



PATIENT

Shayla Mylin

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

7.5yr

WEIGHT

38.1kg

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. Victoria Orlando

INVOICE

22863

DATE

11/06/2025

PRESENTING CLINICAL SIGNS

Past two days progressive nauseous and dull with decreased appetite. Hx mast cell tumors (high grade w/ narrow margins) Nausea Inappetence Non-regenerative anemia (historic but improved) Dull mentation Nauseous Uncomfortable upon abdominal palpation but abdomen palpates soft

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 36.3 (L) Chem: ALP <10 (L) EPOC: K 3.4 (L), HCT 34 (L) Radiographs: Mild bridging spondylosis of lumbar/thoracic spine, stool present in colon

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 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 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.54 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

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was overall non-distended containing a mild amount of non-shadowing fluid and chyme.

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.

Normal visible colon wall layers were present with segmental to generalized soft to non-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal spleen
- Non-specific gastroenteritis pattern with mild non-obstructive gastrointestinal ileus and soft to non-formed fecal matter in colon
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal primary or metastatic neoplastic criteria or mechanical gastrointestinal obstructive pattern. Dietary indiscretion/ intolerance, infectious disease, enterotoxin, acute non-specific inflammatory bowel, low-grade pancreatitis which may present sonographically normal, occult parasitism, occult Addison's disease, less likely occult gastrointestinal neoplasia possible. Supportive care for non-specific gastroenteritis is recommended with clinical monitoring. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease may be considered if clinically indicated.

