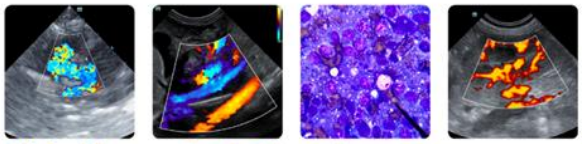


PATIENT

Roger Tunilo

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

8yr

WEIGHT

32.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE
23358

DATE
12/29/2025

PRESENTING CLINICAL SIGNS

Progressive 3 day lethargy and anorexia since sudden onset lethargy Friday afternoon. Following day (Sat) BW revealed marked leukocytosis. Initiated Clavamox and Metronidazole antibiotic therapy with rDVM. No clinical improvement. PE:Marked lethargy, injected mm with 3-4s CRT Lip licking with abdominal palpation

Abnormal PE/Chem/CBC/UA Results: rDVM: 12/27/25 CBC: Hct 45, MCV 59.9 L, MCHC 38.9 H, Retic 12, WBC 1.00 L, Neu 0.03 L, Lym 0.40* L, Mon 0.57, Eos 0, Plt 128 L repeated and confirmed at send out lab Chem: BG 93, Cl 102 L, TP 8.4 H, Glob 4.9 H, ALP 242 H Snap 4dx: negative Quantitative pancreatic lipase: WNL 12/29/25 Snap Parvo: negative Intake HAEC: BP: 156/97 (110) EPOC: Cl 105 L, Na 137 L, Cl 105 L PCV/TS: 50/8.4 CBC: Hct 44.8, WBC 8.09, Neu 0.010* L + bands, Lym 3.53*, Mon 4.43* H, Eos 0.03 L, PLat 76* L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 7.0 cm in length. The right kidney measured 7.7 cm in length.

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

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

Adrenal Glands

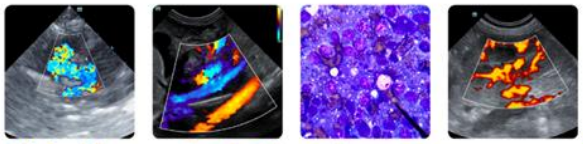
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.75 cm width 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 presented 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



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.9 cm width. Mild gastric distension with primarily anechoic pyloric fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with no lumen dilation.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hepatomegaly, sonographically normal gallbladder.
- Mildly thickened hypomotile stomach with generalized empty small intestine.
- Mildly thickened colon containing soft fecal matter.
- Sonographically normal spleen.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology i.e. neoplastic criteria, abscess, etc. as a definitive cause of the patient's leukocytosis. Mild hypomotile gastritis and colitis is suspected with potential for emerging occult gastrocolic neoplasia not definitively excluded yet thought less likely. Monitoring for potential clinical signs which may suggest boxer colitis is suggested.

The hepatomegaly is sonographically suggestive of benign criteria although assuming normal clotting status, hepatic FNA cytology could be considered to assess for or rule occult pathology or if evidence of progressive hepatopathy.

Empirical supportive care for non-specific gastroenterocolitis with clinical and as needed sonographic monitoring if progressive clinical signs or CBC abnormalities is recommended. A CBC pathology review and if not done, thoracic radiographs are warranted.

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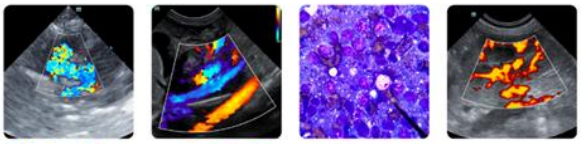

