



PATIENT

Jackson McDonald

SPECIES

Canine

BREED

Mixed

SEX

Castrated Male

AGE

9 Years

WEIGHT

44 kg

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

73192

DATE

2/23/26

PRESENTING CLINICAL SIGNS

Presented Sunday 2/22 at 11:45a for increased respiratory effort since last night, still eating and playing normally. PE: H/L: panting, difficult to auscultate heart, slightly increased BV sounds left lung fields, slightly decreased BV sounds right lung fields, very decreased BV sounds right ventral lung field. Musc: over-conditioned; subcutaneous edema pockets on either side of lateral thorax at thoracocentesis locations

Labs: CBC: MCV 60.8 (L) MCH 20.9 (L) RDW 22.3 (H) Neutrophils 12.31 (H) Eosinophils 0.04 (L). EPOC at intake: pO2 58.1 (H) BE, ECF -5.8 (L) Lactate 5.11 (H) Glu 203 (H). Chem15: Glu 208 (H) ALP 567 (H). BP: 11p- 109/65(74). PCV/TS: 47%/7.2 clear. EPOC: pO2 55.5 (H) pH 7.343 (L) Na 155 (H) BUN 6 (L) Glu 126 (H). PT/PTT: 16.0/111.6 (n/n). POCUS: Mild pleural effusion bilaterally is present but remains unchanged from immediately post-thoracocentesis

Abnormal PE/Chem/CBC/UA Results: Radiographs: Initially, cardiac silhouette is partially obscured by bilateral moderate volume pleural effusion resulting in retraction of the lung lobes and the boundaries of the thoracic body wall and associated pleural fissures. The pleural fluid also obscures the cranial mediastinum and region of the thoracic lymph nodes. There is a generalized interstitial pulmonary infiltrates. Repeat: reduction in the vol of pleural effusion with persistence of a small vol bilaterally. The cardiac silhouette is upper limits of normal for size. persistence of diffuse interstitial pulmonary pattern. Focal more dense interstitial to alveolar infiltrate is noted superimposed w/ the caudoventral cardiac silhouette on the R lateral. The cranial mediastinal space remains poorly seen.

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 changes were 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. Left kidney measured 7.4 cm. Right kidney measured 7.5 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.68 cm at the caudal pole. Right measured 0.57 cm 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.



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Liver

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 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. Mild non-shadowing ingesta/chyme present in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing chyme noted to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Sonographically normal cranial abdominal caudal vena cava.

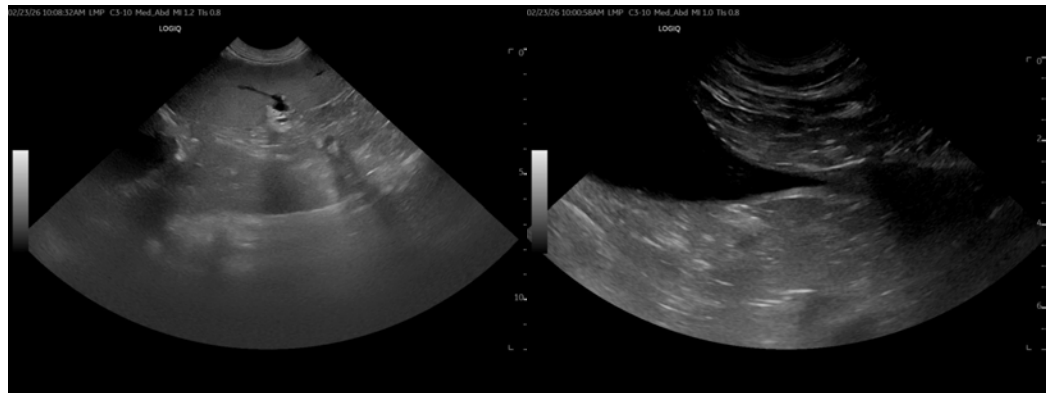
Transdiaphragmatic view of the caudal thorax confirmed pleural effusion. No definitive visualized caudal thoracic mass.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen.
- Transdiaphragmatic pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology i.e., intraabdominal neoplasia or tumors as a contributing factor to the pleural effusion and clinical signs.





