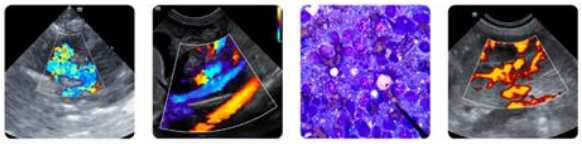


PATIENT
Taz Smith

SPECIES
Canine

BREED
Great Pyr Mix

SEX
MN

AGE
10yr

WEIGHT
35.2kg

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. Leann Murphy

INVOICE
23364

DATE
12/29/2025

PRESENTING CLINICAL SIGNS

Inappetence and vomiting since 12/24, Lethargic. Recent polyuria and polydipsia. Vaccinated for Lepto annually (last in March 2025).

Abnormal PE/Chem/CBC/UA Results: Icteric sclera, mucous membranes, skin Tacky mucous membranes and mildly prolonged skin tent Mild pain on cranial abdominal palpation CBC: Unremarkable (Hct 46.8%) Chem: ALT 2680 H, Creat 1.1, BUN 12.9, ALP 660 H, GGT 61 H, Tbili 15 H CPL: normal EPOC: pH 7.473 H, Lactate 3.21 H, Potassium 3.2 L, Calcium 1.12 L Witness Lepto: Positive Abd/thoracic rads Gastroenteritis is the primary differential and may be of infectious, dietary or toxic origins. There is no evidence of mechanical obstruction or radiodense foreign material in the gastrointestinal tract. Unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Foley catheter present in the area of the cystourethral junction. 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 6.8 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

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

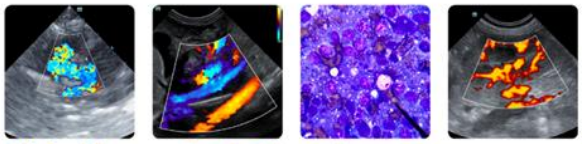
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.53 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



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The liver presented normal 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. Distinct masses or nodules were not evident. Mild increased prominence of portal vascular borders was present.

The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mildly distended with retained anechoic fluid.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute hepatopathy
- Sonographically normal gallbladder.
- Hypomotile stomach, normal empty small intestine
- Normal area of pancreas.
- Normal kidneys/ adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute nonspecific hepatitis (viral, bacterial, leptospirosis, toxin) is favored in conjunction with significant and primarily elevated ALT. Additional considerations may include vacuolar hepatopathy, non-obstructive cholestasis, hepatotoxicosis, i.e. copper, or occult hepatic neoplasia. Further assessment may include, assuming normal clotting status, hepatic FNA cytology and leptospirosis titer /PCR. Empirical therapy for nonspecific hepatitis with coverage for leptospirosis and clinical monitoring pending additional diagnostics is recommended.

No evidence of post-hepatic or mechanical gastrointestinal obstruction with associated or secondary metabolic gastric ileus probable. Concurrent gastrointestinal support indicated. A guarded prognosis is indicated.

