



PATIENT

Daisy Lesniewski

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.2 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

13993

DATE

02/27/26

PRESENTING CLINICAL SIGNS

- Lethargic, hiding past 5 days. Vomiting and diarrhea (bloody liquid) started Tuesday. Improvement Wednesday but vomited last night and diarrhea worsened. Inappetence this morning. Housemate also sick last week, following travel last week.

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pink/tacky Tense, mild pain on palpation 2/24/26 Chem: ALP 220 H, Glu 144 H, K 3.4 L, QPL 282 H CBC: Lym 0.69K L, Eos 0.01K L Fecal: Negative 2/27/26 EPOC: Lactate 3.18 H, BUN 5 L, Glucose 130 H PCV/TS: 54/7.2 Catalyst pancreatic lipase: 77 Cortisol: Pending

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 3.8 cm in length. The right kidney measured 4.6 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 0.49 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 0.52 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



PATIENT

Daisy Lesniewski

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.2 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

13993

DATE

02/27/26

The stomach presented intact borderline prominent wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.47 cm width. The stomach contained a mild amount of retained anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. Mildly prominent mucosa layer without evidence of mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.35 cm wall width. The jejunum wall measured 0.46 cm wall width.

The colon walls presented intact yet mild thickened wall layering. Primarily empty lumen with segmental gas and soft fecal matter.

Pancreas

The pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolonopathy exhibiting mild nonobstructive hypomotile stomach and primarily empty colon lumen.
- Mild heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other.

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 (Proviale 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.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending cortisol level is recommended. Recheck sonogram if non-responsive or progressive gastrointestinal signs.



PATIENT

Daisy Lesniewski

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.2 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

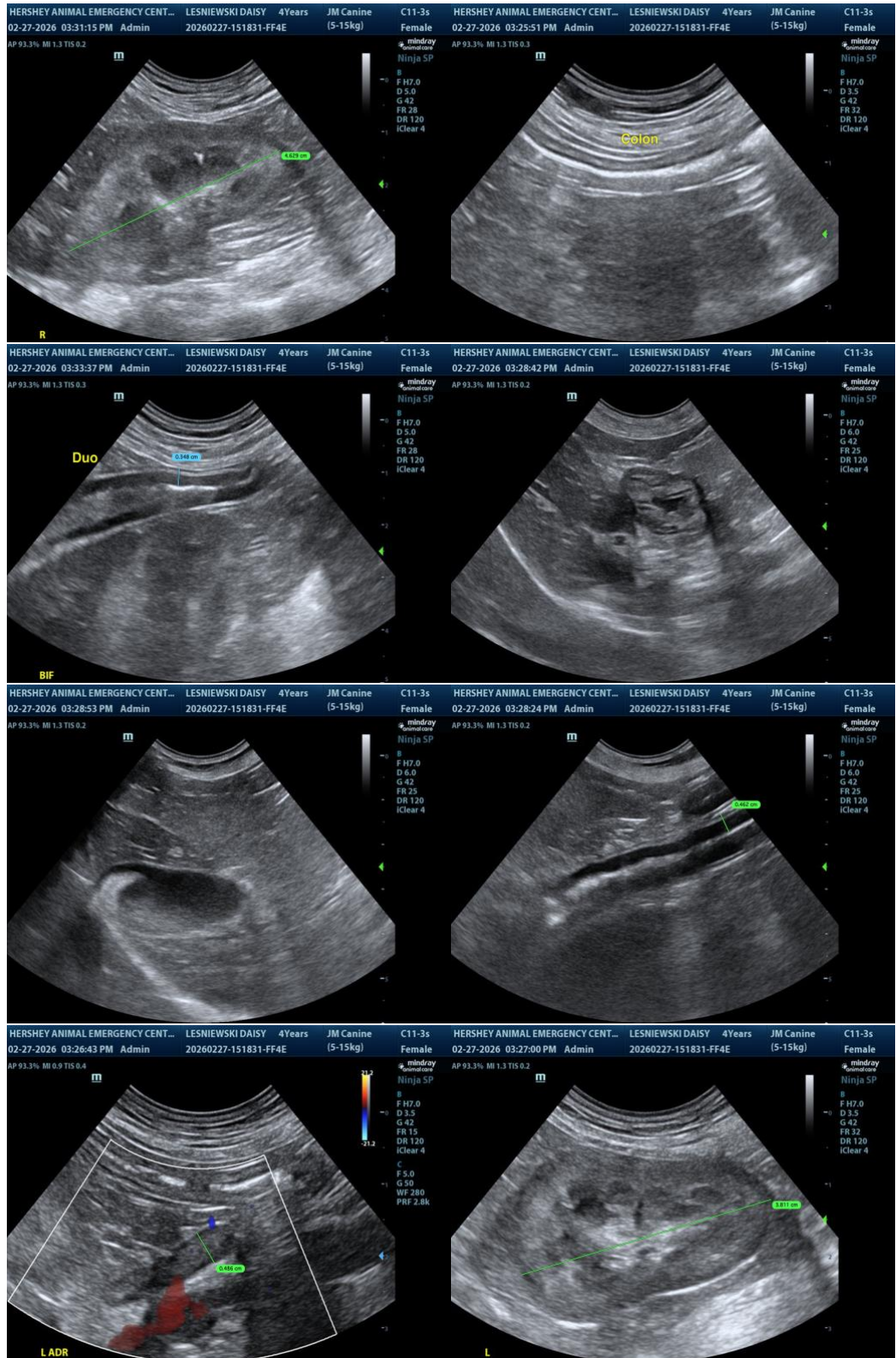
Dr. Leann Murphy

INVOICE

13993

DATE

02/27/26





PATIENT

Daisy Lesniewski

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.2 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

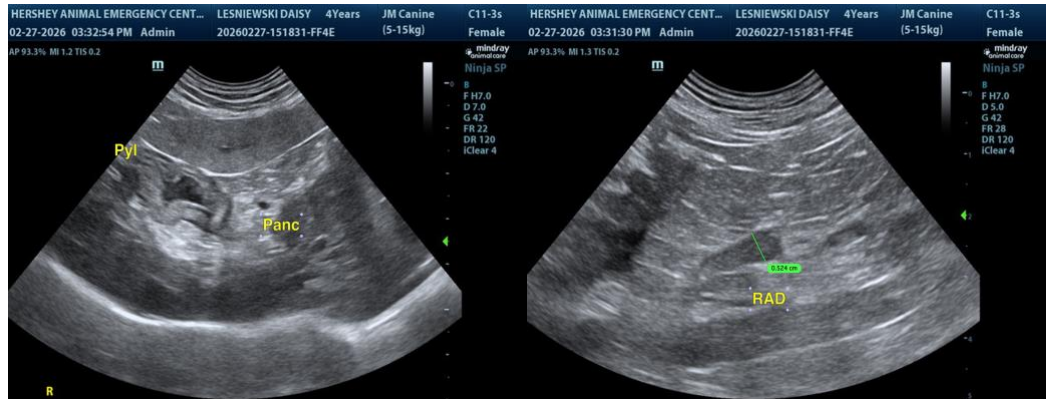
Dr. Leann Murphy

INVOICE

13993

DATE

02/27/26



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