



PATIENT

Panda Geling

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

5mo

WEIGHT

15.7kg

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

23047

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Vomiting starting yesterday morning, contained small amounts of cardboard. Dull mentation. Radiographs last night concerning for foreign material +/- obstruction. SQ cerenia and fluids given last night, rechecked this morning for repeat fasted radiographs. Radiographs revealed colitis. PE: pink, tacky mm, CRT < 2, dull mentation, Abdominal: Soft and compliant, uncomfortable on caudal abdominal palpation, rectal: large amount of gas and liquid, afterwards flatulence noted and liquid diarrhea

Abnormal PE/Chem/CBC/UA Results: Rads: The liver is normal. The spleen is normal. The visible urinary tract is normal. The stomach contains a mild amount of gas that redistributes appropriately with patient positioning. There is no gastric distention or foreign material. The sm intestine is normal in size and distribution with no focal dilation or foreign material. The previously noted asymmetric small intestine distention has resolved. The colon is gas-filled. The abd detail is appropriate for the age of the patient. There is no abd distention or mass effect. The included thorax is unremarkable. Parvo: negative CBC: WBC 27.28K H, neut. 25.08K H, imma neut. 0.83K H, lymph 0.89K L Chem15+lytes: tbili 2.7 H, GGT 6 H, ALP 496 H, ALT (diluted but then < 60 - likely too high to read) Ammonia: 291 H Pancreatic lipase: 41 N

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 mild non-dependent particulate sediment. 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 6.5 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and 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 0.37 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 0.63 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.



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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 mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

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

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

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy- non-specific acute hepatitis (viral, bacterial, leptospirosis, toxin) non-obstructive cholestasis, vacuolar changes, hyperplasia, or combination possible, occult hepatic neoplasia considered unlikely
- Mild gallbladder debris
- Acute gastroenterocolitis pattern with hypomotile stomach
- Mildly non-homogenous hypoechoic right pancreas- patient variant, reactive changes, low-grade inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal pattern, current overt foreign material, or intrahepatic / extrahepatic macroscopic shunt criteria. Further assessment of the liver may include assuming normal



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clotting status, FNA cytology +/- leptospirosis titer/ PCR. Hepatogastrointestinal support with clinical monitoring and as needed sonographic reassessment if continued progressive gastrointestinal signs or hepatopathy is recommended.

