



PATIENT

Lucy Lucas

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

10yr

WEIGHT

16.1kg

PRESENTING CLINICAL SIGNS

Acute onset lethargy since 2025-11-30 (Sunday) - Anorexia since 2025-11-30; not eating treats, turkey, cheese, or lunch meat - Vomiting noted since 2025-11-30; episodes related to drinking water, one event in car - Polydipsia since 2025-11-30; drinking excessively - No defecation since 2025-11-30; previously normal stool, later straining with no output - Urination reported to be decreased despite increased drinking - Reported depression and marked lethargy - Previous ear infection; scheduled for follow-up visit 2025-12-19 - Pain medication previously prescribed; difficulty administering, only one dose received - Past diagnostics (2025-11-30, ER visit): - Thoracic radiographs: No significant findings at time - Bloodwork: ALT elevated, concern for liver involvement; records reviewed, no pancreatitis test performed - Concern for pancreatitis and arthritis noted by prior veterinarian PE: Oral Cavity: Mucous membranes pink/tacky to dry, CRT <2s, moderate tartar/gingival erythema Cardiovascular: Tachycardia, No murmurs/arrhythmias, pulses weak Respiratory: Mildly harsh bronchovesicular sounds and possible crackles right ventral field, no wheezes, mild increase in RR/RE Abdominal: Tense, moderately painful on palpation Musculoskeletal: Ambulatory x 4 limbs, mild lameness left front limb, PROM x 4 limbs WNL

Abnormal PE/Chem/CBC/UA Results: Diagnostics at Rossmoyne ER 11/30/25: Chem: ALT 404 H, ALP >993 H, Amylase 1584 H, GGT 14, Creat 1.3, BUN 20.7, Phos 4.4 EPOC: Lactate 5.4 H CBC: Lymph 0.08K L, Eos 0.03K L 4DX: Negative for Heartworm, Lyme, Ehrlichia, Anaplasma Diagnostics at HAEC 12/2/25: SPO2: 99% Blood pressure: 112/64 (mean 74) EPOC: Creatinine 14.12 H, BUN 119 H, Lactate 3.36 H, Glucose 208 H, pH 7.350 L, BE -5.5 L, Sodium 132 L, Chloride 105 L, Calcium 0.8 L CBC: Reticulocyte 20.1 L, Chem15: Glucose 192 H, Creatinine didn't read, BUN >130 H, Phos >16.1 H, Calcium 7.8 L, Globulin 4.8 H, ALT 588 H, ALP 1746 H, Tbili 1.5 H, Chol 364 H Catalyst pancreatic lipase: 506 H UA: Pending Witness Lepto: Pending Abdominal/thoracic radiographs, radiologist interpretation: Not yet done

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was collapsed in appearance owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal 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.

IMAGING PERFORMED BY

Lindsay Powell, CVT

Normal size and margination were 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. Bilateral areas of mild medullary mineral were present. The left kidney measured 5.6 cm in length. The right kidney measured 5.9 cm in length.

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole.

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Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple variably sized to coalescing hyperechoic nodules were present throughout the cranial to caudal parenchyma. The capsule was asymmetrical without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. A mid liver indistinctly marginated non-homogenous mildly hyperechoic intraparenchymal mass was present measuring 4.1 cm in diameter. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder edema. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact mildly prominent wall. The lumen of the stomach was primarily empty with minor retained anechoic fluid and no signs obstruction or foreign material.

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. Significant duodenal corrugation was present without obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with segmental non-formed feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy was present.

Mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged hypoechoic liver with non-homogenous intraparenchymal mass
- Sonographically normal gallbladder
- Chronic renal changes exhibiting mild medullary mineral
- Acute gastroenterocolitis pattern accentuated by significant duodenitis



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- Pancreatitis
- Contracted non-distended urinary bladder
- Generalized mild omental hyperechogenicity and mild volume effusion

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Secondary

- Subjective mild volume contracted spleen with multifocal to coalescing myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute nephropathy and hepatopathy criteria is met despite hepatic mass. Infectious disease, toxic insult, occult neoplasia are all potentials. Correlation with pending leptospirosis testing recommended. Assuming normal clotting status, hepatic parenchyma and, if accessible, hepatic mass FNA cytology recommended for further clarification.

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Empirical therapy for acute hepatopathy/ nephropathy in conjunction with supportive care for pancreatitis, including gastrointestinal support with clinical monitoring, pending additional diagnostics would be reasonable. If leptospirosis is ruled out, multicentric hepatogastrointestinal occult neoplasia in conjunction with acute renal failure may be of primary concern. An extremely guarded prognosis is indicated.

