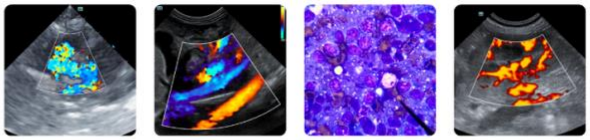


PATIENT

Maddie Ward

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

44.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12439

DATE

11/24/25

PRESENTING CLINICAL SIGNS

P initially presented 11/23 AM for loss of appetite and vomiting for a few days. -Was vomiting last week as well but it resolved. -She does eat things she shouldn't. -P not eating normally since Mon. R nephrectomy 7/25 due to renal carcinoma Was at rDVM Monday (11/17) to check kidney levels - Values higher than before surgery in July but was doing well post operatively until that time. SQ fluids given and O was sent home to admin SQ fluids as well Scheduled for AUS with LVS in December BW showed progressive azotemia and anemia but radiologist concerned for possible intestinal obstruction. O declined hosp w/AUS and elected outpatient care. P given SQ fluids, SQ Cerenia and SQ famotidine and returned for repeat 10hr fasting abd xrays 11/23 PM PE abnorm: BCS 6/9 11/23 AM diagnostics: CBC - RBC 4.61 (L), HCT 30.6 (L), MCH 32.3 (L0, MCHC 48.7 (L), Basophils 0.38 (H), MPV 13.7 (H) Chem15 - Creatinine 2.7 (H), BUN 35 (H), Phos 7.2 (H), ALP <10 (L) EPOC - pO2 62.4 (H), Bicarb 13.0 (L), TCO2 12.7 (L), pH 7.218 (L), BE -14.7 (L), K 5.5 (H), Ca 1.47 (H), BUN 35 (H), Creatinine 3.08 (H), Glucose 130 (H), HCT 29 (L) 11/23 PM intake dx PCV/TP - 36/7.2 EPOC - TCO2 15.6 (L), pH 7.266 (L), BE -10.9 (L), K 5.4 (H), Ca 1.48 (H), BUN 31 (H), Creatinine 3.03 (H), HCT 29 (L) UA - SG 1.014, Protein 500, pH 5.0, Blood 250, RBC 11/HPF, >1 Non-hyaline casts

Abnormal PE/Chem/CBC/UA Results: Repeat rads CONC 1. Mod gastric contents, consistent with normal food ingesta, fluid and/or foreign material. 2. Segmental enteropathy, compatible most likely with small intestinal obstruction 3. Heterogeneous colonic contents, compatible most likely with soft stool, diarrhea, colitis or large bowel disease. 5. No rad signs of pulmonary metastases. 6. Equivocal minor right-sided pleural effusion. This may be artifactual due to rotation 7. Mild incidental gastroesophageal reflux, presumed secondary to decubitus or sedation, less likely an underlying esophagitis. Comments There is particular concern for small intestinal obstruction, likely in the proximal jejunum. Abdominal US is rec for better evaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

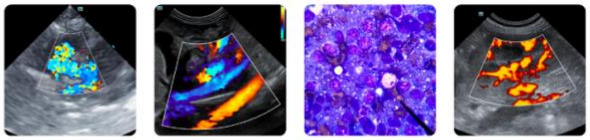
The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. 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. Mild pyelectasia was present. The left kidney measured 7.1 cm in length.

The right kidney was not visualized owing to previous nephrectomy with no obvious pathology in the area of the previous right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland was uniform in



PATIENT

Maddie Ward

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

44.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12439

DATE

11/24/25

size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 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

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

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall layering was present. The stomach was overall nondistended containing mild retained anechoic fluid and lumen gas. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.80 cm width.

The intestinal walls demonstrated generalized intact wall layering and maintained normal wall layer ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild duodenal and segmental jejunal ileus and lumen gas to the level of the colon.

Normal visible colon wall layers were present with nondistended size with lumen gas and subjective semi formed fecal matter.

