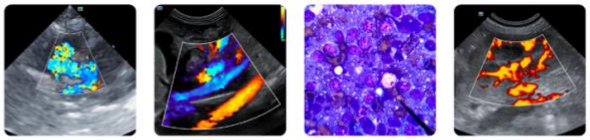


PATIENT

Sidney O'Donnell

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

32.2. kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animl Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

12839

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Vomiting and inappetence since 12/18, no vomiting since 12/24 but continued inappetence. RDVM treated outpatient 12/24 with Cerenia, Famotidine and started Enrofloxacin, Amoxicillin, Omeprazole. Weight loss of 6 lb since June 2025.

Abnormal PE/Chem/CBC/UA Results: Moderately painful on abdominal palpation, cranial organomegaly Slightly icteric sclera OU Diagnostics at RDVM 12/24/25: Chem15: AST 586 H, ALT 1464 H, ALP 1945 H, GGT 60 H, Tbili 1.8 H, Chol 325 H, PSL 754 H CBC: Unremarkable UA: USG 1.010 L, pH 7.5 H GI parasite PCR: negative Diagnostics at HAEC 12/26/25: Chem15: ALT 1826, ALP >2000, GGT 39 H, Tbili 3.2 H, BUN 6 L CBC: Lymphocytes 0.79K L Catalyst pancreatic lipase: 1828 H EPOC: Unremarkable Chest and abdominal radiographs: chest appears unremarkable, loss of serosal detail in abdomen with slightly wispy appearance, radiopaque linear material in stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Mild pyelectasia with mild fluid extending into lateral diverticuli was visualized. The left kidney measured 7.4 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

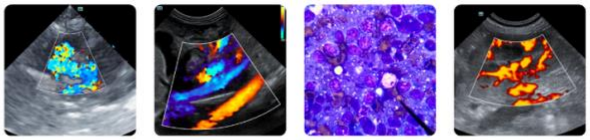
The left and right adrenal glands were not definitively visualized owing to increased periadrenal omental artifact. No definitive pathology visualized in the areas of the adrenal glands.

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 markedly and asymmetrically enlarged with caudal extension of the liver past the level of the gastric axis. Asymmetrical hepatic contour with variable nonhomogenous to hypoechoic hepatic parenchyma.



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The gallbladder was non-distended in size with mildly thickened edematous gallbladder wall. The gallbladder contained anechoic bile with mild congealed bile sediment. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was nondistended and contained echogenic, mild nonshadowing ingesta without signs of 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.

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

Pancreas

The right pancreas presented with mildly prominent size, capsule asymmetry and mild nonhomogenous hypoechoic parenchyma.

Free Abdomen

Mild to moderate volume of mildly echogenic peritoneal effusion was visualized. Generalized mild omental hyperechogenicity. No visualized or obvious significant omental lymphadenopathy as present.

ULTRASONOGRAPHIC FINDINGS

- Marked asymmetrical hepatomegaly with nonhomogenous hyperechoic parenchyma.
- Mild edematous nondistended gallbladder with nonorganized gallbladder debris- not consistent with mature mucocele.
- Suspect mild pancreatitis.
- Mild enteropathy pattern with mild nonshadowing gastric ingesta and nonobstructive mild segmental intestinal ileus.
- Mild to moderate volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute or acute on chronic hepatopathy pattern with considerations including nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), vacuolar hepatopathy, hepatotoxicosis, cholestasis or occult hepatic neoplasia are all potentials. Anaphylaxis thought less likely unless clinical history may suggest anaphylactic event. Further assessment may include (assuming normal clotting status) hepatic FNA cytology, leptospirosis titers/PCR and effusion analysis cytology +/- culture and sensitivity if evidence of inflammatory effusion component. Mild potential for a small amount of nonobstructive gastric foreign material not excluded yet thought less likely. Sonographically, the degree of pancreatitis, if present, did not overtly meet significant active or necrotic pancreatitis as a primary clinical player. Correlation with a GI panel to include PLI, TLI, cobalamin and folate may be considered pending hepatic sampling and effusion analysis.

