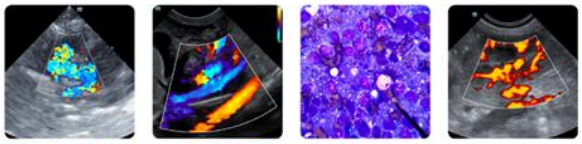


PATIENT

James Hurst

SPECIES

Canine

BREED

Border Terrier

SEX

MN

AGE

12yr

WEIGHT

9.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE
22864

DATE
11/6/2025

PRESENTING CLINICAL SIGNS

2 day history vomiting. Started clavamox orally for an anal gland infection (dx by Hershire rDVM) the same day. Has taken clavamox before with no reported issues. NS OU, Mucous membranes pink/hypersalivation, sinus arrhythmia, very nauseated by abdominal palpation and regurgitated on palpation, slightly prolonged skin tenting, tremoring and anxious

Abnormal PE/Chem/CBC/UA Results: CBC -- HCT 49.2%, WBC 23.67K, Neut 18.11K, Mono 2.24K, Chem -- ALT 259 EPOC -- HCT 51% Pancreatic lipase -- <30 Radiographs -- The abdominal serosal detail remains good. The stomach contains a mild volume of gas and fluid but remains of normal shape and size. The small intestines are mildly prominent containing fluid/ingesta and a mild volume of gas. The colon contains formed feces. The gastrointestinal tract remains within normal limits for size. The liver, spleen, kidneys, bladder are of normal appearance. The musculoskeletal structures are unremarkable. Summary: -No segmental distention of small intestines or gastric dilatation observed. - No masses appreciated. NiBP -- 144/106 (113)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 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 3.8 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

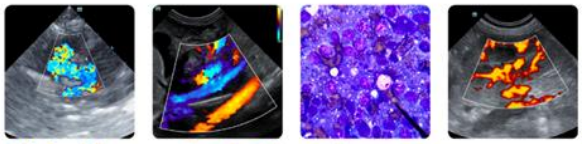
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.41 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



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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 non-distended in size with thin walls and non-organized, variably congealed primarily gravity dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented thickened, edematous wall with indistinct mural detail. The stomach was overall non-distended, containing variably echogenic, non-shadowing ingesta and mild gas. No evidence of obstruction to pyloric outflow. The ventral gastric body wall measured 0.75 cm in width. The pylorus measured 0.60 cm in width.

The small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing distal intestine ingesta without obstructive pattern to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

Mild perigastric hyperechoic reactive omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute inflamed to edematous, mildly hypomotile stomach with mild retained non-shadowing gastric ingesta.
- Sonographically normal small intestine with generalized empty small intestine lumen, mild non-shadowing segmental non-obstructive distal small intestine ingesta
- Normal colon containing formed fecal matter.
- Mild perigastric reactive omentum
- Sonographically normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern with the gastric and segmental mild distal small intestinal ingesta not consistent with classically shadowing foreign material. Technically a small amount of passing distal small intestine fluid absorbing material cannot be definitively excluded. No indication for immediate surgical intervention without obstructive pattern. Acute gastritis is probable with concurrent gastric edema. Minor potential for emerging to occult gastric neoplasia is thought less likely. Gastrointestinal support indicated with clinical monitoring and sonographic reassessment if

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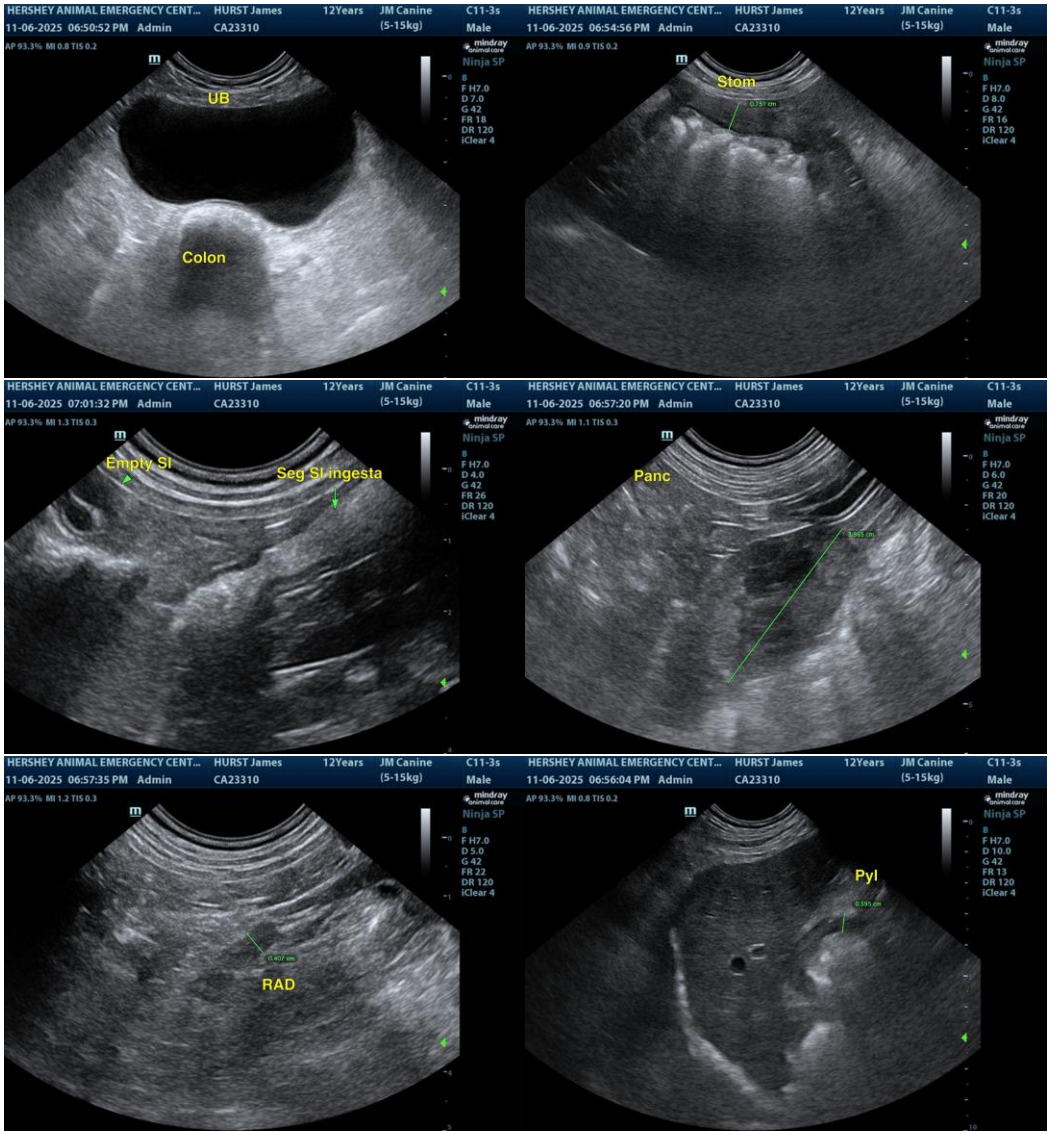
continue to progressive gastrointestinal signs.