Pancreas

The right 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

Primary Findings

- Nonspecific gastroenteritis pattern exhibiting mild subjective nonobstructive gastric and segmental intestinal ileus.
- Heterogeneous remodeled pancreas.
- Nonvisualized right kidney- previous nephrectomy.
- Left kidney mild chronic renal changes exhibiting mild pyelectasia.
- Urine sediment.

PATIENT

Maddie Ward

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

44.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12439

DATE

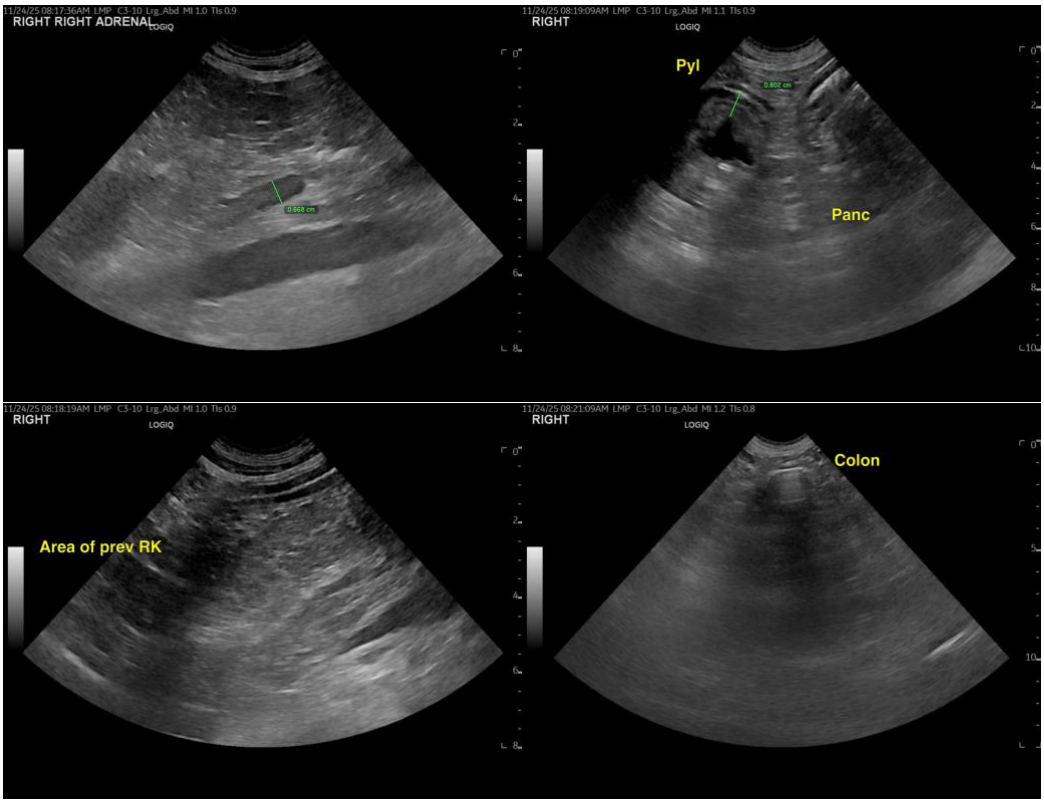
11/24/25

Secondary Findings

- Mild gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of mechanical gastrointestinal obstruction or definitive obstructive foreign material. Given the patient's history, a small amount of nonobstructive to potentially passing intestinal foreign material obscured by gas is not definitively excluded yet thought less likely. No indication for immediate surgical intervention given this presentation. Gastrointestinal and renal support with clinical monitoring and sonographic reassessment if persistent or progressive gastrointestinal signs is recommended. Urine culture and sensitivity on sterile urine sample is indicated if inflammatory sediment on urinalysis.



