



PATIENT

Pebbles Whitman

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

14yr

WEIGHT

11.8kg

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. Lydia Coogan

INVOICE

23737

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- Presented Sunday 2/1 at 7p for acute discomfort, restlessness, liquid diarrhea w/red tinge and 2 episodes of vomiting
- Yelped outside with other dogs today, trembling when came back inside and did not eat tonight
- Thyroidectomy on Friday 1/30.
- PE: Eyes: Lens opacities OU
- Oral Cavity: Mucous membranes pink/moist (ptyalism), tongue dry and hanging out to R, teeth absent, CRT <2s
- Cardiovascular: Grade II-III/VI systolic murmur
- Abdominal: Slightly tense but compliant with mild cranial to mid abdominal organomegaly
- Integument: Normal skin/haircoat, no evidence of ectoparasites; recent cervical thyroidectomy (1/30) incision intact; no heat, pain erythema or discharge present
- Musculoskeletal: Ambulation not assessed, generalized muscle wasting and DJD

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 5.04 (L) Eosinophils 0.01 (L) EPOC: pO2 56.0 (H) pH 7.340 (L) Lactate 3.15 (H) Glu 149 (H) Chem15: ALP 350 (H) Pancreatic Lipase: 189 (n) Radis Incidental pulmonary osteomas. Mild bronchial pulmonary pattern, consider normal age-related appearance, chronic bronchitis cannot be excluded. Slightly thin pulmonary vessels consider hypovolemia. Hepatomegaly BP - 139/86 MAP 101

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 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 5.2 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was 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 0.65 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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The liver presented 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 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. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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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 minor non-obstructive segmental ileus pattern with primarily empty lumen was present.

The visualized colon exhibited overtly normal intact visible wall. The colon contain semi-formed to possible soft fecal matter and lumen gas.

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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.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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Primary

- Normal stomach with mild, retained, non-shadowing ingesta
- Mild nonspecific enterocolitis pattern
- Pancreatic remodeling
- Benign hepatopathy - reactive vacuolar or cholestatic hepatopathy probable
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology such as sonographically active or significant pancreatitis in conjunction with normal pancreatic lipase, neoplastic criteria or mechanical intestinal obstruction.

As needed gastrointestinal support with clinical monitoring is recommended. Sonographic reassessment suggested if persistent or progressive clinical or gastrointestinal signs or evidence of

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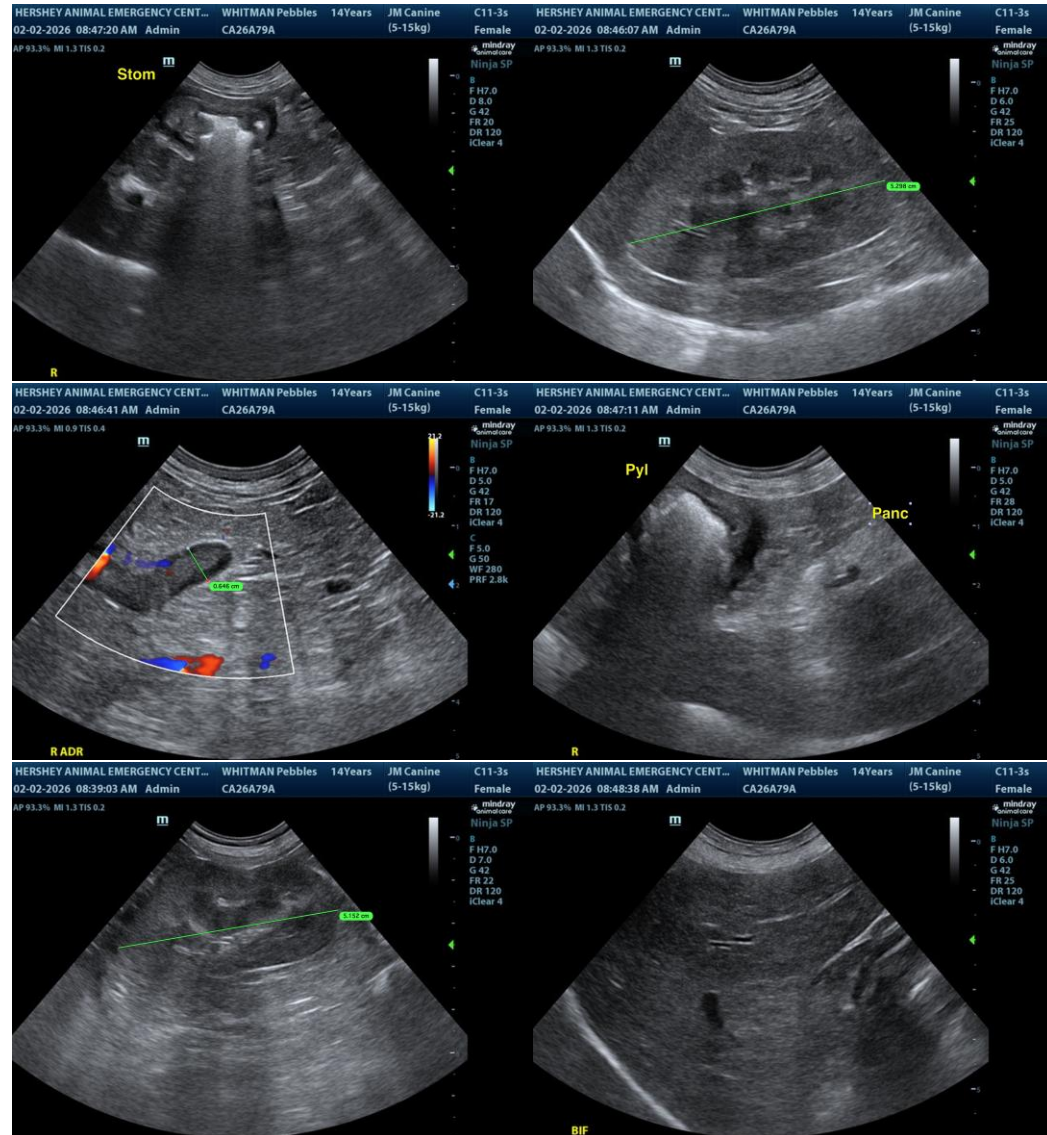
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progressive hepatopathy. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol could be considered if not already done.



