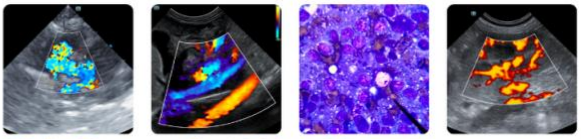


PATIENT

Emma Rose Leonardis

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

30.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

13856

DATE

02/17/26

PRESENTING CLINICAL SIGNS

- Inappetence since Thursday. Diarrhea started yesterday, hemorrhagic liquid diarrhea today. Weight loss (4 lb since last year).
- PE: Mucous membranes pink/tacky, hypersalivating
- Tachycardia, pulses snappy
- Moderate pain on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.352 L Glucose 143 H, Hct 58 H CBC: 60.8%, Hb 21.3 H, RBC 9.57K H, Reticulocyte Hb 22.2 L, Immature neutrophils 3.1% (0.35K), Lymphocytes 0.83K L Chem15: Unremarkable Catalyst pancreatic lipase: 84 Radiographs: - Microcardia and moderate hypovascular pattern - Stomach filled with a mild amount of unstructured soft tissue opaque material and gas. Small intestines distended and contained unstructured soft tissue opaque material and gas. Some segments show irregularly marginated walls. No obstructive pattern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 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. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.2 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 0.63 cm width at the caudal pole.

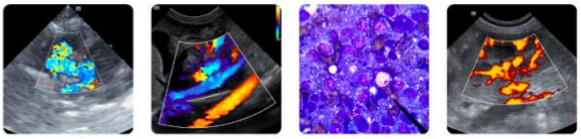
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate nonshadowing ingesta, mild lumen gas and retained echogenic fluid. No evidence of visible gastric mural pathology or obstruction to pyloric outflow.

The small intestine presented intact thickened wall exhibiting altered wall layer ratio owing to propensity for mildly thickened mucosa and muscularis layers. Segmental increased intestinal mucosa echogenicity and generalized empty intestinal lumen to the level of the colon with minor segmental nonobstructive ileus and segmental gas. The duodenum wall measured 0.64 cm wall width. The jejunum wall measured 0.54 cm wall width.

The colon walls presented intact yet thickened wall layering more prominent in the descending colon. Generalized nonformed fecal matter was present in the colon lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent mesenteric 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile stomach with retained nonshadowing ingesta/fluid.
- Enterocolonopathy exhibiting thickened primarily empty small intestine and nonformed fecal matter in colon.
- Normal area of the pancreas.
- Intermittent mild mesenteric lymphadenopathy.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstructive pattern, foreign material or active pancreatitis. IBD or other inflammatory enteropathy, enterotoxin, infectious disease, occult intestinal neoplasia in combination with dietary intolerance/indiscretion, mild pancreatitis which may present sonographically normal, occult parasitism, less likely occult Addison's disease given normal adrenal presentation, are all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Concurrent fresh fecal analysis is suggested if not done.