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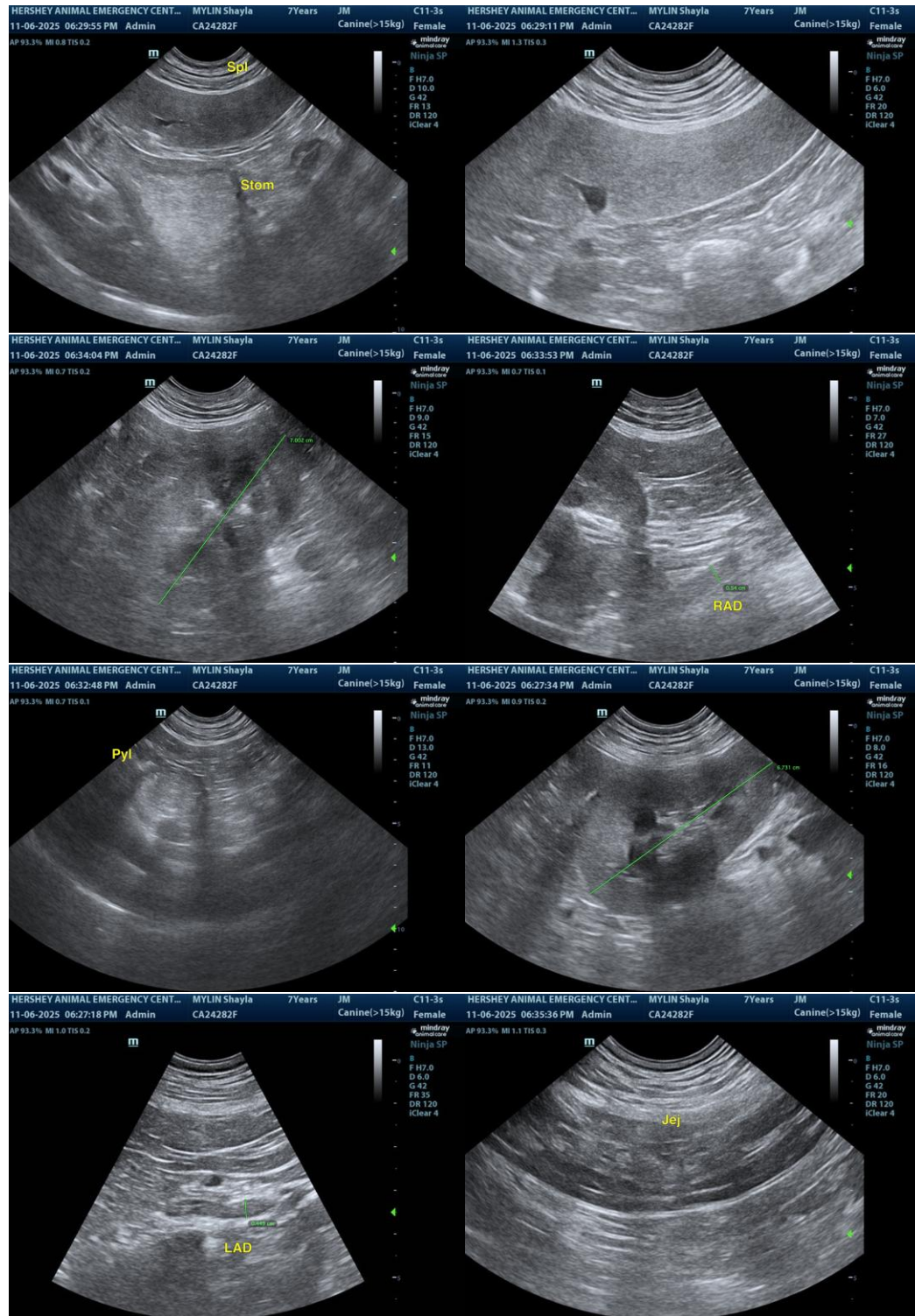
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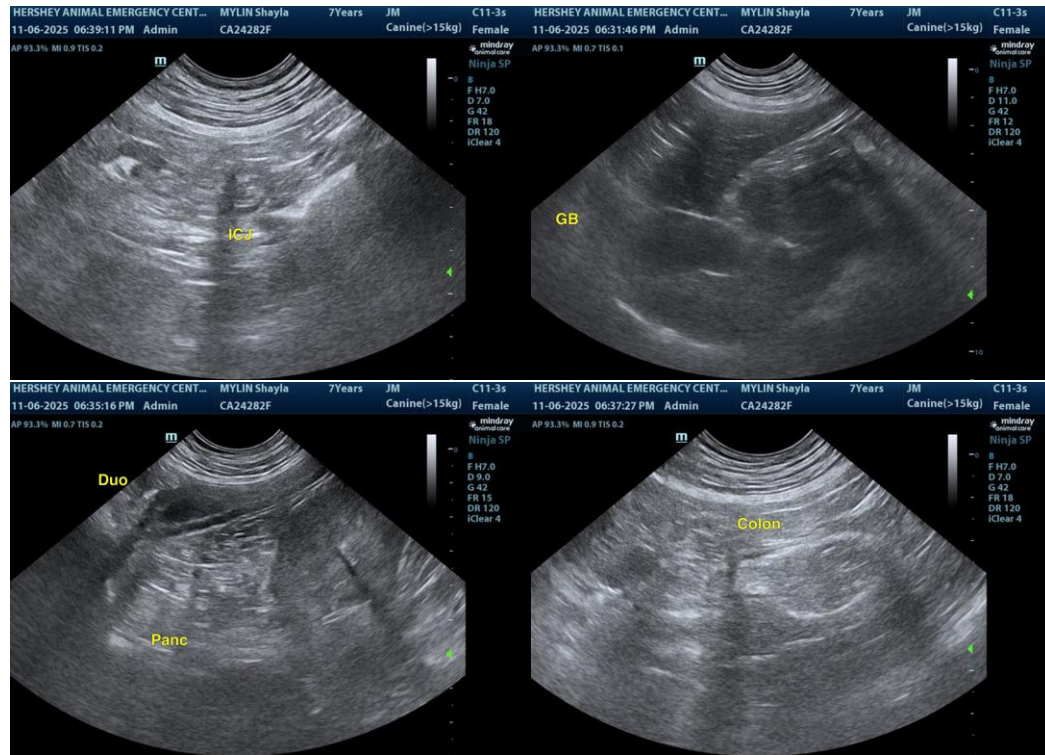
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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