ingesta
- Generalized empty small intestine with segmental gas pattern
- Mild colitis pattern with soft fecal matter
- Sonographically normal area of pancreas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal mechanical obstructive pattern. The gastric ingesta is non-specific and may indicate variable dense retained food echogenicity secondary to metabolic gastric stasis. A small amount of non-obstructive to intermixed gastric or possible minor non-obstructive segmental to passing intestinal foreign material cannot be definitively excluded. Given this presentation, no overt indication for immediate surgical intervention. Continued gastrointestinal support with additional documented fast and sonographic reassessment of the gastrointestinal tract would be reasonable. A spec cPL or GI panel to include PLI/TLI/Cobalamin/Folate +/- screening cortisol level to assess for occult disease as a contributing factor may be considered. If persistent retained gastric ingesta and non-responsive or progressive gastrointestinal signs, exploratory laparotomy with gastrointestinal biopsies considered essential may be considered.

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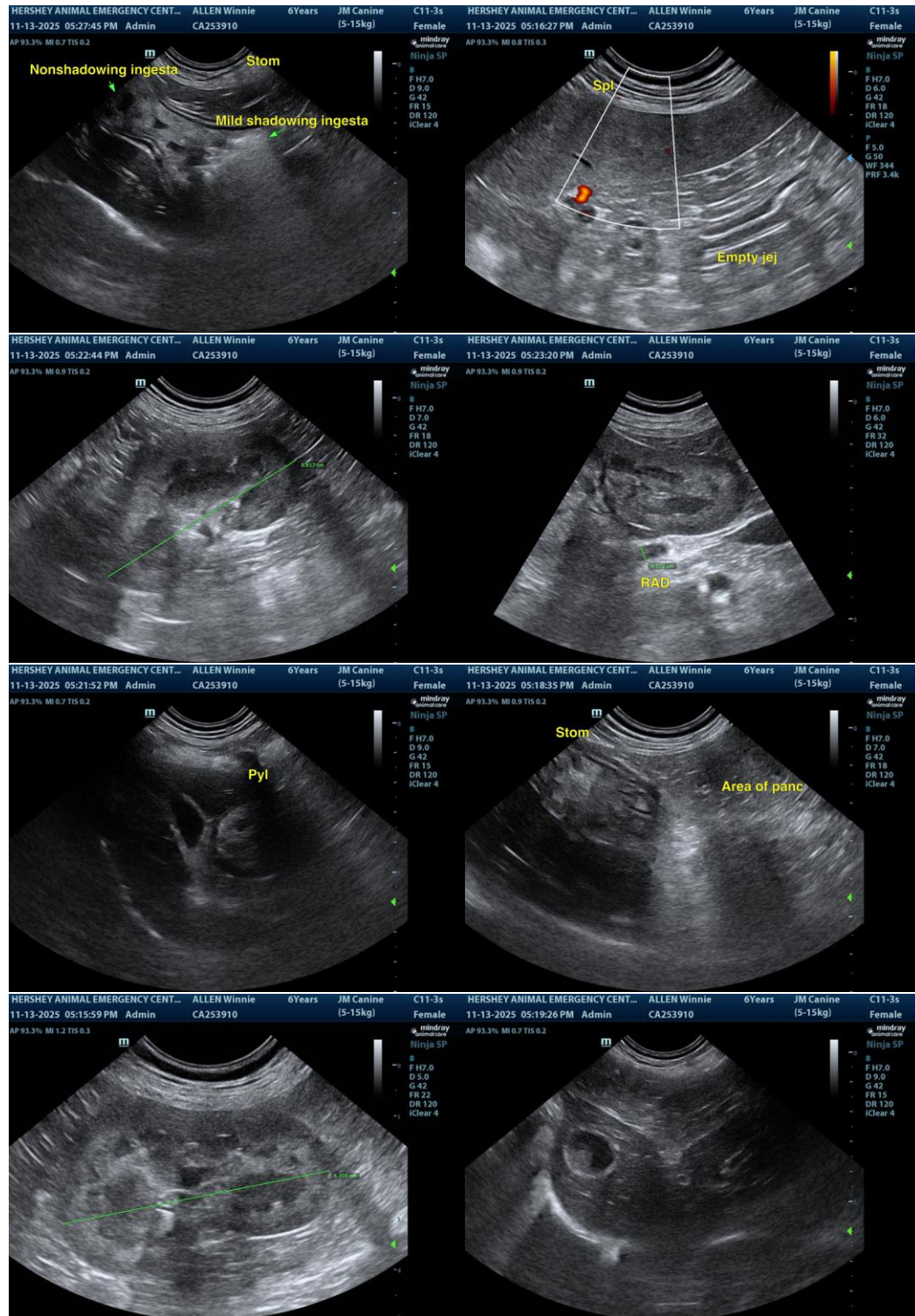
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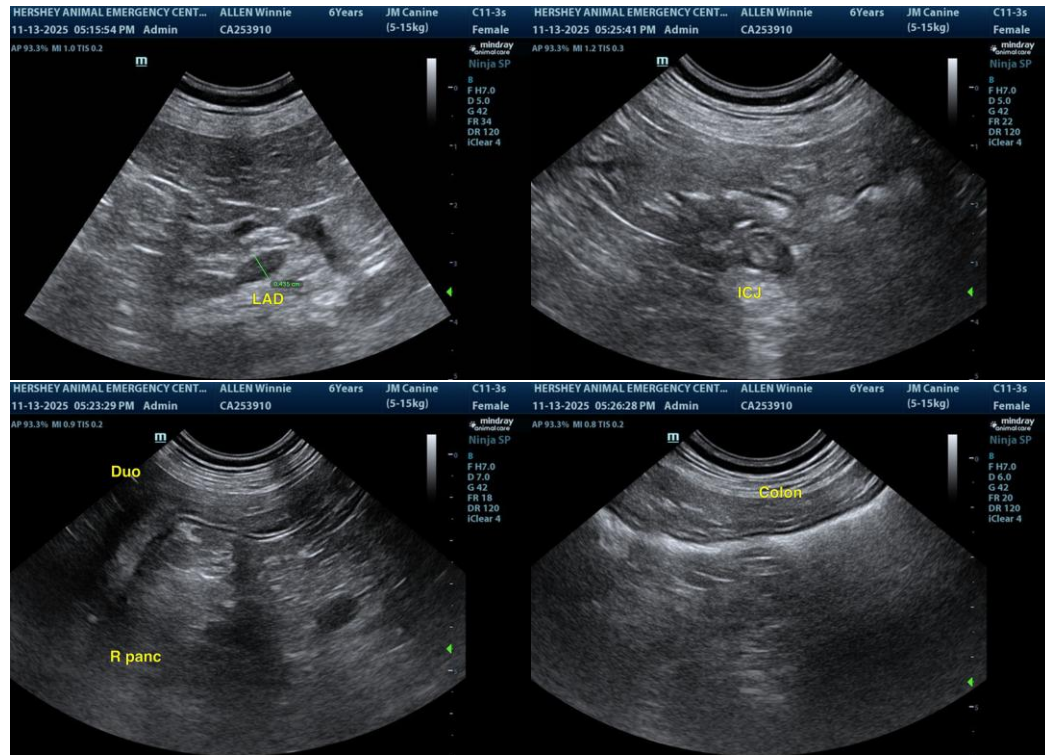
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)