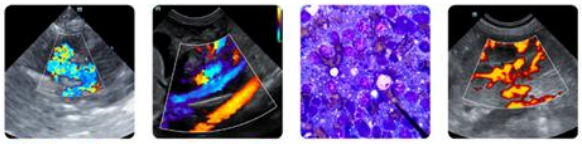


PATIENT
Chimay Freeman

SPECIES
Canine

BREED
Pitbull

SEX
FS

AGE
10.5yr

WEIGHT
34kg

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
23061

DATE
11/25/2025

PRESENTING CLINICAL SIGNS

Presented to HAEC on 11/22/25 for vomiting and a decreased appetite. She has a history of foreign body surgery 6 years ago and passed another foreign body after IVF and supportive care 2 years ago. PE: EENT/oral: pink moist mm, crt <2s, moderate periodontal disease and attrition Abd: Slightly tense, large bladder, urinated on palpation U/G: Hooded vulva w/ perivalvar moisture QAR, no v/r, severe liquid diarrhea, no interest in food (ate some baby food earlier in shift)/water 11/23 Day:8a EPOC: Glu 129 H, NSF PCV/TS: 50/7.2 Pancreatic lipase: 521 H 11/23 ON: PCV/TS: 48%/6.4 clear EPOC: Glu 125 (H) BP: 10p- 167/114(127) 12a- 167/109(116) 2a- 154/100(112) 4a- 174/108(117) 6a- 148/81(92) 11/24 Day: PCV/TS: 45/6.1 EPOC: NSF 11/25 ON: PCV/TS: 46%/5.4 clear EPOC: pO2 58.4 (H) cSO2 92.2 (H) pCO2 26.1 (L) pH 7.471 (H) Glu 147 (H) HCT 35 (L) USG: 1.004 BP: 8p- 164/99(1115) 2a- 150/105(114) 5a- 160/106(116) CBC: Reticulocytes 9.4 (L) Neutrophils 0.10 (L) Monocytes 4.02 (H) Eosinophils 0.00 (L) In-vue: Reticulocytes 9.4 (L) Immature Neutrophils 7.0% Neutrophils 4.20 (n) Immature Neutrophils 0.48 Lymphocytes 0.53 (L) Monocytes 1.59 (H) Eosinophils 0.09 (n) Albumin: 2.6 (n) POCUS: Scant to mild free fluid around in caudal abdomen and around bladder; further investigation performed and revealed severely fluid dilated intestines with no forward motion present

Abnormal PE/Chem/CBC/UA Results: UA: USG 1.006, pH 9.0, Protein 100, Bld 250, WBC 40/HPF, RBC >50/HPF, Non-squamous epi cells 1-2/HPF Rads Mild abd effusion–mesenteric reaction which could be secondary to enteritis-gastroenteritis and/or pancreatitis. Enterocolitis-gastroenteritis which could be secondary to pancreatitis, dietary indiscretion, inflammatory–infectious, toxic or related to systemic diseases. Segmental small intestinal distention: These changes could be secondary to severe enterocolitis and pancreatitis with functional ileus, however partial mechanical obstruction cannot be excluded in this study. COMMENTS: If the patient remains stable, consider continued supportive treatment with IV fluids and follow-up abdominal radiographs after verified fasting in approximately 4 hours to reassess the small intestines.

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.

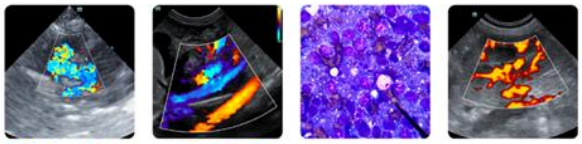
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The are of the left adrenal gland was free of obvious pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole.

Spleen



PATIENT

Chimay Freeman

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10.5yr

WEIGHT

34kg

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
23061

DATE
11/25/2025

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 presented normal to borderline enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach contained retained echogenic fluid and a strongly shadowing echo, consistent with foreign body measuring ~ 4 cm in diameter.