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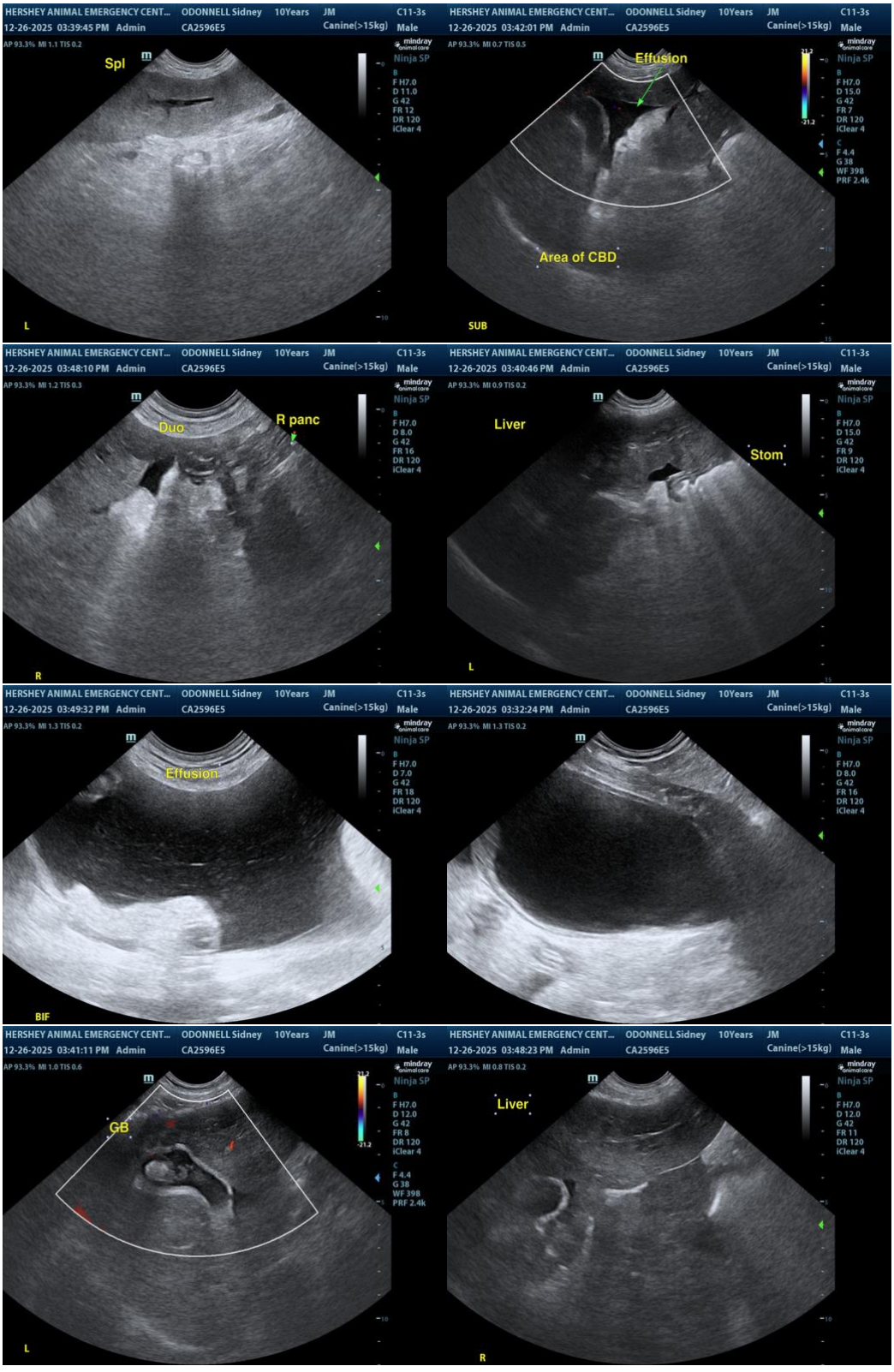

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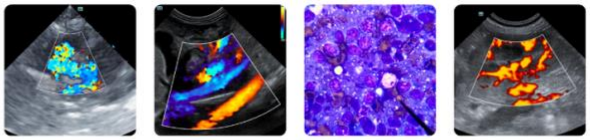

Clinical Sonography & Telecytology
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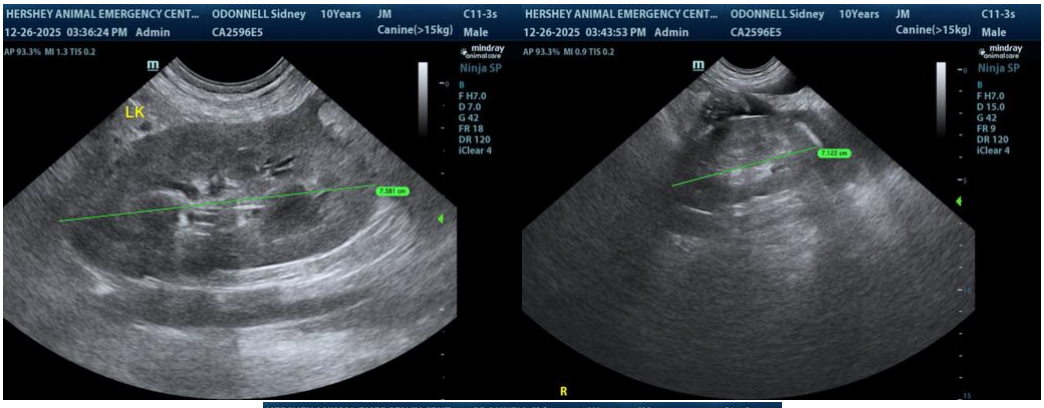

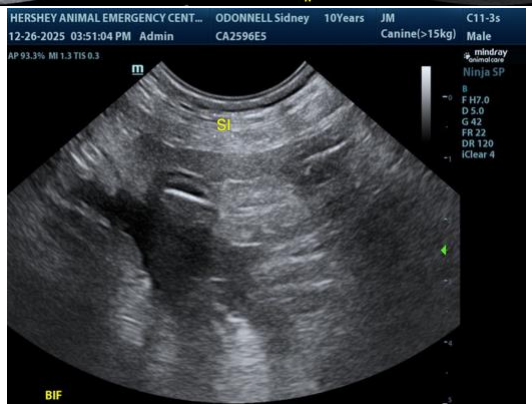

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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