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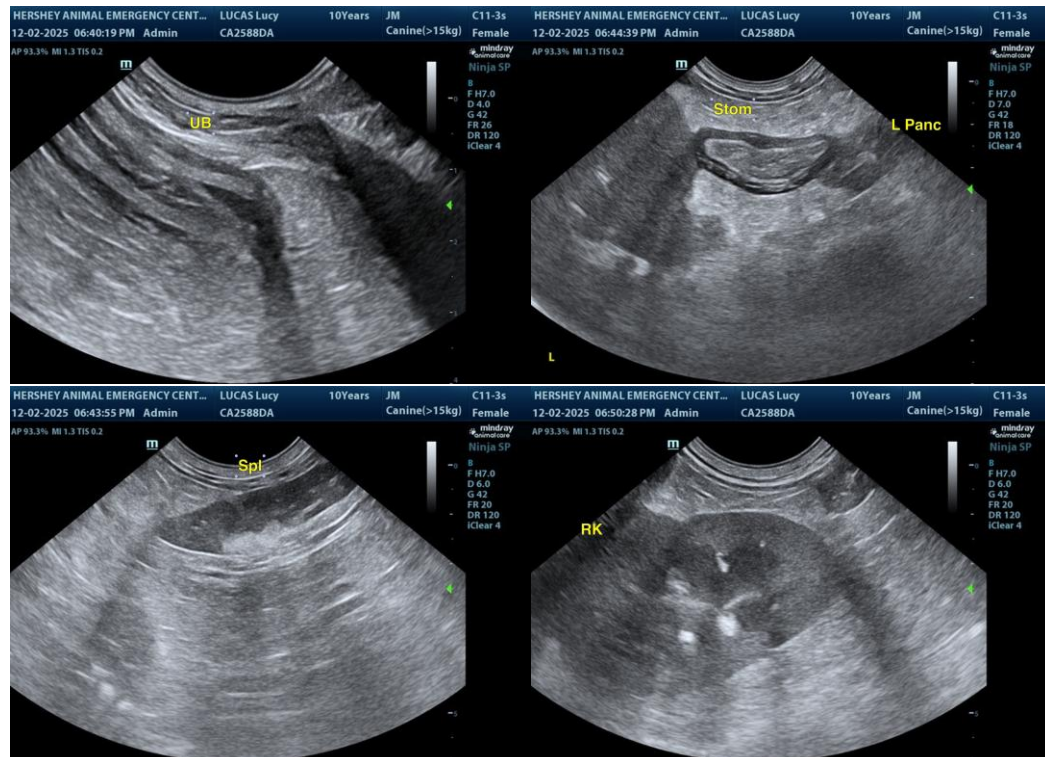
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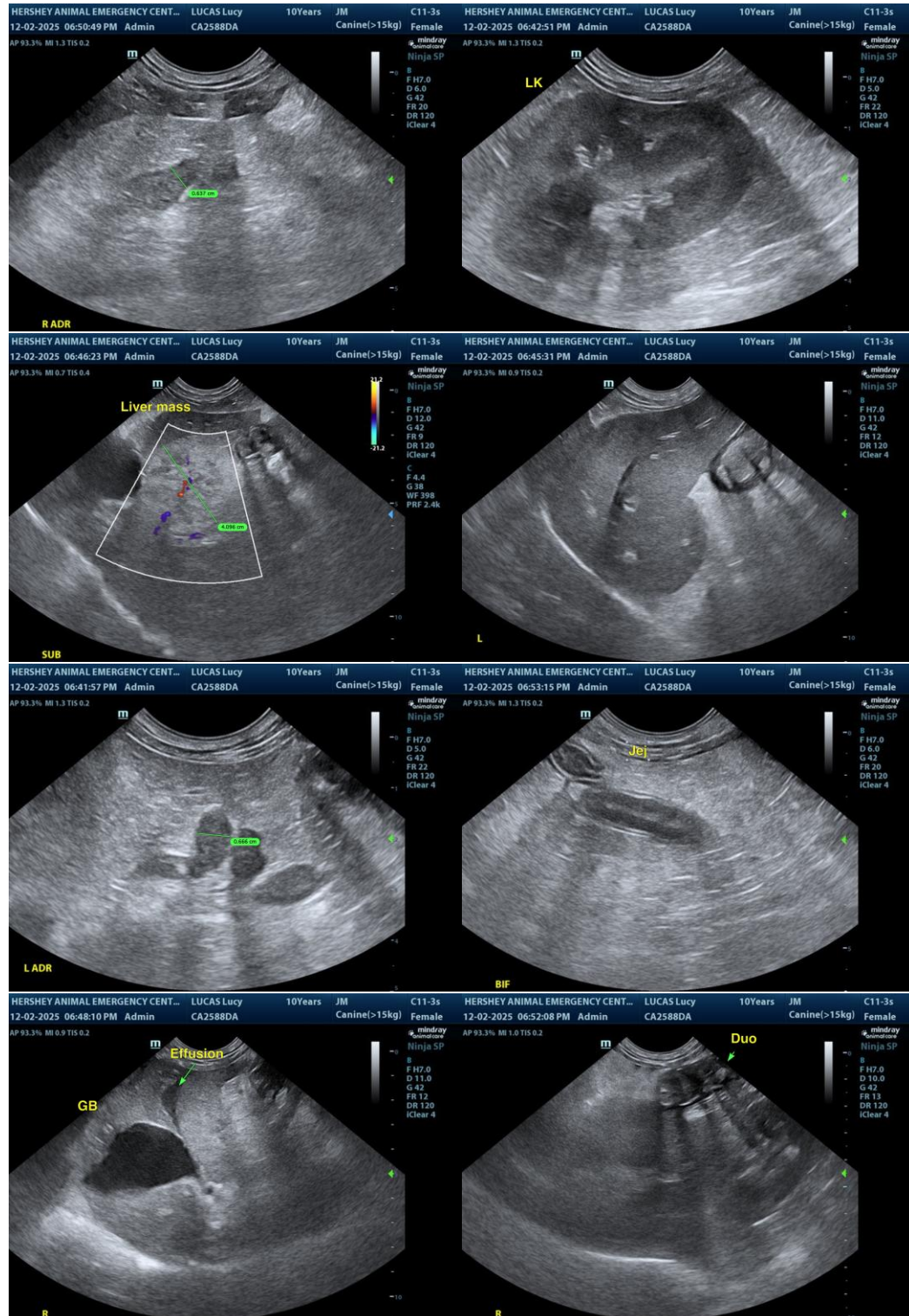
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The information and recommendations provided are based on the images presented by the referring



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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.

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info@sonopath.com

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