



PATIENT

Ginger Martin

SPECIES

Canine

BREED

Lab/Hound Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

32

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. Victoria Orlando

INVOICE

13537

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- lethargic for the last 2-3 days, 2/2 had urinary and fecal incontinence several times, RDVM this morning, O suspects rock salt ingestion, unable to walk in the hind end, hx of lyme~1 year. SX last year to remove lipoma. Temp 107 @ pDVM.

Abnormal PE/Chem/CBC/UA Results: LS OU Muddy-pale/tacky mm Moderate periodontal disease Non-ambulatory, painful upon thoracolumbar palpation, MCS 2/3, unable to stand- laterally recumbent, uncomfortable upon extension of hips and shoulders bilaterally, no obvious pain upon palpation of head/neck Unable to assess proprioception (laterally recumbent), dull mentation POCUS: No obvious peritoneal/pleural/pericardial effusion, no obvious gallbladder edema or mucocele appreciated EPOC: Bicarb 9.9 (L), TCO2 9.4 (L), pH 7.360, BE 15.5 (L), K 3.0 (L), Lac 6.07 (H) Chem: ALT 457 (H), ALP 447 (H), GGT 17 (H) Catalysst pancreatic lipase: 350 (H) CBC: MCV 56.2 (L), MCHc 38.1 (H), RDW 21.8 (H), Retic Hgb 18.7 (L), WBC 9.15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of obstruction to urine outflow.

The area of the iliac trifurcation was free of pathology.

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 7.2 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the caudal pole. The right adrenal gland measured 0.62 cm width in 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



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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 normal in size and tone with mildly thickened hyperechoic generalized gallbladder wall. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. Anechoic bile with hyperechoic non-shadowing non-organized bile debris. The common bile duct was normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size with indistinct pancreatic capsule and isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of peripheral inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- hepatopathy- vacuolar/cholestatic hepatopathy, nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis i.e. copper, occult neoplasia (less likely) are all potentials.
- Chronic cholecystitis pattern with non-organized bile debris (non-mucocele).
- Mild chronic renal changes.
- Normal adrenal glands.
- Mild pancreatic remodeling.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal colonic status, further assessment of the liver may include FNA cytology +/- leptospirosis titers/PCR if clinically indicated. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

No evidence of active pancreatitis although chronic pancreatitis or pancreatic remodeling owing to age or previous inflammation is possible. Aside from the non-specific hepatopathy, largely geriatric abdomen without evidence of significant visceral pathology as a definitive contributing factor to the patient's clinical signs.