The small intestine presented intact wall exhibiting segmental evidence of intestinal inflammation. Moderate to variable fluid dilated intestinal segments with subjective oral / aboral fluid movement were present with concurrent primarily empty small intestinal segments with mild segmental non-shadowing chyme.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt significant lymphadenopathy or peritoneal effusion was present.

Generalized omental hyperechogenicity present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile mildly thickened stomach containing retained fluid and strongly shadowing lumen echo /foreign body
- Diffuse acute enteritis pattern exhibiting segmental fluid dilated intestinal segments with oral / aboral fluid movement, concurrent primarily empty intestinal segments with minor non-shadowing chyme
- Semi-formed to soft fecal matter and colon
- Hypoechoic liver
- Generalized hyperechoic omentum

Secondary

- Age-related renal changes

PATIENT

Chimay Freeman

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10.5yr

WEIGHT

34kg

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

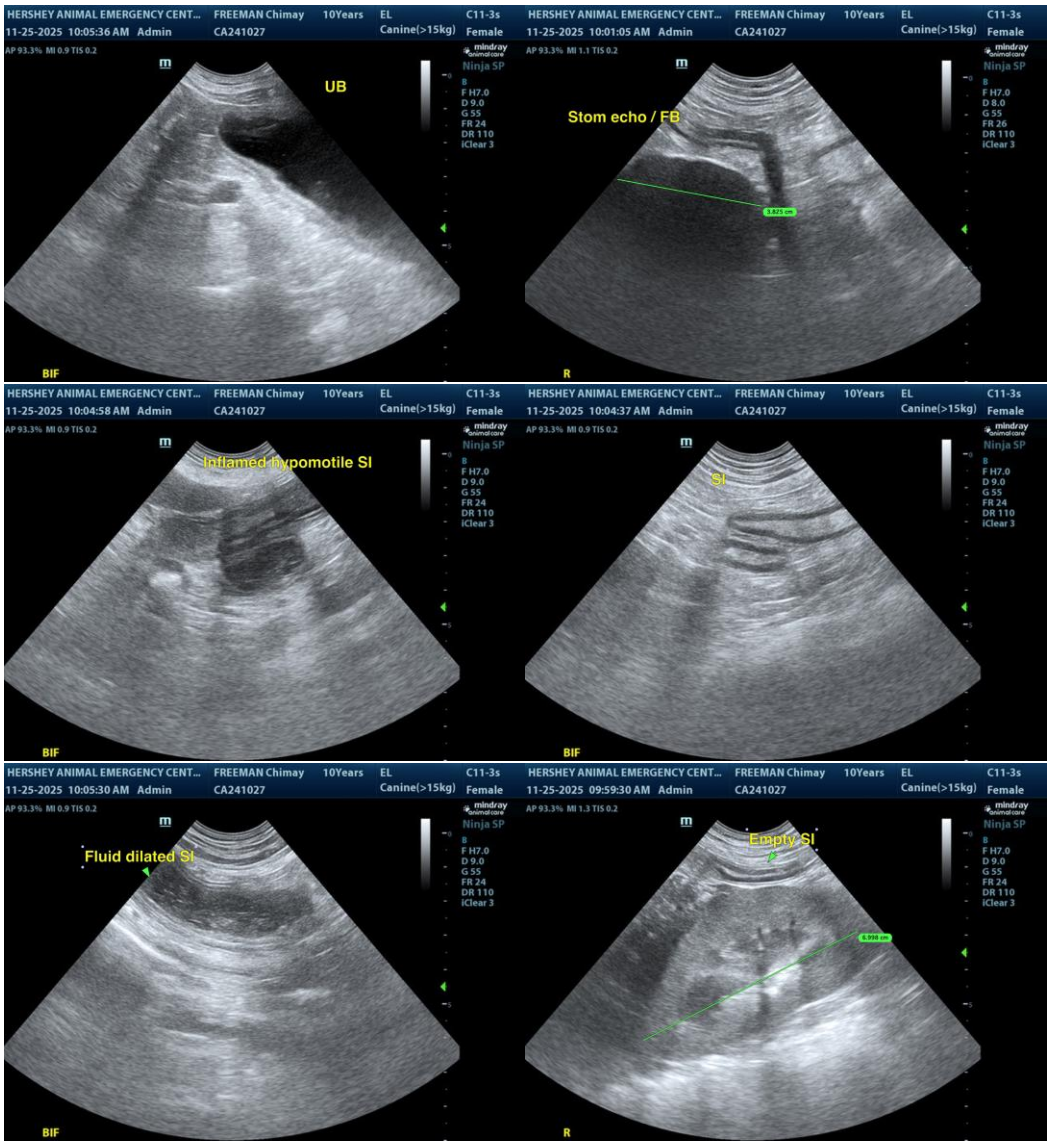
INVOICE
23061

DATE
11/25/2025

