



PATIENT

Axel Landis

SPECIES

Canine

BREED

Doberman

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

35.9 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

12046

DATE

11/04/25

PRESENTING CLINICAL SIGNS

History of diarrhea - none present today Ate a lot of grass earlier today Gave pet Cerenia today. Did not vomit Normal dinner tonight, with extra cottage cheese. Previous Splenectomy, pexy done

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: Mucous membranes pink/moist, CRT 4s, minimal tartar/gingival erythema, sublingual clear, aerophagia - gulping Abdominal: Soft and compliant with lots of palpable gas throughout intestines Integument: Normal skin/haircoat, no evidence of ectoparasites; slightly prolonged skin tent 6-8% dehydration CBC: RBC 5.18 (L) HCT 35.0 (L) Hemoglobin 12.2 (L) Lymphocytes 0.90 (L) PDW 8.9 (L) EPOC: pO2 75.0 (H) cSO2 96.0 (H) pCO2 26.3 (L) pH 7.463 (H) Na 129 (L) Chloride 133 (H) Anion gap <-10 (L) HCT 27 (L) Chem15: Unremarkable Radiographs: Marked gas distension of stomach; gastric lumen contains significant heterogenous material. Mild, uniform gas throughout small intestine; no evidence of clear obstruction.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.5 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized potentially owing to previously noted subnormal to flattened adrenal presentation.

The right adrenal gland was indistinctly visualized exhibiting subjective mild subnormal size, symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. No evidence of pathology in the area of the splenic fossa.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The visible stomach wall was normal and nonthickened in appearance. The stomach contained Variably echogenic shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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 ileus, obstruction or foreign material.

Normal intact visible colon wall. The colon was overall subjective nondistended containing formed to shadowing fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

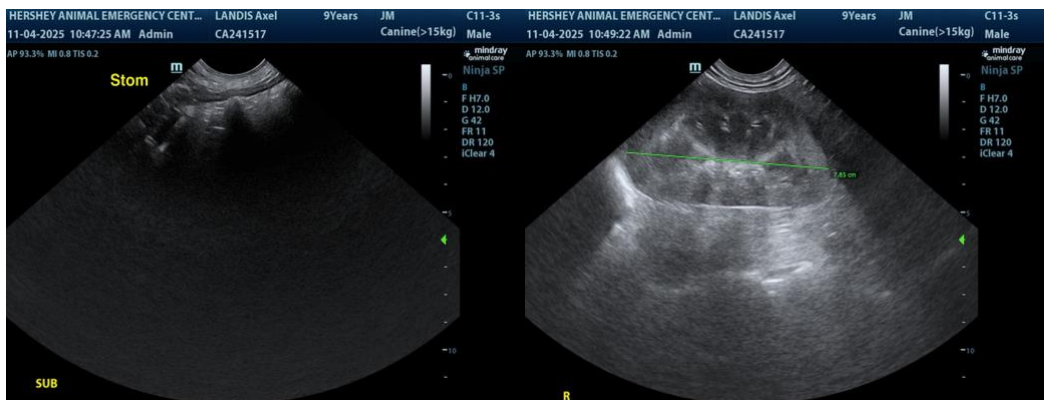
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with progressively shadowing gastric ingesta.
- Nonvisualized spleen- previous splenectomy.
- Normal area of pancreas.
- Subjective flattened to subnormal right adrenal gland- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing gastric ingesta may indicate dense food echogenicity although potential for intermixed foreign material given patient's history of grass eating, is not excluded. If not post prandial presentation, documented 12 hour fast and radiographic or sonographic monitoring for gastric emptying is indicated. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for nonstructural or occult disease is recommended. If normal gastric emptying, dietary trial with a novel protein or hydrolyzed diet, high colony count probiotics such as Provable, empirical deworming, cobalamin supplementation pending assessment of cobalamin level and gastroprotectants may prove beneficial.





