



PATIENT

Mack Wolf

SPECIES

Canine

BREED

Lab Retr

SEX

MC

AGE

8y

WEIGHT

45.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10609

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History:

- Patient presented 2/3 for acute vomiting. Mack is historically diabetic and is on 25-30 U Novolin N BID. Owners adjust dosing based on how much he eats (he will often sneak food from other pets in the house).
- PE: NS OU
- Mild brown waxy debris AD, Hypersalivating, moderate tartar/gingival erythema, Femoral pulses weak, Panting, normal effort

Abnormal PE/Chem/CBC/UA Results: EPOC: pCO2 27.6 (L), BUN 4 (L), Gluc 308 CBC: MCH 27.8 (H), MCHC 42.5 (H), Neut 14.26K (H), Lymph 0.74K (L) Chem: Gluc 300 (H), BUN 6 (L), ALT 189 (H), ALP 523 (H), Chol >520 (H), CPL 740 (H) Ketones: 0.1 mmol/L Radiographs: Lack of serosal detail in cranial abdomen. Prominent rugal folds of the stomach, stomach appears empty. Small amounts of gas pocketing within the small intestines with no obstruction seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 8.0 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.76 cm caudal pole width and the right adrenal gland measured 0.68 cm caudal pole width.

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 presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the



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intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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 a mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of gastric fluid. There was no obvious obstruction to pyloric outflow.

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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with formed to semi-formed fecal matter in lumen.

Pancreas

The visualized pancreas exhibited a variably enlarged size with mildly swollen to asymmetrical capsule contour and nonhomogeneous parenchyma. A possible indistinct fluid-filled pancreatic lesion was noted in the area of the pancreas base to proximal left pancreatic limb caudal to the stomach, measuring 4.5 cm diameter. Possible significant enlarged right pancreatic limb vs. unspecified mass was noted, measuring 5.3 cm in diameter.

Free Abdomen

No overtly visualized significant omental lymphadenopathy was present. Primarily peripancreatic / perigastric to generalized hyperechoic omentum was present, as well as mild volume effusion.

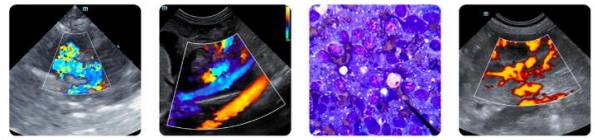
ULTRASONOGRAPHIC FINDINGS

- Variably enlarged nonhomogeneous pancreas, possible indistinct fluid-filled pancreatic lesion caudal to the stomach
- Significant enlarged right pancreas vs. unspecified mass lesion
- Peritonitis
- Enlarged non-congested mildly hypoechoic liver – suggestive of acute hepatopathy
- Generalized gastroenteritis pattern accentuated by hypomotile gastritis
- Non-distended gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis with potential for pancreatic necrosis, abscess, or potential pancreatic vs. unspecified neoplasia and associated peritonitis are primary potentials. There is no evidence of overt mechanical gastrointestinal obstruction or post hepatic stasis.

Peritoneal effusion analysis, cytology, +/- C/S and assuming normal clotting status, FNA cytology of enlarged right pancreatic limb vs. unspecified mass, if accessible, is recommended. If evidence of septic



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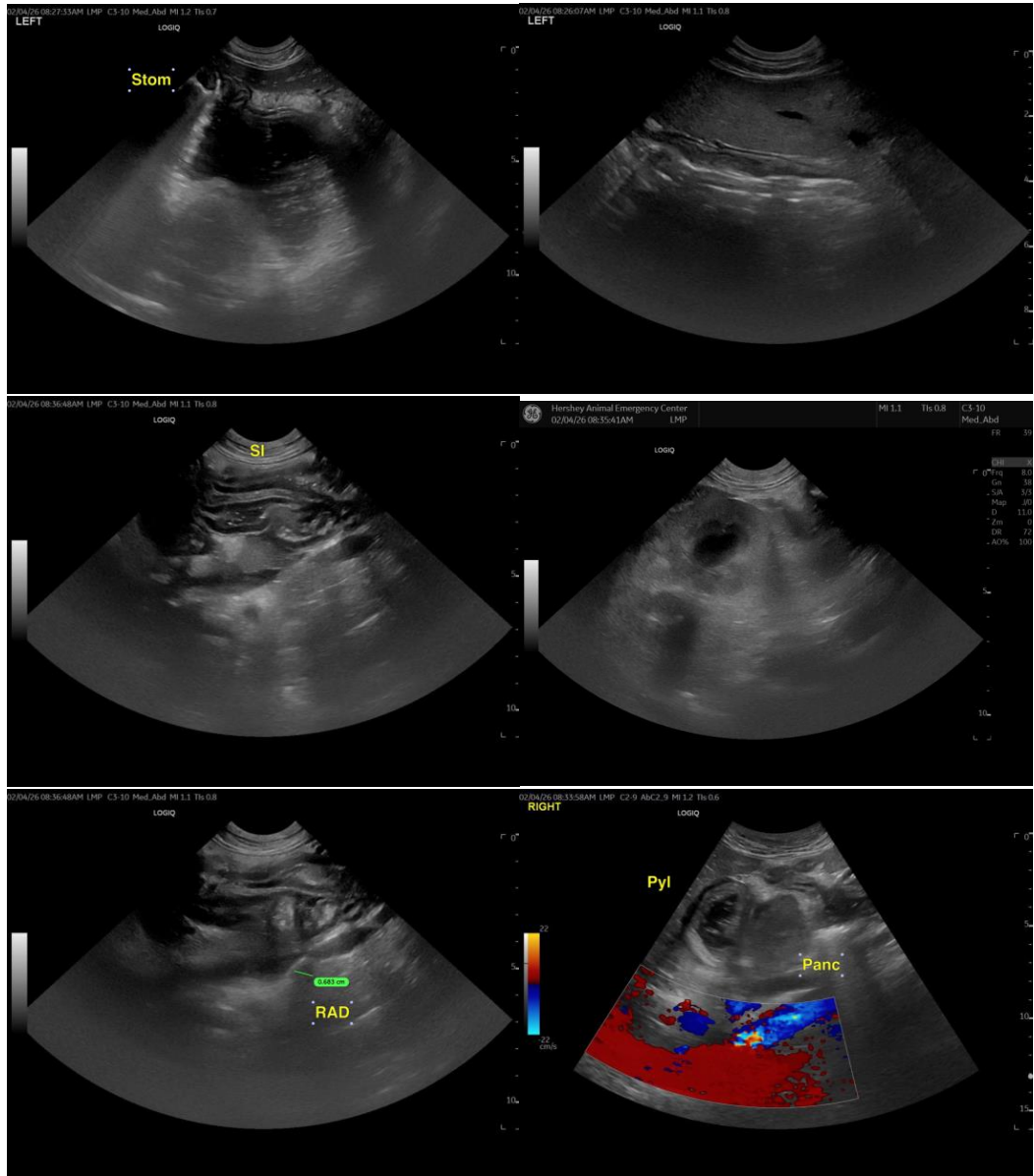
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peritoneal effusion, exploratory laparotomy may be indicated. Empirical gastrointestinal support and therapy for pancreatitis with close clinical monitoring pending additional diagnostics is recommended.



