



PATIENT

Chelsea Mease

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

6yr

WEIGHT

31.9kg

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. Brittany Lang

INVOICE

23962

DATE

02/24/2026

PRESENTING CLINICAL SIGNS

Presented 2/23 for vomiting/gagging. Repeat radiograph unremarkable but still nauseous

Abnormal PE/Chem/CBC/UA Results: Abdominal: Soft and compliant with no pain on palpation, nauseous (lip licking) on abdominal palpation EPOC: Unremarkable CBC: MCV 6.13 L, Reticulocytes 6.6 L Chem15: ALT 146 H Catalyst pancreatic lipase: 40 Abdominal/thoracic radiographs, radiologist interpretation: There is fluid and gas throughout the small intestine which appears to be distributed fairly evenly through the mid abdomen. Interestingly there is more gas in the small intestine that might be considered typical but there is no obvious focal dilatation of any loops of the small intestine. There is gas and scant fecal material within the cecum and there is gas and formed fecal material throughout the rest of the large intestine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 6.9 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 0.53 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 0.74 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. Mild splenic folding was present, not consistent with splenic pathology and likely patient variant or secondary to sedation.

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. Normal vascular volume. 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.



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Gastrointestinal

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

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty. Minor duodenal ileus and corrugation was present.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild non-shadowing gastric ingesta
- Normal small intestine with possible mild duodenitis
- Sonographically normal pancreas
- Sonographically normal liver /gallbladder- consistent with low grade benign hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Mild gastric or gastro-duodenal inflammation is suspected although no evidence of gastrointestinal mural pathology or active pancreatitis. Low grade pancreatitis likewise may present sonographically normal.

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Empirical therapy for mild gastroduodenitis or esophagitis, which may include a dietary trial and as needed gastric protectant omeprazole 1 mg/kg PO SID may prove beneficial.