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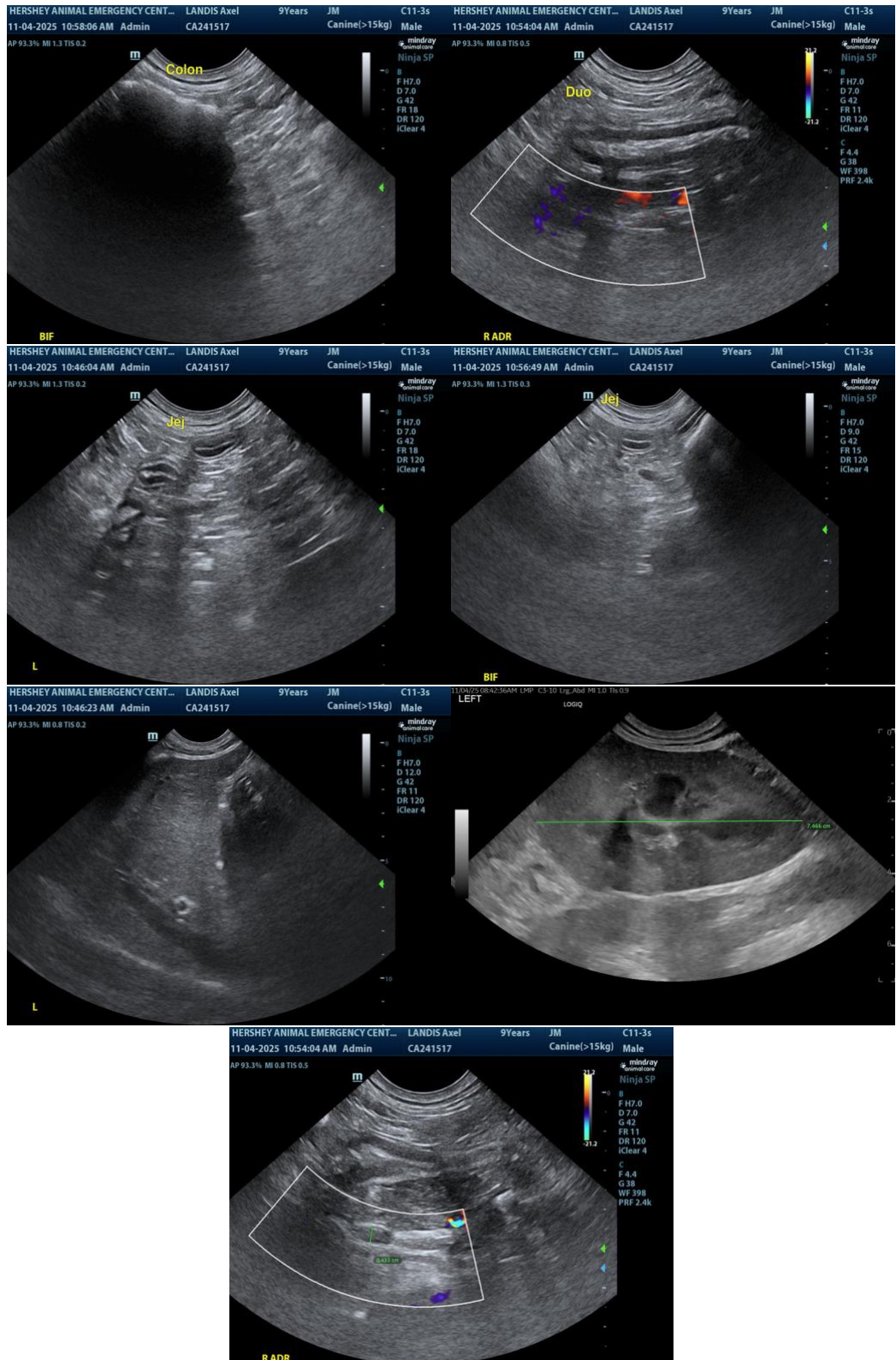
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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