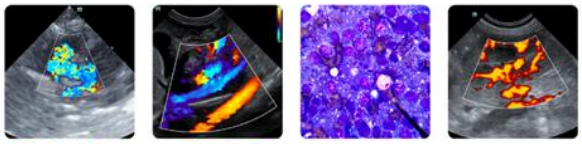


PATIENT

Max Sheatler

SPECIES

Canine

BREED

GSD

SEX

MN

AGE

9yr

WEIGHT

31.9kg

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. Shally Gastelu

INVOICE
23033

DATE
11/24/2025

PRESENTING CLINICAL SIGNS

Vomiting started 11/22 overnight, became all bloody vomit 11/23 morning, melena, chronic weight loss and skin issues

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: Mucous membranes pink/tacky, CRT 2-3s, minimal tartar/gingival erythema, sublingual clear Cardiovascular: No murmurs/arrhythmias, pulses snappy/synchronous Abdominal: Soft and compliant with no abnormalities or pain on palpation, rectal: melena Integ: chronic skin changes - alopecia, erythema, thickened and lichenified skin, decreased skin turgor, live fleas present M/s: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, generalized cachexia Intake: EPOC: glu 162 H, BUN 27 H, lactate 4.97 H, pH 7.298 L PCV/TS: 56%/6 Rads: subjectively thickened stomach, overall decreased detail (suspect from poor BCS), mild diffuse gas in intestines NIBP: 135/96 (106) CBC: WBC 28.45K H, neut. 23.54K H, immature neut. 1.48K H, lymph 0.67K L, mono 2.74K H Chem: BUN 32 H, ALT 203 H

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 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 emerging to mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

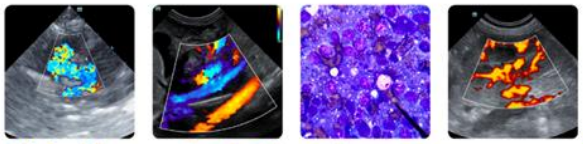
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented significant to variably thickened wall, exhibiting intact to regional indistinct gastric mural detail. The stomach contained retained fluid and a mild amount of mild irregular, variably echogenic to progressively shadowing ingesta, extending into area of the pyloric outflow. The ventral gastric body wall measured 1.3 cm; the ventral pylorus wall measured 1.4 cm in width.

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

Normal visible colon wall layers were present with semi formed to possible soft feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

Mild regional perigastric non-uniform hyperechoic omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significantly thickened stomach containing retained fluid and nonspecific ingesta
- Mild non-uniform hyperechoic perigastric omentum
- Sonographically unremarkable empty small intestine
- Normal area of pancreas.
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate to significant gastritis, infectious disease, gastric neoplasia, gastric non-obvious to micro-ulceration in conjunction with melena and a small amount of potential fluid absorbing foreign material or metabolic gastric ileus with retained ingesta possible. No sonographic evidence of small intestinal mural pathology or obstructive pattern. Upper gastrointestinal endoscopy is strongly recommended for further clarification, assessment of the gastric interior and potential for biopsies. Alternatively, laparotomy with gross inspection of the gastrointestinal tract, gastric biopsies and potential gastrotomy should be considered. Broad spectrum gastroprotectants and gastrointestinal support, documented 12-hour fast and sonographic monitoring of the stomach for evidence of persistent retained ingesta / stasis or gastric emptying would be more conservative.

Occult Addison's disease considered less likely given normal adrenal presentation, a screening cortisol level may be considered.

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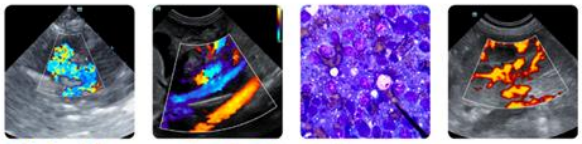

