



PATIENT

Isabella Allardyce

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

7.1 kg

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. Kimberly Davidson

INVOICE

71523

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Known diabetic, not eating for 2 days, not drinking since last night Cataracts OU, no menace OU, blind Mucous membranes pink/tacky, CRT <2s, severe tartar/gingival erythema, Grade 3/6 heart murmur. No arrhythmias, pulses snappy/synchronous enlarged cranial abdomen and mildly tense on palpation.

Abnormal PE/Chem/CBC/UA Results: BG 487 - blood ketones: 3.7 - EPOC: pH 7.423, pCO2 (29.4, L), BE (-5.2 L), hyponatremia (129 L), hypochloremia (101 L), elevated BUN (29), hyperglycemia (556) - Chemistry: hyperglycemia (537), BUN 30 (H), creatinine 0.6 (N), ALP 298 (H), elevated TBili (1), hypercholesterolemia (366, H) - cPL: 1815 (H) - CBC: immature neutrophillia (0.17), lymphopenia (0.94), HCT 38% - Radiographs: enlarged liver, gas distended stomach and SI, no obvious pneumonia

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. Mild non-dependent particulate 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was noted. Mild increased cortical to corticomedullary echogenicity noted with adequate to mildly enhanced corticomedullary border demarcation. No pyelectasia. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm 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 is enlarged in size with symmetrical rounded contour. Mild non-homogeneous hyperechoic hepatic parenchyma compared to the spleen. Normal volume. No masses or nodules.

The gallbladder was non distended in size with moderate, non-dependent congealed yet non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained anechoic fluid present. No evidence of shadowing content or obstruction to pyloric outflow.

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. Mild duodenal corrugation noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left and right pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and regional peripancreatic to mid/cranial abdominal hyperechoic omentum. No overt evidence of neoplasia.

Free Abdomen

Mild volume peritoneal effusion noted.

No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with regional hyperechoic omentum/peritonitis.
- Hepatopathy exhibiting parenchymal hyperechogenicity – benign criteria i.e., metabolic, vacuolar, or diabetic hepatopathy, inflammatory disease, lipidosis possible.
- Non-obstructive gallbladder debris (non-mucocele).
- Gastroenteritis pattern accentuated by hypomotile gastroduodenitis.
- Mild chronic renal changes.
- Normal adrenal glands.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with supportive care for diabetic ketoacidosis and pancreatitis with concurrent hepatogastrointestinal support and close clinical monitoring indicated.

Urinary workup to correlate with mild azotemia, including culture and sensitivity, assuming glucosuria, is recommended. Abdominal effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory component, to assess for septic peritonitis is suggested. Sonographic reassessment indicated if progressive clinical signs or peritoneal effusion.



