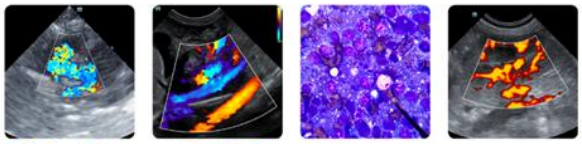


PATIENT
Ginger Elmer

SPECIES
Canine

BREED
Golden Mix

SEX
FS

AGE
13.5yr

WEIGHT
21.6kg

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. Cara Sinopoli

INVOICE
23803

DATE
02/05/2026

PRESENTING CLINICAL SIGNS

- Started vomiting 2 days ago, anorexic last night and vomiting worsened overnight and hematemesis.
- PE: Eyes: cataracts OU, decreased menace OU
- Oral Cavity: Mucous membranes pink/tacky, CRT 2-3s
- Cardiovascular: Very muffled heart sounds, No murmurs/arrhythmias, pulses snappy/synchronous
- Respiratory: Normal bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, mildly increased RR/RE
- Abdominal: Tense and painful on palpation
- Musculoskeletal: Ambulatory, but generalized weakness and reluctance to walk
- CBC: HCT 53.6%, immature neut. 1.16K H, lymph 0.73K L
- Chem: ALP 428 H
- Pancreatic lipase: 1371 H
- EPOC: HCT 56% H, lactate 3.73 H, TCO2 16 L, pCO2 25.1 L
- POCUS: difficulty visualizing heart, no obvious pericardial effusion but concern for decreased contractility and abnormal appearance of heart, no abdominal or pleural effusion, dilated SI in cranial abdomen

Abnormal PE/Chem/CBC/UA Results: Rads: 1. The appearance of the gastrointestinal tract is consistent with a paralytic ileus. I do not see evidence for mechanical obstruction or gastrointestinal foreign material. A partial obstruction caused by radiolucent or soft tissue opaque foreign material remains possible. Acute gastroenteritis or pancreatitis is thought to be most likely. If the patient does not improve with empirical therapy, an abdominal ultrasound would be suggested. 2. Increased opacity within the thorax could represent deposition of mediastinal fat, however a small volume of mediastinal effusion (hemorrhage, chylous, transudate, etc.) is also possible. Ultrasound examination or a CT of the thorax could be pursued for a more sensitive assessment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

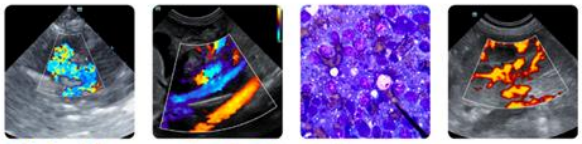
Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The 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 mild urine sediment and mild dependent lumen mineral. 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 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 5.8 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands



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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 0.6 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in the caudal pole.

Spleen

The spleen was mildly enlarged and folded upon itself with maintained symmetrical contour and mild heterogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No visualized masses or nodules were present.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct The stomach contained a mild amount of anechoic fluid.

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 mild segmental ileus pattern was present without obstruction or foreign material.

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

Pancreas

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

Free Abdomen

No overt lymphadenopathy was present.

Mild volume effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute nonspecific gastroenteropathy, exhibiting mild gastric and segmental intestinal ileus.
- Variably formed fecal matter in colon.
- Mildly enlarged folded spleen.
- Hepatopathy.
- Non-organized gallbladder debris (non-mucocele)
- Heterogeneous pancreas.
- Mild peritoneal effusion.

Secondary

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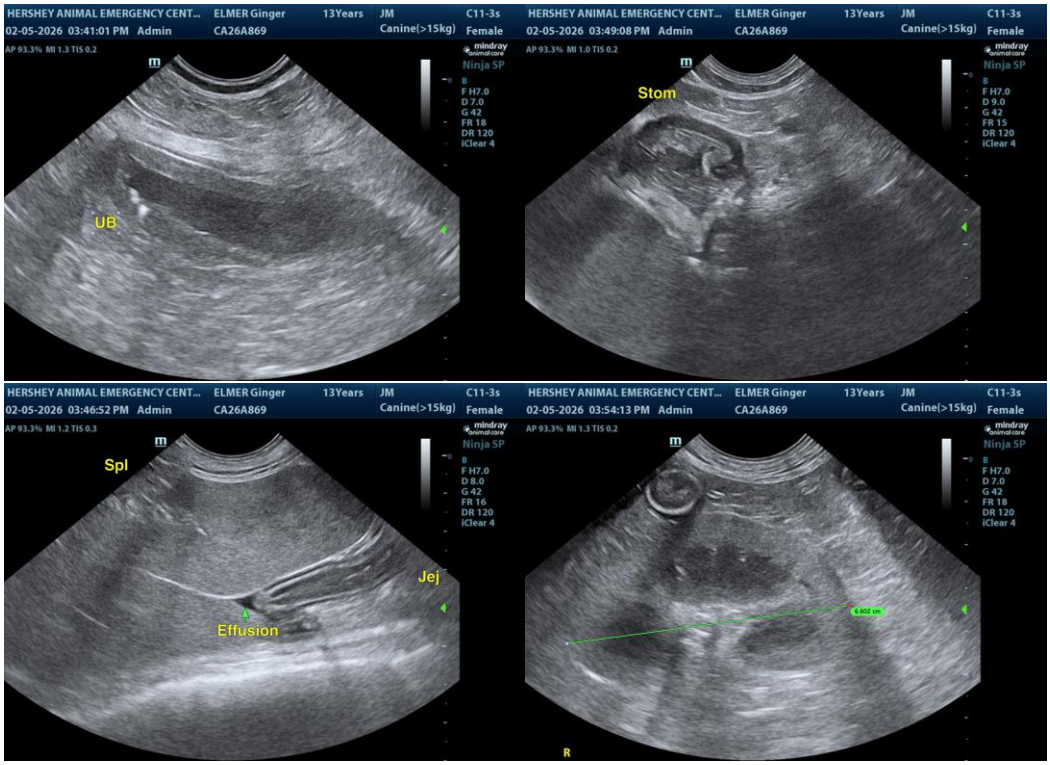
- Bilateral mild chronic renal changes.
- Mild urine sediment and lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visualized area of mechanical gastrointestinal obstruction, i.e., mass, foreign body, stricture, etc. Acute inflammatory bowel disease, dietary indiscretion, infectious disease, enterotoxin, occult neoplasia, all potentials. Sonographically, the pancreas did not meet significant or active pancreatitis criteria, although mild or chronic pancreatitis possible. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment.