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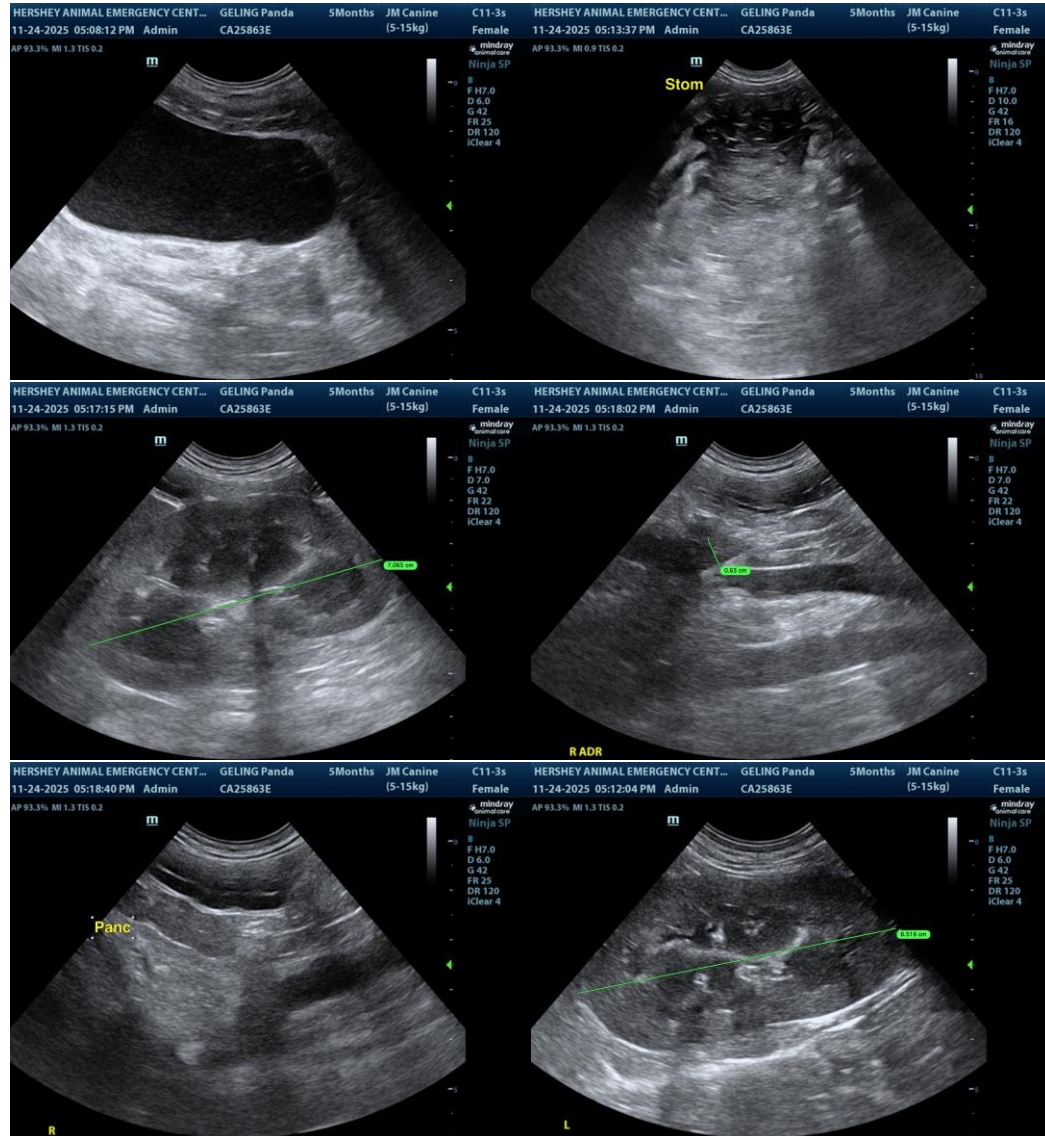
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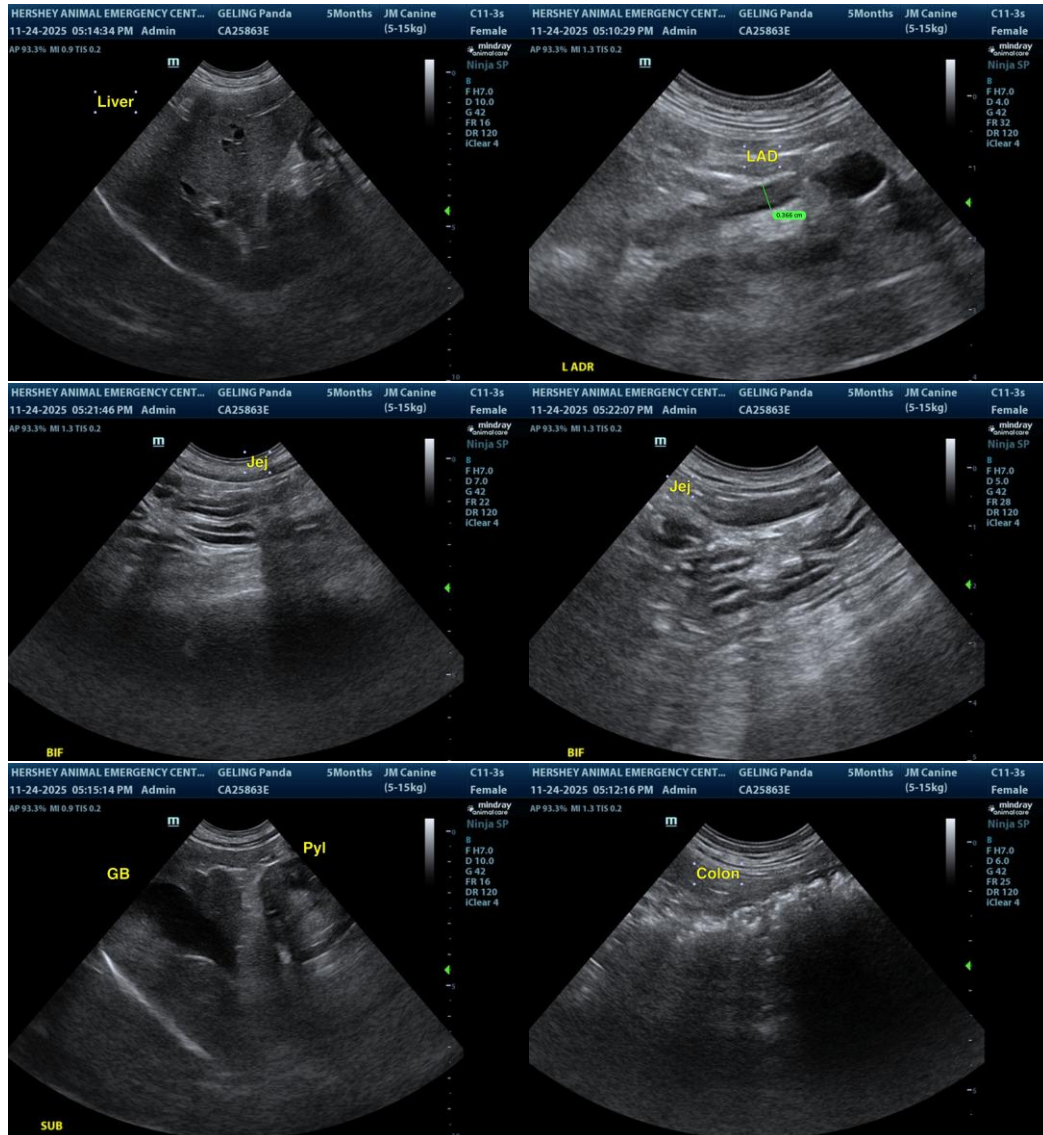
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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