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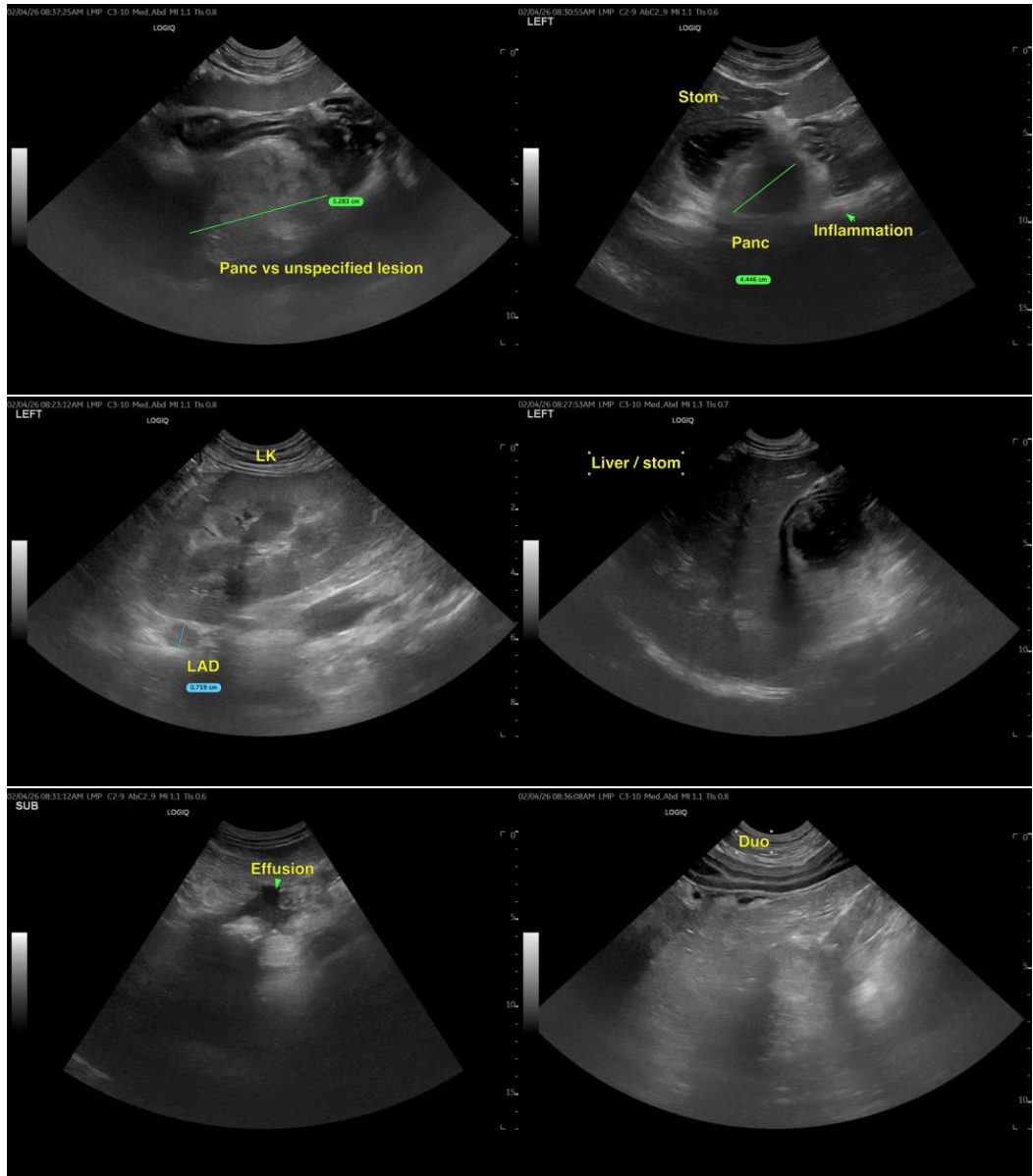
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com