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of intestinal mechanical obstruction i.e. foreign body, stricture given previous history of intestinal surgery, mass etc. was not definitively visualized, however given evidence of gastric foreign body, non-visualized mechanical intestinal obstruction as evidenced by fluid dilated intestinal segments combined with primarily empty intestinal segments is suspected. Occult or emerging gastrointestinal neoplastic criteria felt less likely yet not definitively excluded.

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward gastrotomy +/- enterotomy and with gastrointestinal biopsies considered essential despite exploratory findings is recommended. Perioperative antibiotics given potential for emerging peritonitis are warranted. No sonographic evidence of active pancreatitis as a primary clinical player although mild pancreatitis may be obscured owing to omental artifact or present sonographically unremarkable.



PATIENT

Chimay Freeman

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10.5yr

WEIGHT

34kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

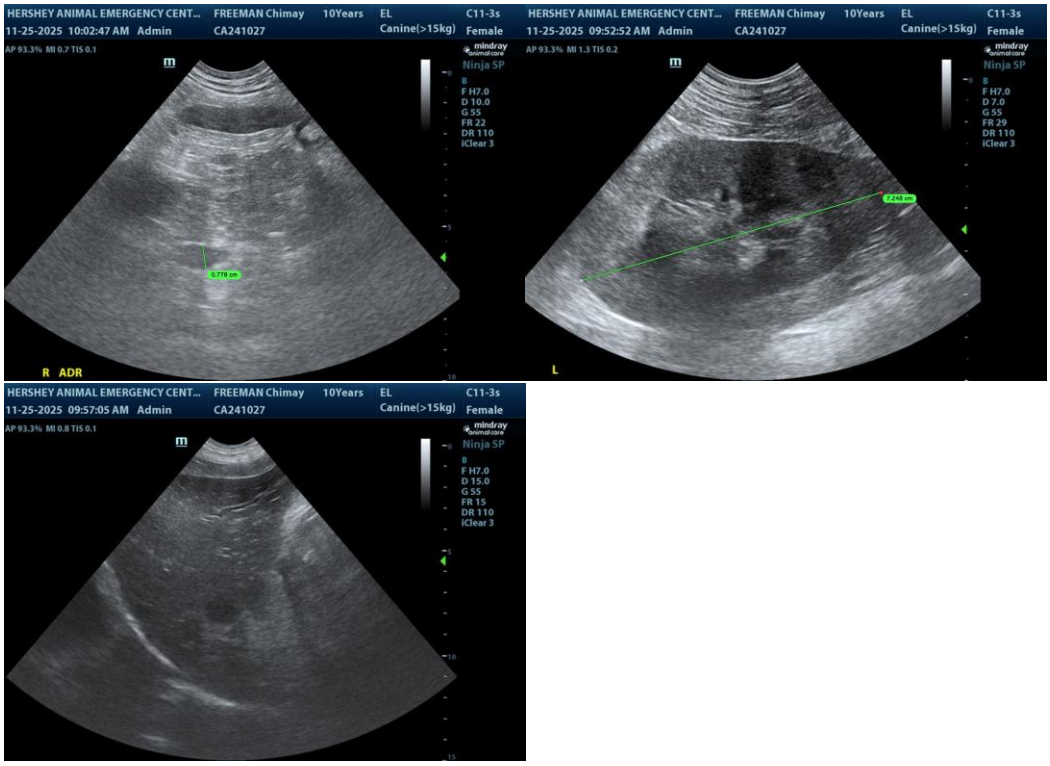
Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE
23061

DATE
11/25/2025



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