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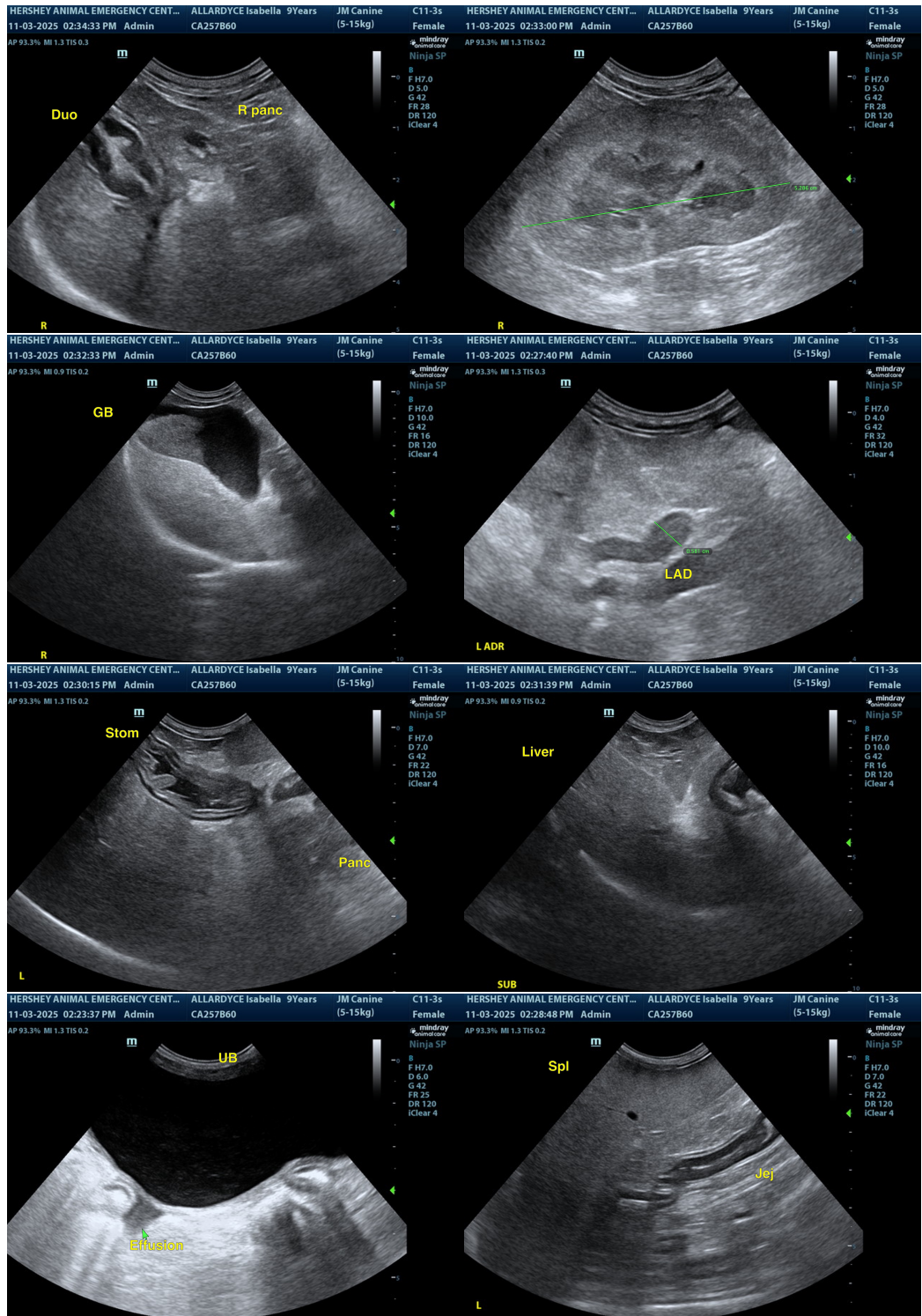
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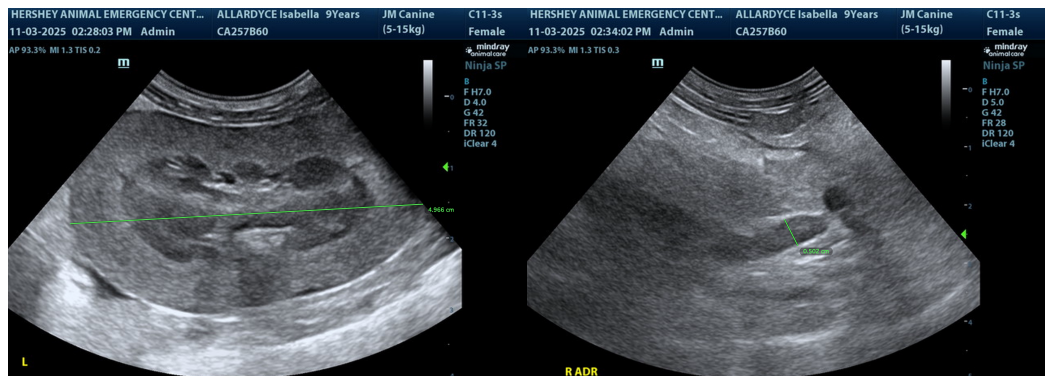
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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