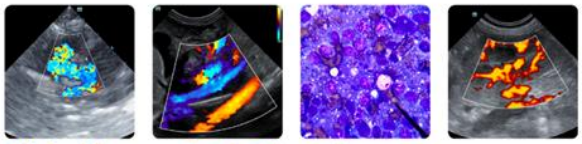


PATIENT

Chelsea Mease

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

6yr

WEIGHT

30.2kg

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
22885

DATE
11/08/2025

PRESENTING CLINICAL SIGNS

Presented 11/05 for evaluation of hypersalivation. Full workup WNL. Treated outpatient for gastroenteritis. Represented 11/7 for similar signs (hypersalivation, decreased appetite) but now having diarrhea. Very large full stomach on xrays. Hx of seizures. Current meds: Pheno Metronidazole Apoquel Ondansetron Cereni Endosorb PE: Slight hypersalivation Comfortable on deep abdominal palpation

Abnormal PE/Chem/CBC/UA Results: 11/6: Catalyst pancreatic lipase: 59 (N) Chem: WNL CBC: RBC 8.95 (H), NSF Rads: mild inflammation of the stomach and small intestines, otherwise unremarkable 11/8: CBC: RBC 7.22, Retic 5.8 (L), NSF EPOC: WNL

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 6.1 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

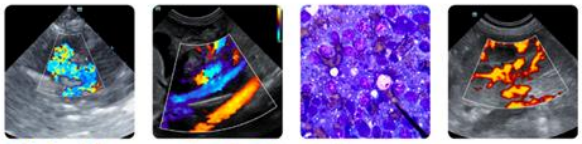
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width 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.



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Gastrointestinal

The visualized stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with variably echogenic non-shadowing ingesta in the area of the pylorus with progressive to strongly shadowing ingesta present in the gastric body measuring ~ 5 cm in diameter. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty small intestine lumen with mild segmental non-shadowing ingesta without obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with semi 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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Distended stomach with nonshadowing to primarily strong shadowing content
- Normal small intestine with mild segmental nonshadowing ingesta - no obstructive pattern
- Semi formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming patient is inappetent or fasted, the gastric content is consistent with foreign material mixed with ingesta. Correlation with most recent meal ingestion. Laparotomy with gastric evacuation indicated if documented NPO. Hospitalization with 12-18 hour fast, IV fluid and GI support with radiographic / sonographic monitoring for gastric emptying would be a conservative approach.

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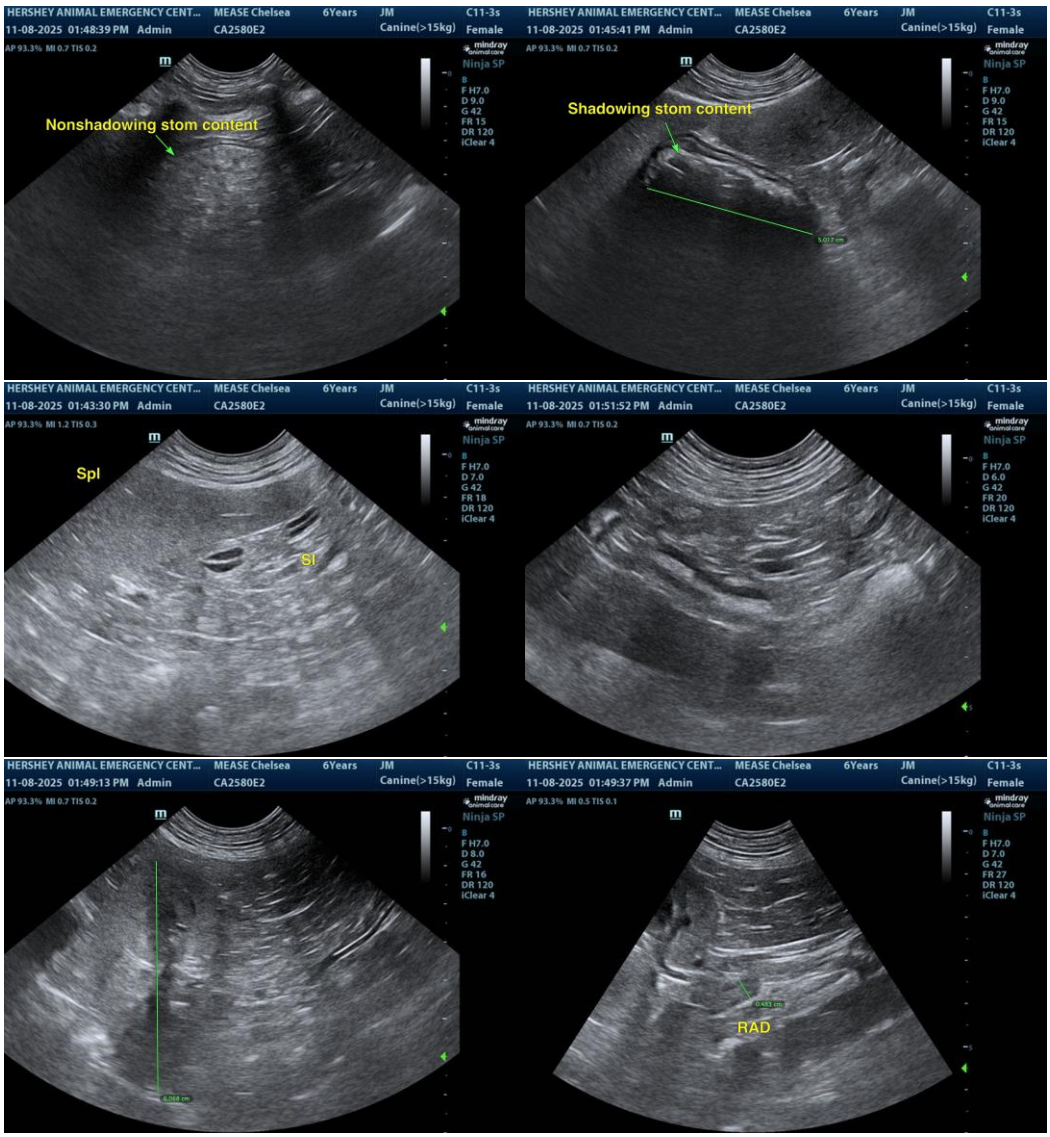