PATIENT

Maddie Ward

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

44.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

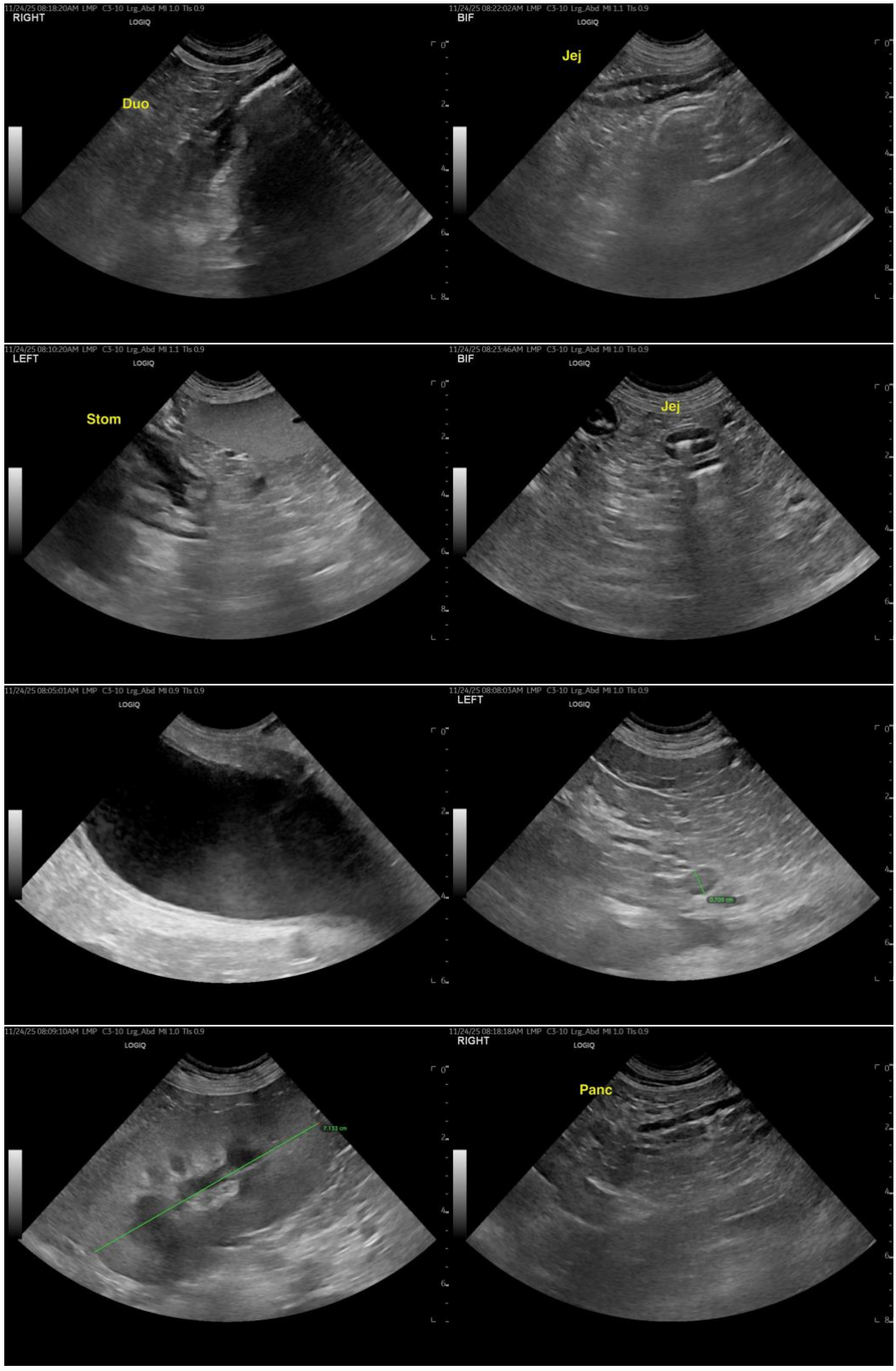
Dr. Shally Gastelu

INVOICE

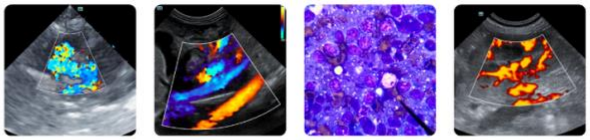
12439

DATE

11/24/25



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Maddie Ward

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

44.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12439

DATE

11/24/25

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