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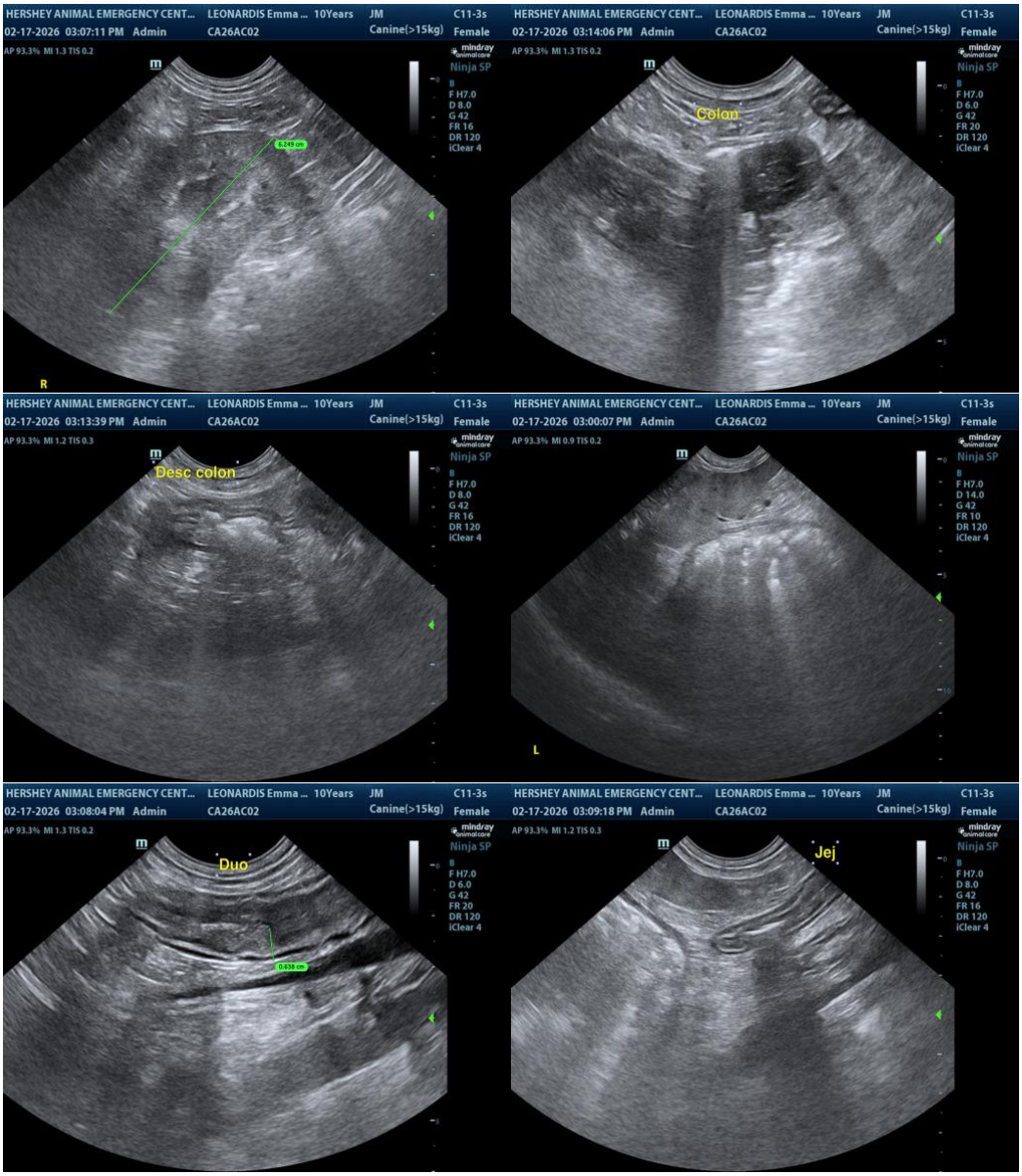
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

Clinical and sonographic monitoring, pending empirical therapy is indicated. Biopsies are likely required for a definitive diagnosis.



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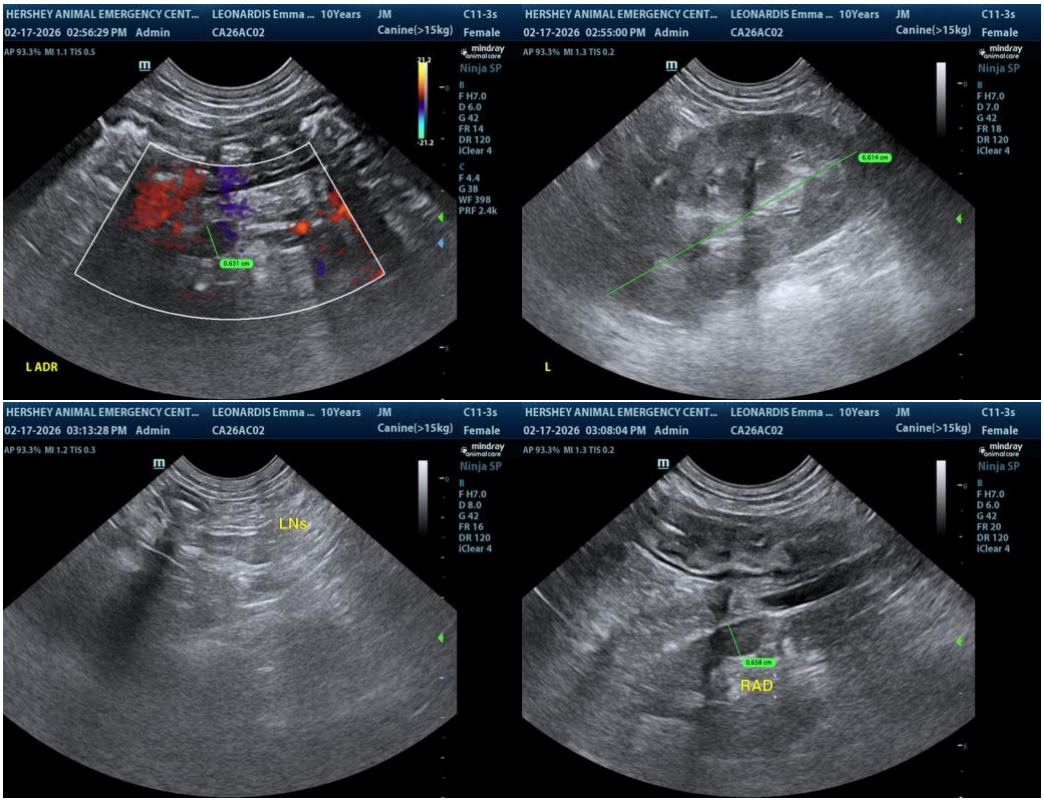

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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