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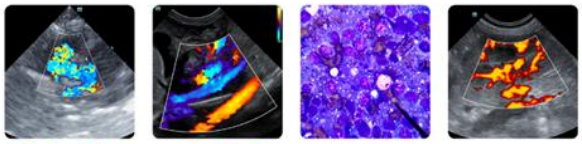

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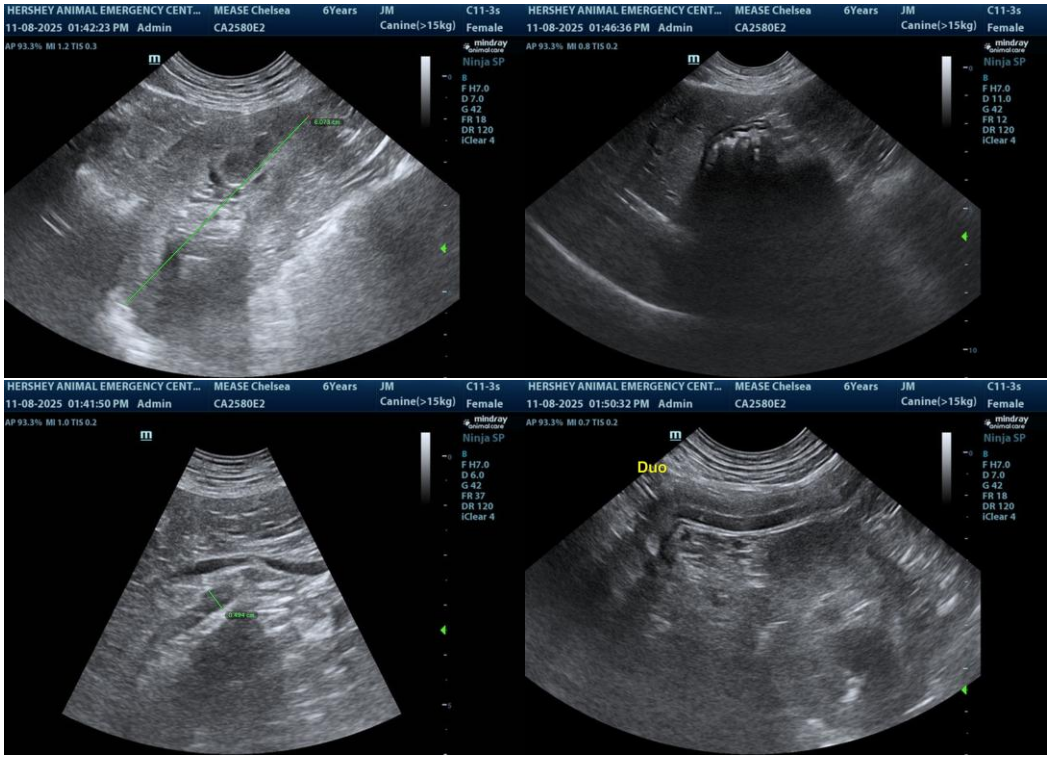

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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