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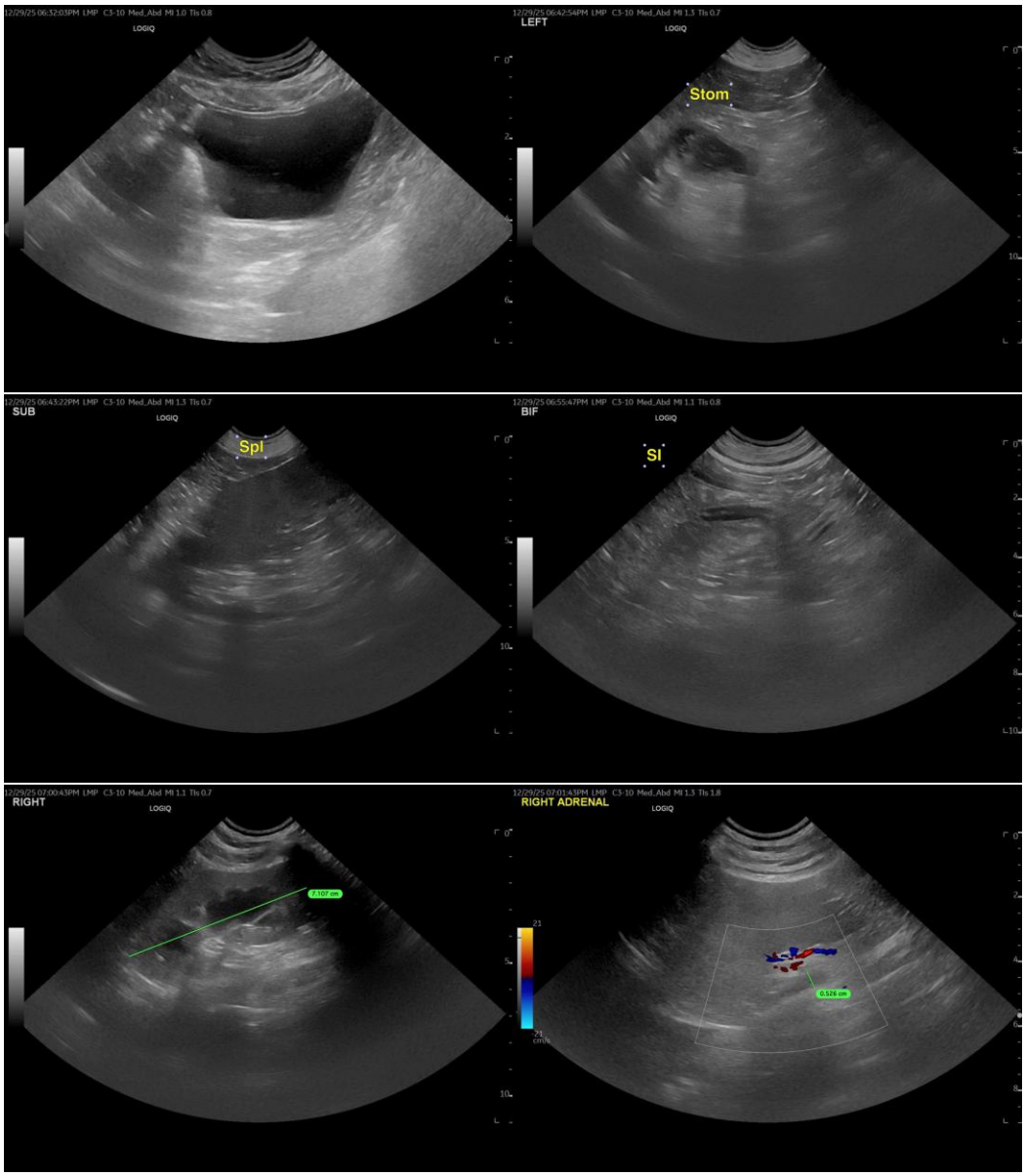

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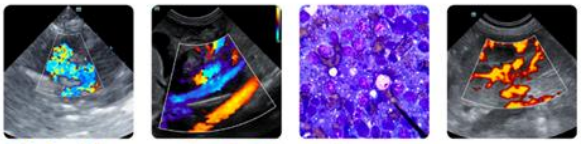

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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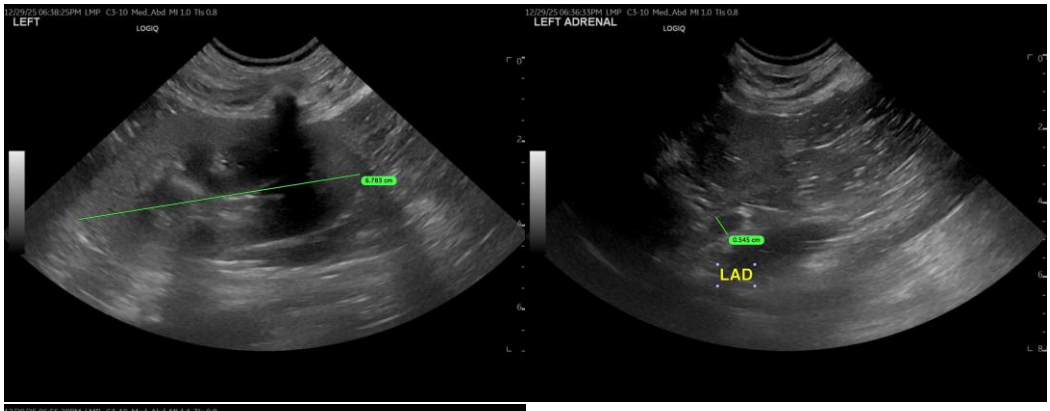

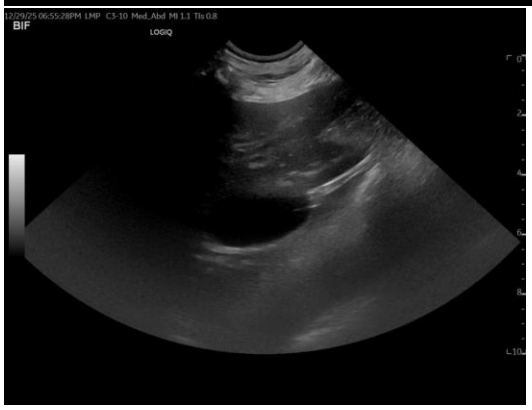

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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