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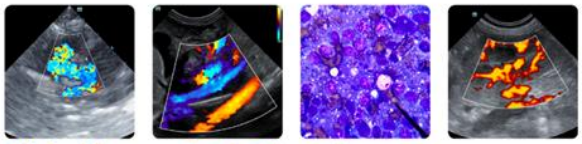

Clinical Sonography & Telecytology
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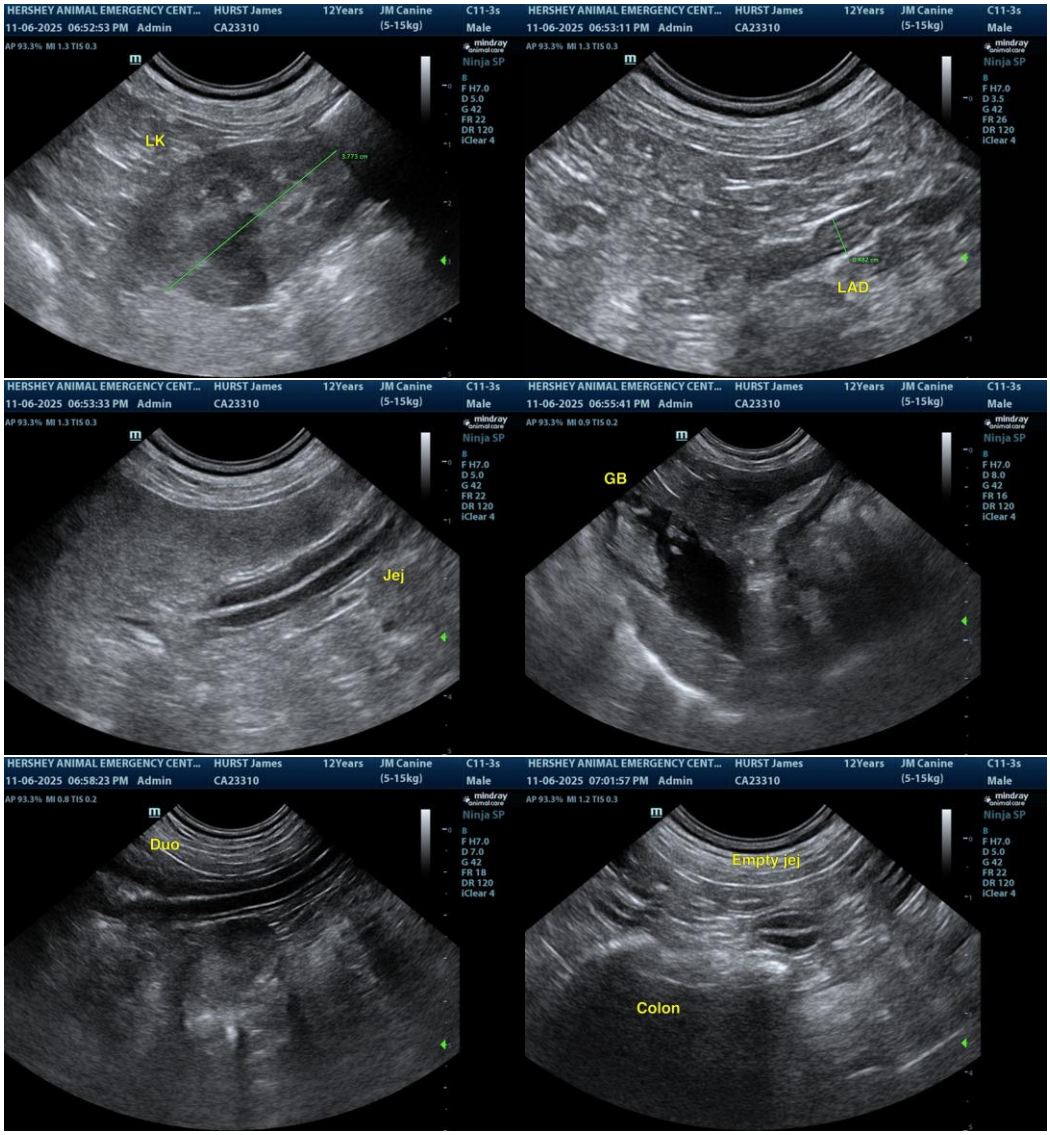

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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