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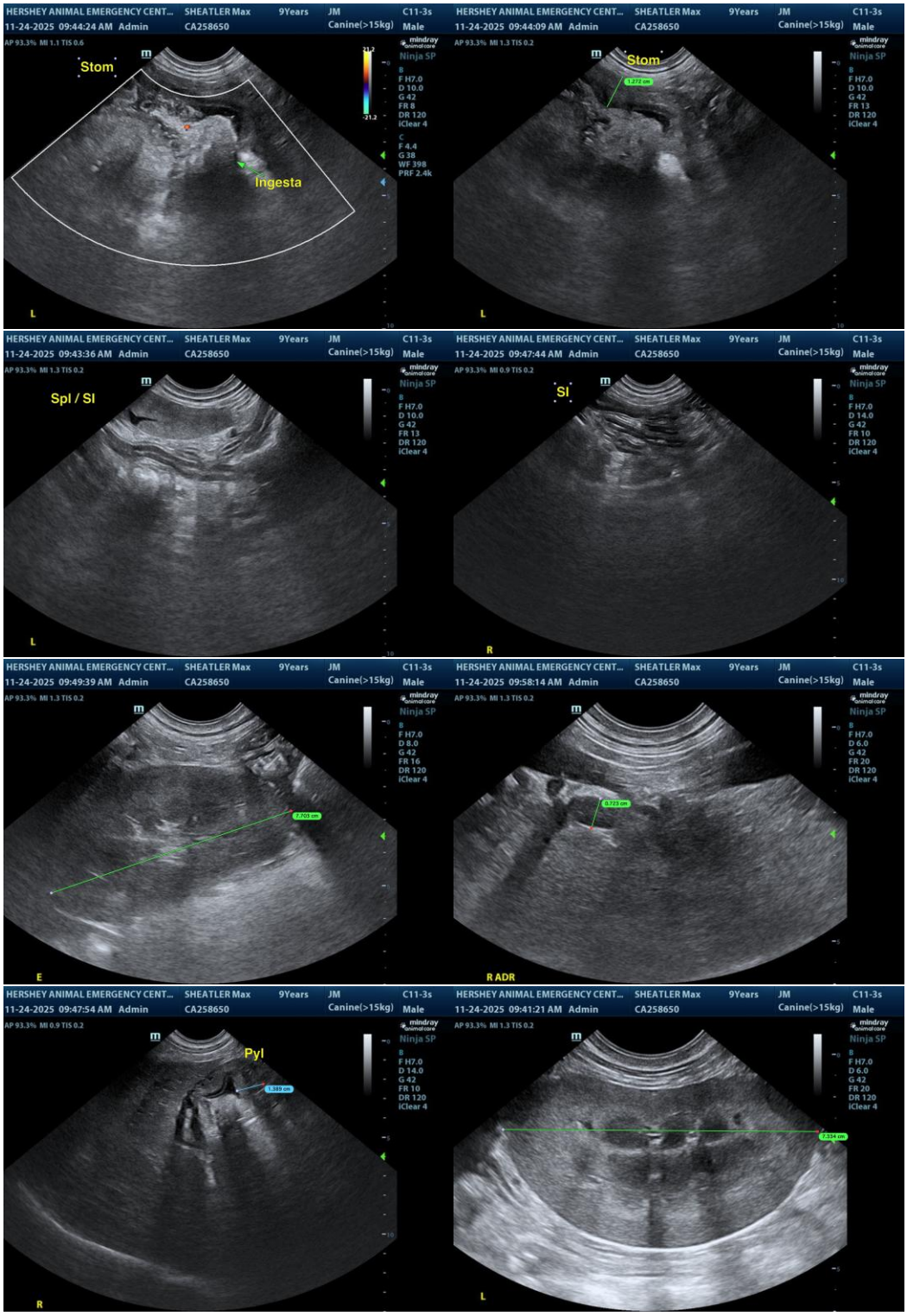

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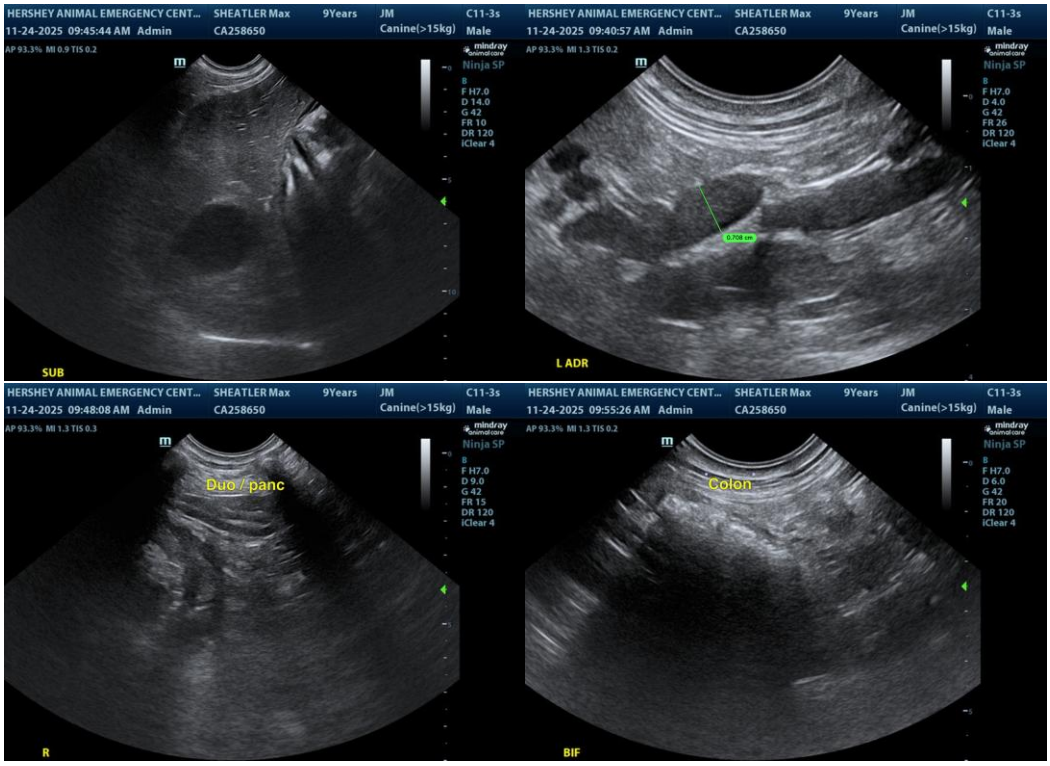

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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