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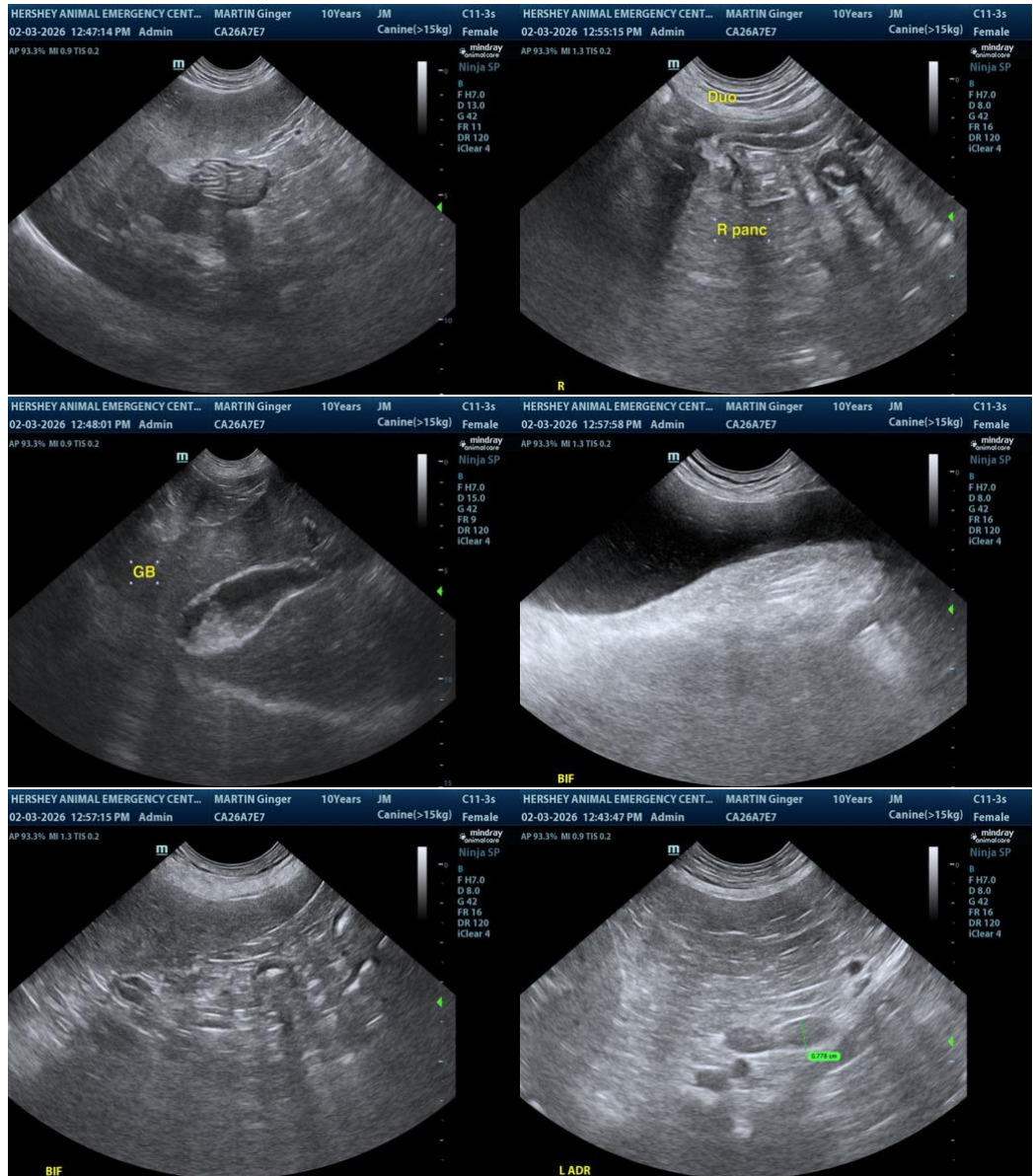
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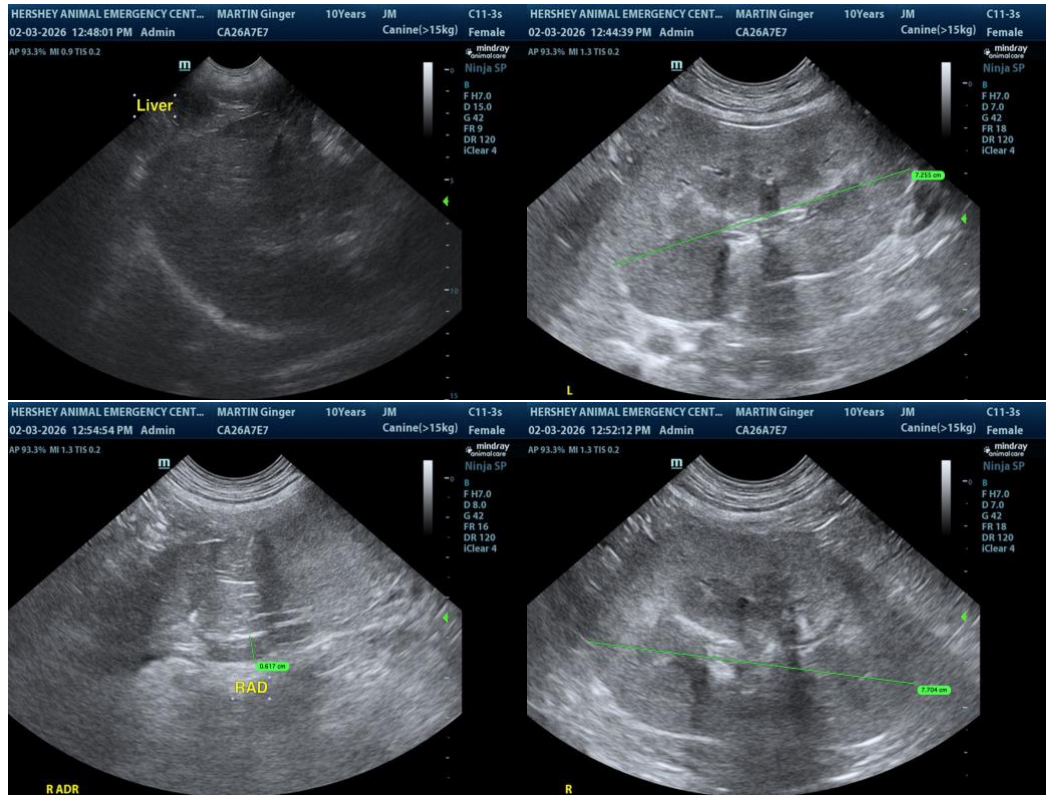
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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