



PATIENT

Hank Smith

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

4 Years 6 Months

WEIGHT

7.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing
ER

INVOICE

13684

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate hematemesis, vomiting, diarrhea, hematochezia, failing OP care, concern for pancreatitis from RDVM and referred to ER for hospitalization.
- Hospitalization Tx: ondansetron, buprenorphine PRN, KCL supplementation

Abnormal PE/Chem/CBC/UA Results: rDVM BW: - CBC: Hct 54.9%, NEU 12.95 H, PLT 419, remainder NSF - Chem: GLU 144 H, normal renal values, Phos 2.0 L,, K 3.3 L, ALT 52 -n, ALKP 22 L, amylase and lipase elevated. - Fecal: NPS

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 3.5 cm in length. The right kidney measured 3.7 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 0.34 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 0.41 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material. Mild hyperechoic duodenojejunal mucosal speckling.

Normal visible colon wall layers were present. The colon was primarily empty with lumen gas and a mild amount of soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective mild increased left peripancreatic omental echogenicity caudal to the stomach.

Free Abdomen

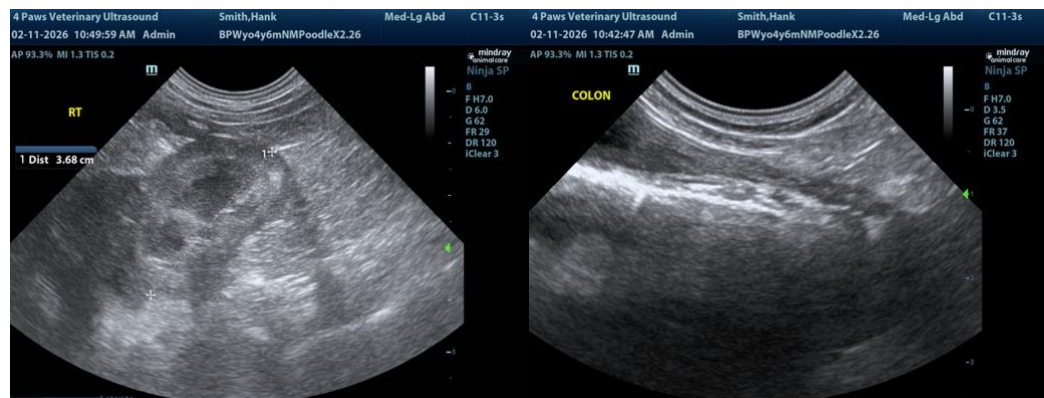
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern exhibiting mild intestinal mucosal speckling- potentially resolving.
- Heterogeneous pancreas with subjective increased omental echogenicity caudal to the stomach- low-grade to potential resolving pancreatitis suspected.
- Empty colon with segmental mild soft fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued empirical therapy for mild to possibly resolving gastroenteritis/pancreatitis is recommended. No evidence of significant mural pathology or gastrointestinal obstructive criteria. Dietary indiscretion, infectious disease, dysbiosis, enterotoxin, acute inflammatory bowel, IBD, mild to resolving pancreatitis, occult parasitism, occult Addison's disease are all potentials. Sonographic reassessment, a GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level may be considered if recurrent or non-responsive gastrointestinal signs.





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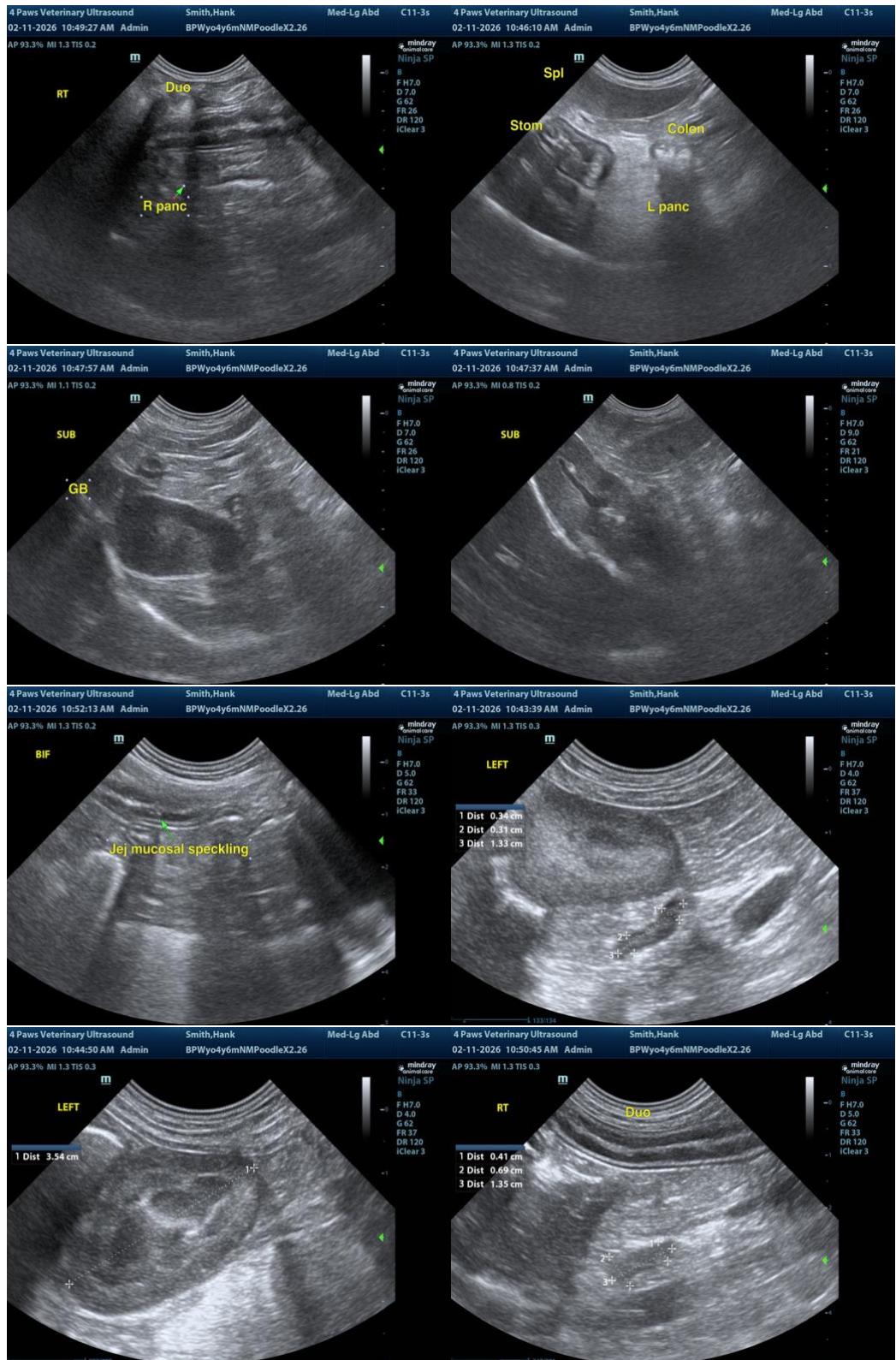
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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