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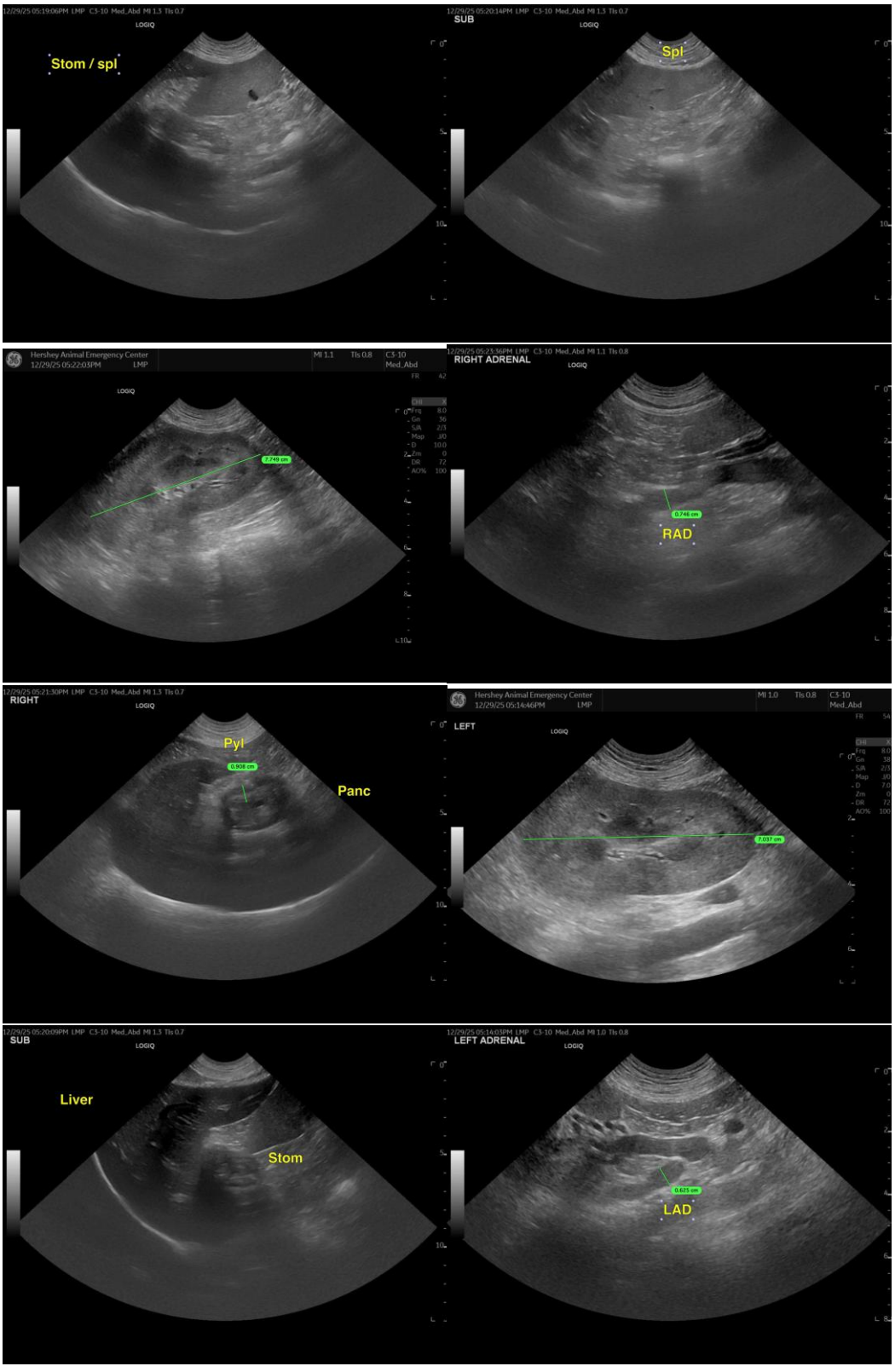

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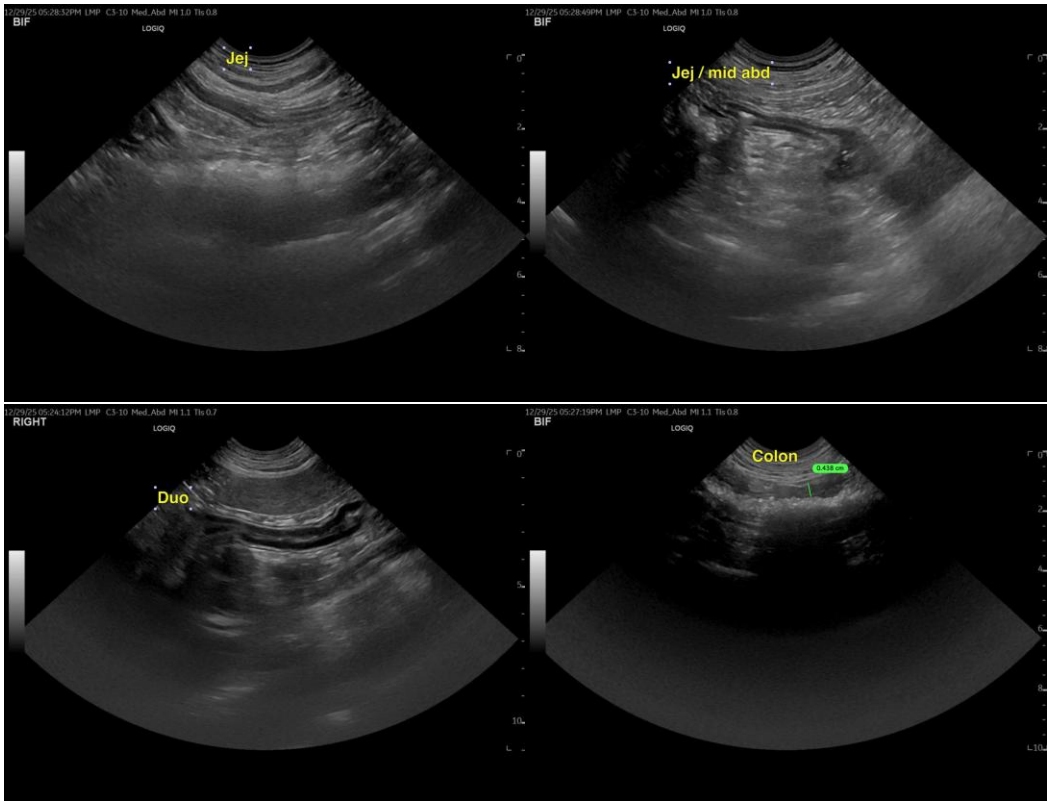

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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