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A screening cortisol level to rule out occult Addison's disease may be considered although normal bilateral adrenal sonographic appearance. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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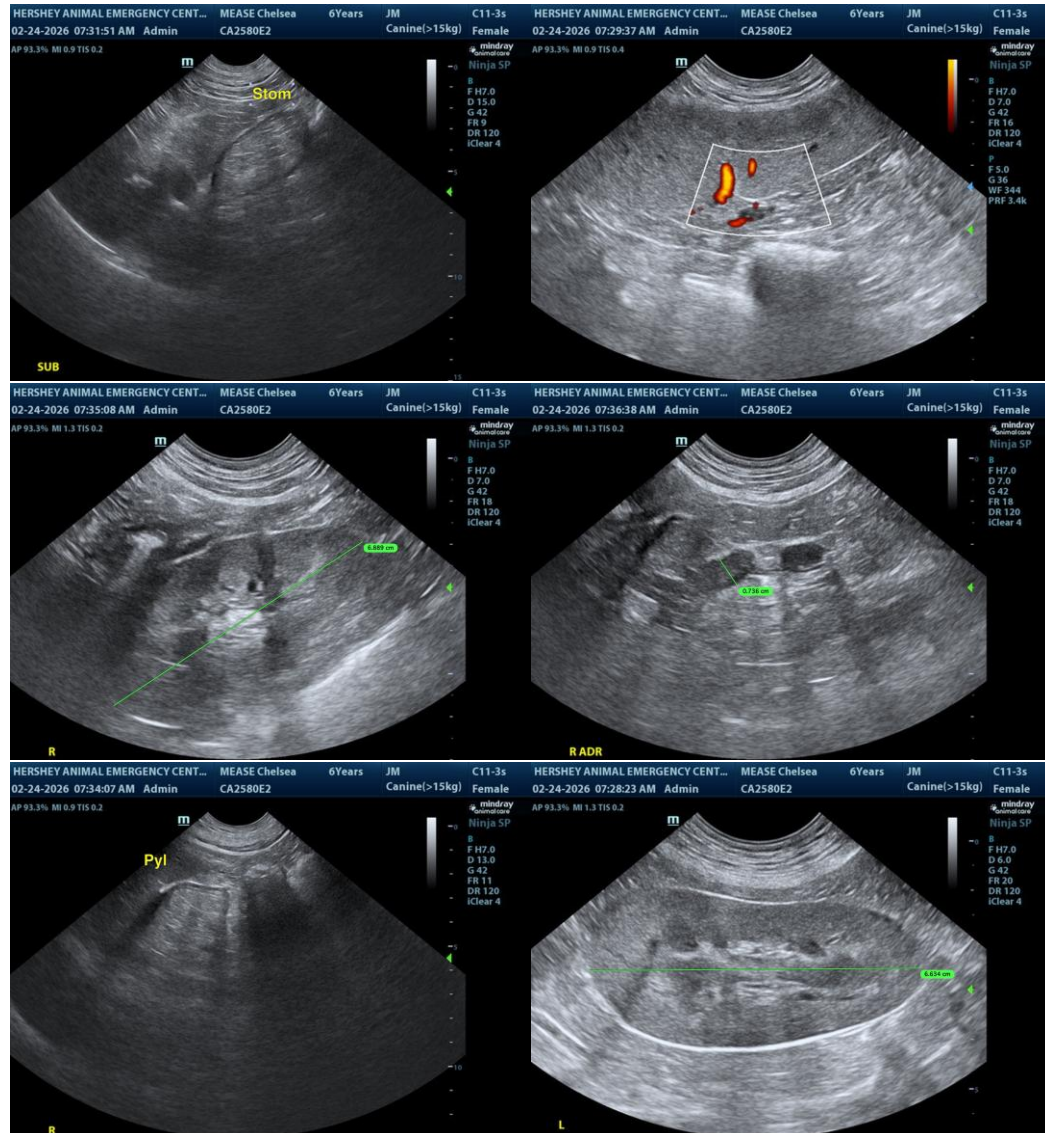
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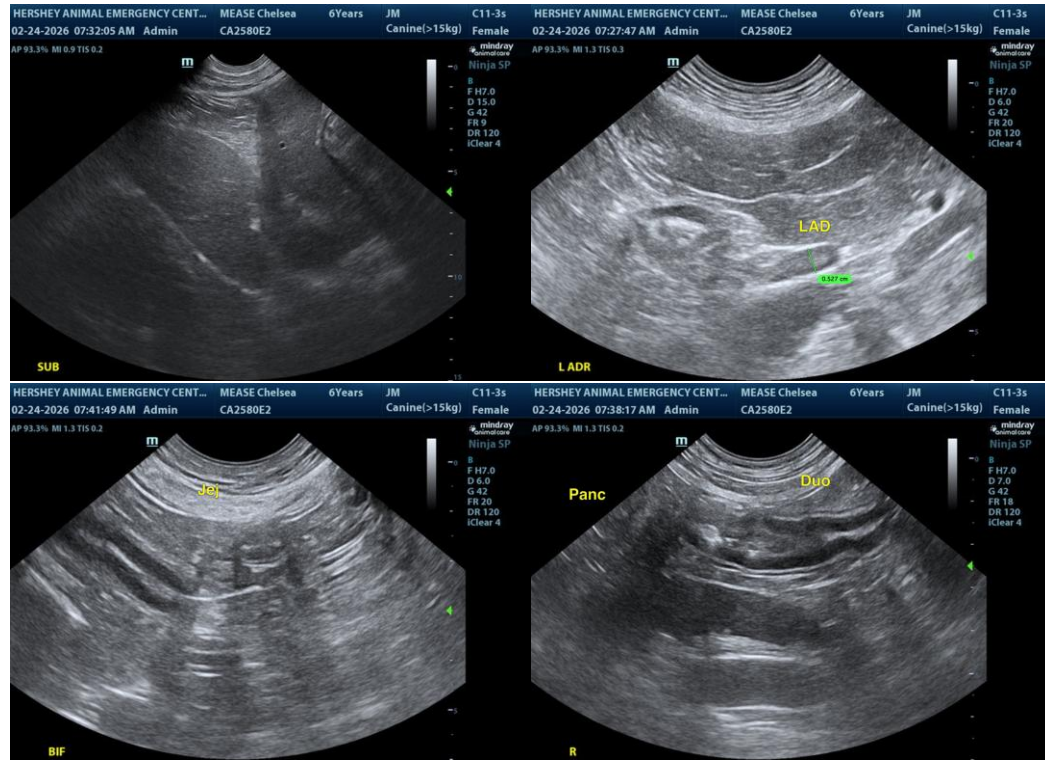
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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