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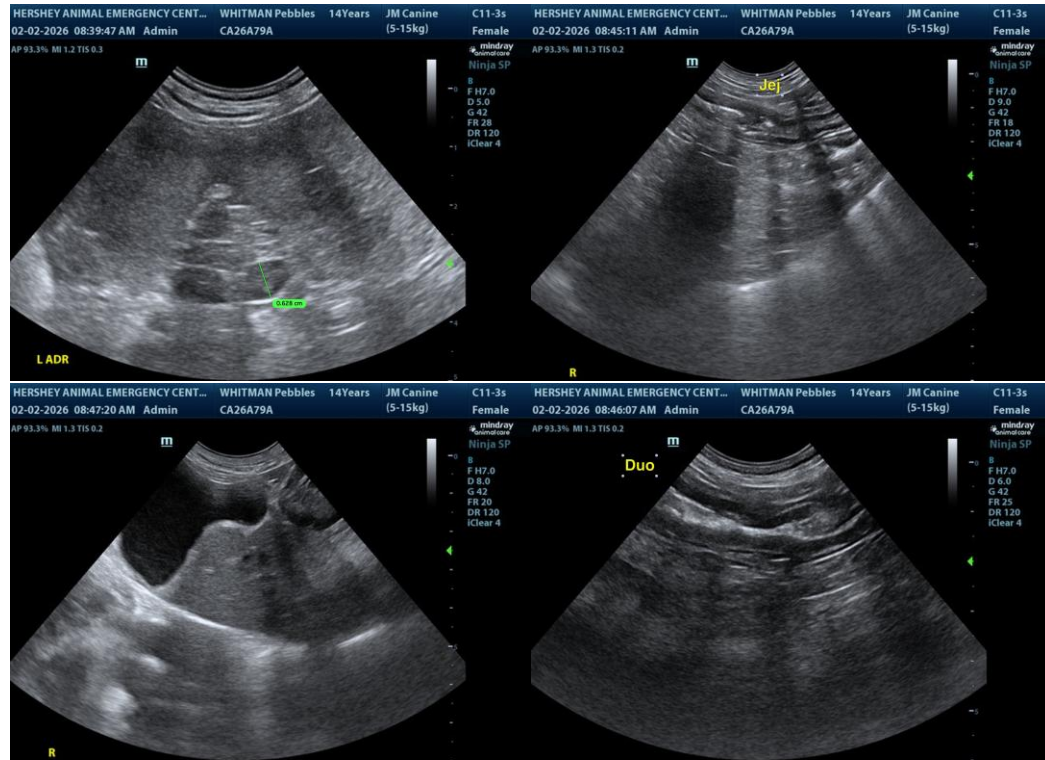
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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