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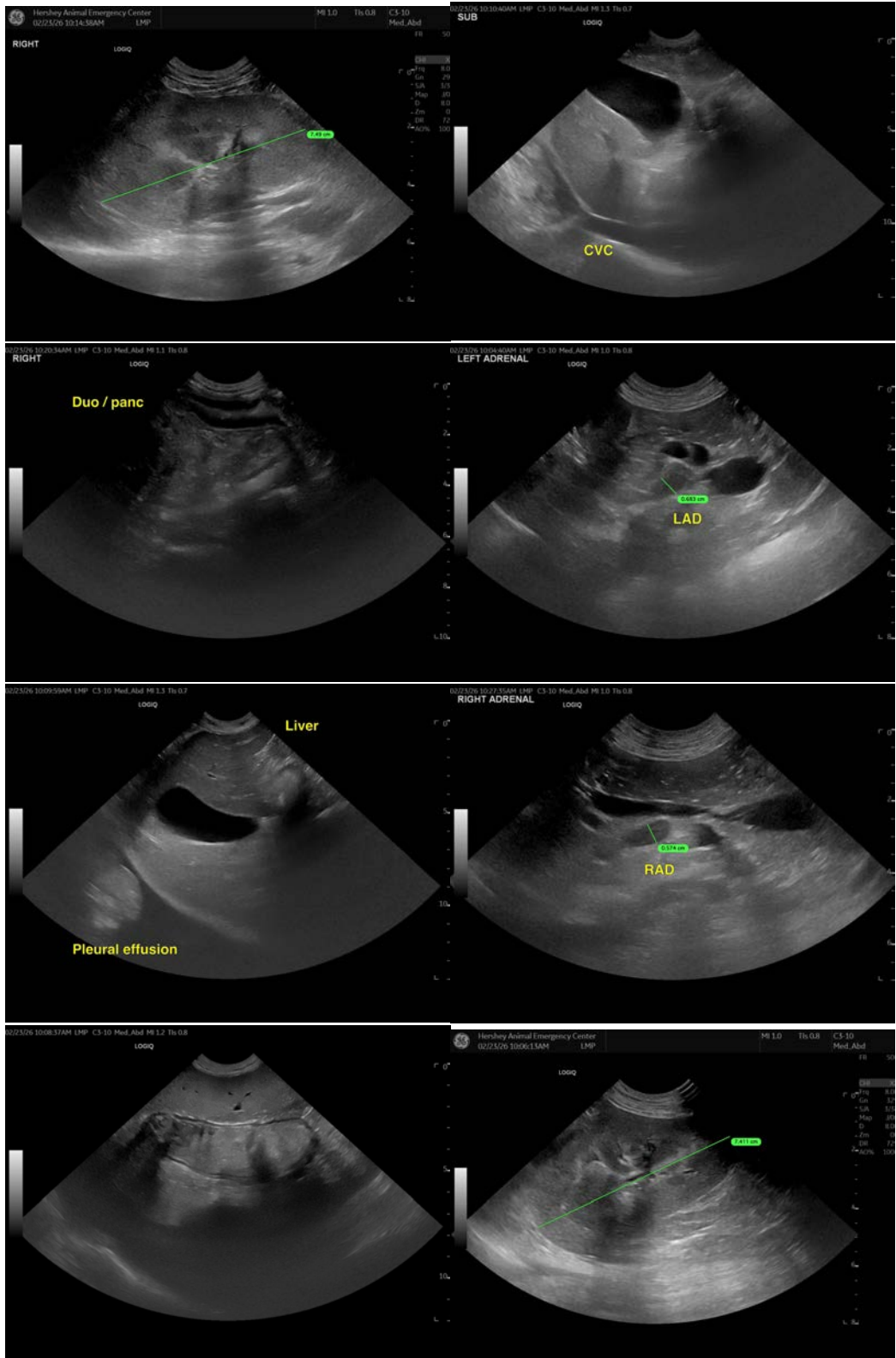
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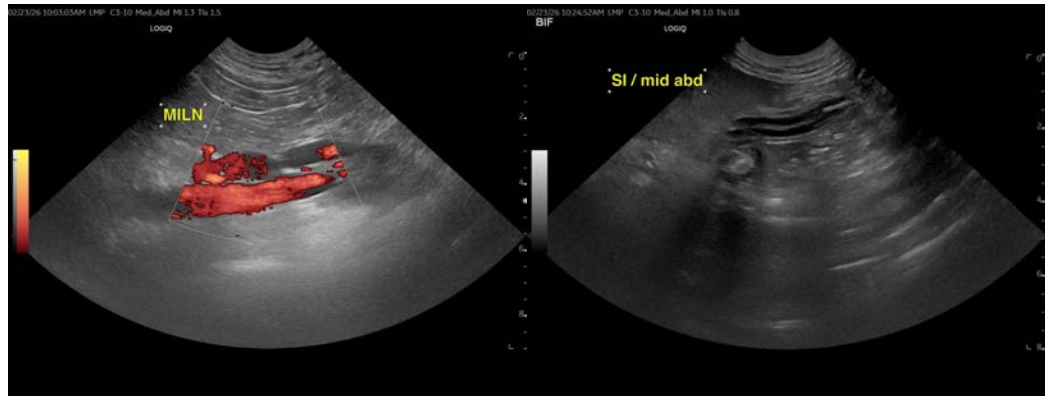
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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