



## PATIENT

Max Hubler

## SPECIES

Canine

## BREED

Labrador

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

33.7 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Cara Sinopoli

## INVOICE

12833

## DATE

12/24/25

## PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting/inappetence for month. Hx diabetes (2 years). rDVM diagnostics have been unremarkable with symptomatic treatment not improving symptoms. Recommended hospitalization for AUS Aural hematomas AU Moderate tartar OUC cataracts

Abnormal PE/Chem/CBC/UA Results: Diagnostics from RDVM 12/22/25: CBC: WBC 20.3K H, Neutrophils 17.2K H Chem: Glucose 154 H, ALP 250 H CPL: <30 Diagnostics at triage: Ketones: 1 mmol/L (normal) BG: 330 EPOC: pH (7.554) K (3.0) Cl (96) Glucose (388) U/A: Protein (30) Glucose (1000) Ketones (50) Bilirubin (6) Urobilinogen (12) Culture: Pending Radiographs: No segmental distention of small intestines or gastric dilatation observed. - Intraluminal pinpoint mineral opacities: Likely reflect Dietary indiscretion that is passing through without causing obstruction.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent mildly accumulated mobile moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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

Normal size and margination was 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 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 0.63 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

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented with intact mildly thickened wall owing to mildly prominent to thickened gastric mucosa. The stomach was nondistended containing a mild amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and overall maintained 1:3 muscularis / mucosa ratio. Subjective mildly increased intestinal mural echogenicity. Segmental mild intestinal ileus with intermittent mild segmental to mildly shadowing intestinal content and segmental intestinal gas.

Normal visible colon wall layers were present. The colon was nondistended containing semi formed fecal matter in lumen.

### **Pancreas**

The pancreas was normal in size and contour with heterogeneous mild nonhomogenous hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

## **ULTRASONOGRAPHIC FINDINGS**

- Acute or acute on chronic gastroenteropathy exhibiting nonobstructive gastrointestinal ileus pattern and mild shadowing segmental intestinal content.
- Heterogeneous mildly hyperechoic pancreas.
- Intermittent mild mesenteric lymphadenopathy- subject benign.
- Benign hepatopathy pattern with nonorganized gallbladder debris.
- Normal bilateral kidneys/adrenal glands.
- Urinary bladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel, small amount of nonobstructive to potentially passing foreign material, chronic pancreatitis are all potentials with occult gastrointestinal neoplasia thought less likely yet not excluded. Gastrointestinal support is recommended at this stage with clinical monitoring, stabilization of blood glucose and empirical therapy for ketoacidosis if clinically indicated is suggested. Sonographic reassessment or monitoring of the gastrointestinal tract is indicated if nonresponsive or progressive gastrointestinal signs or evidence of progressive gastrointestinal ileus.



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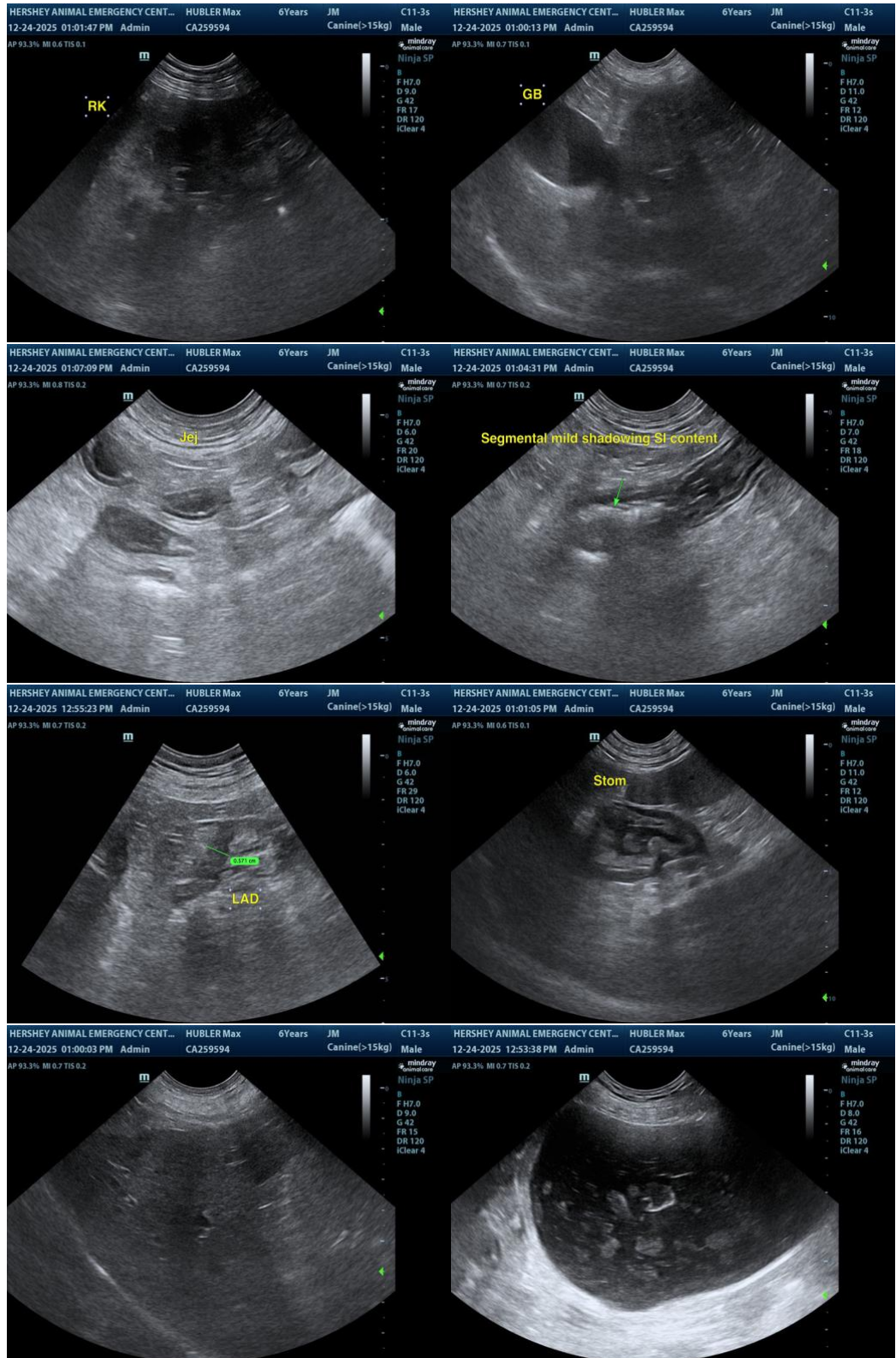
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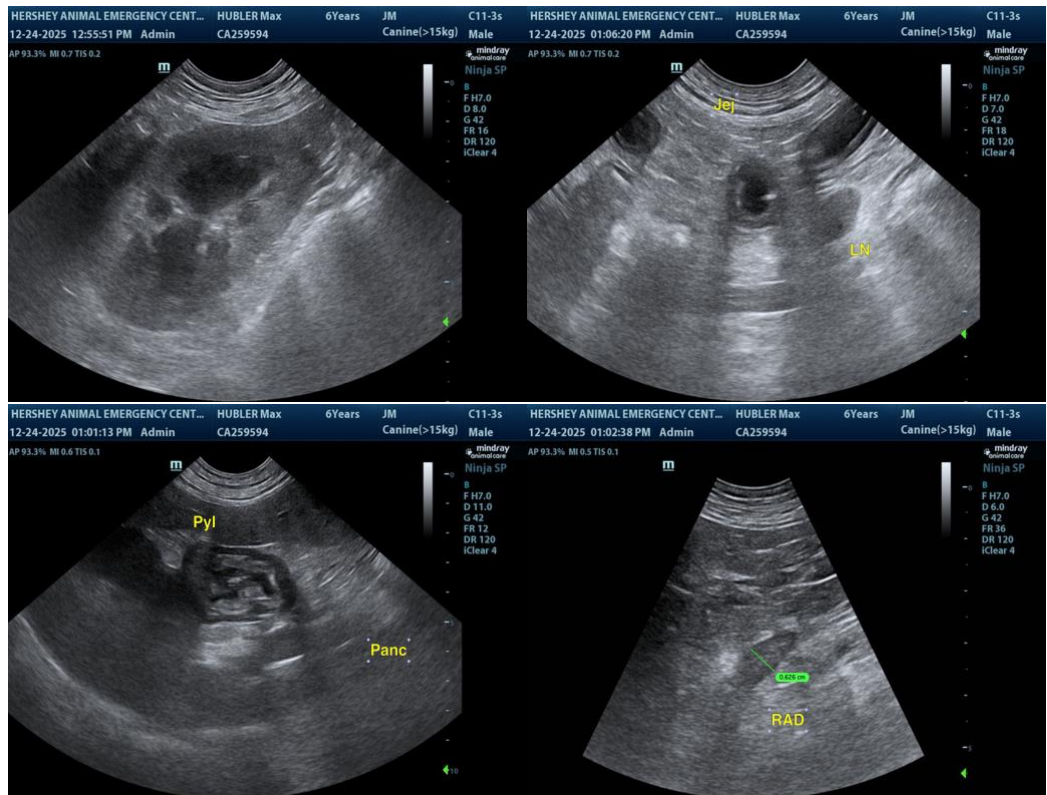
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)