Hospitalization with gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring over the next 24 hours for further assessment is recommended. Sonographic reassessment indicated if non-responsive or progressive clinical signs.



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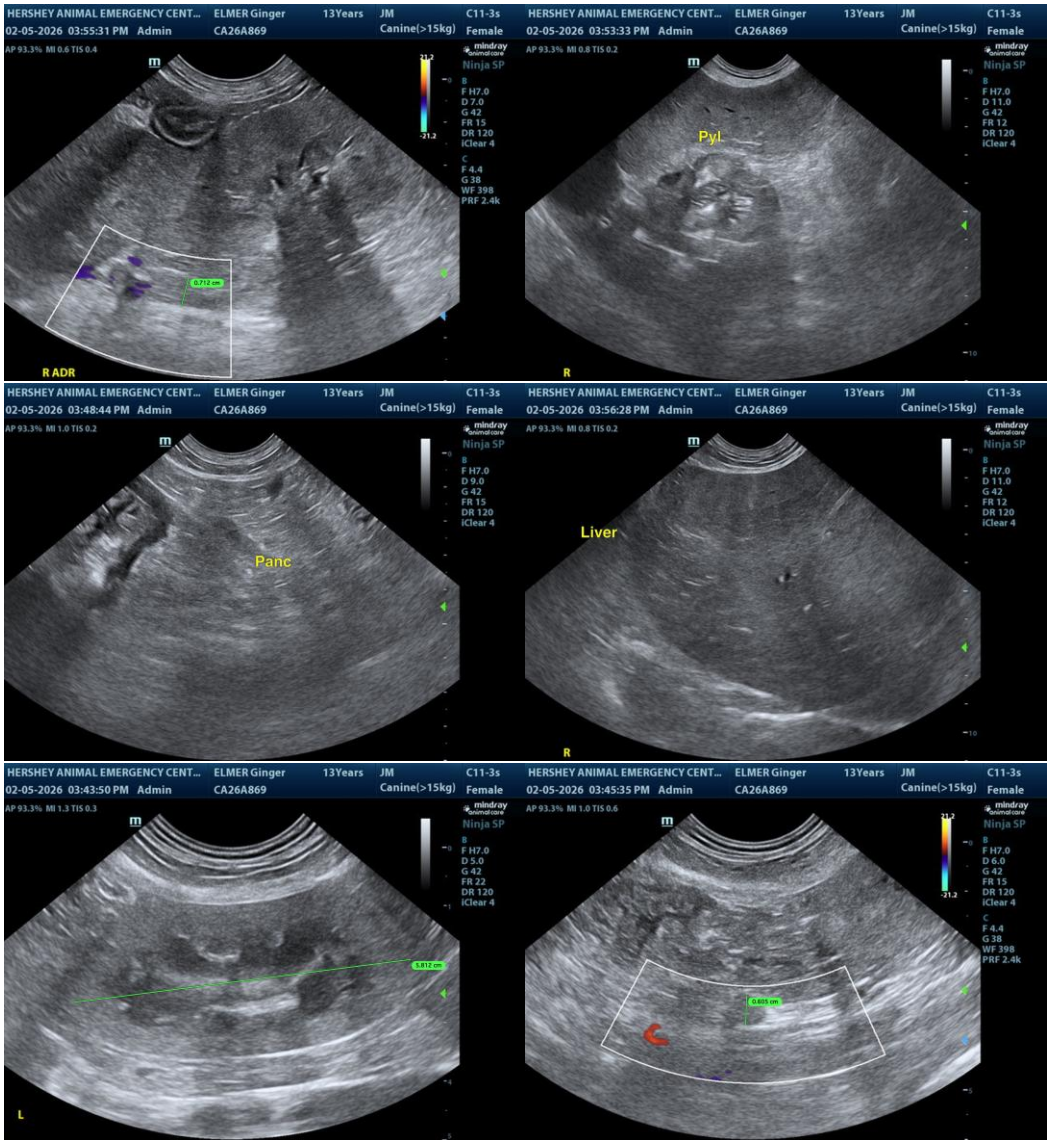

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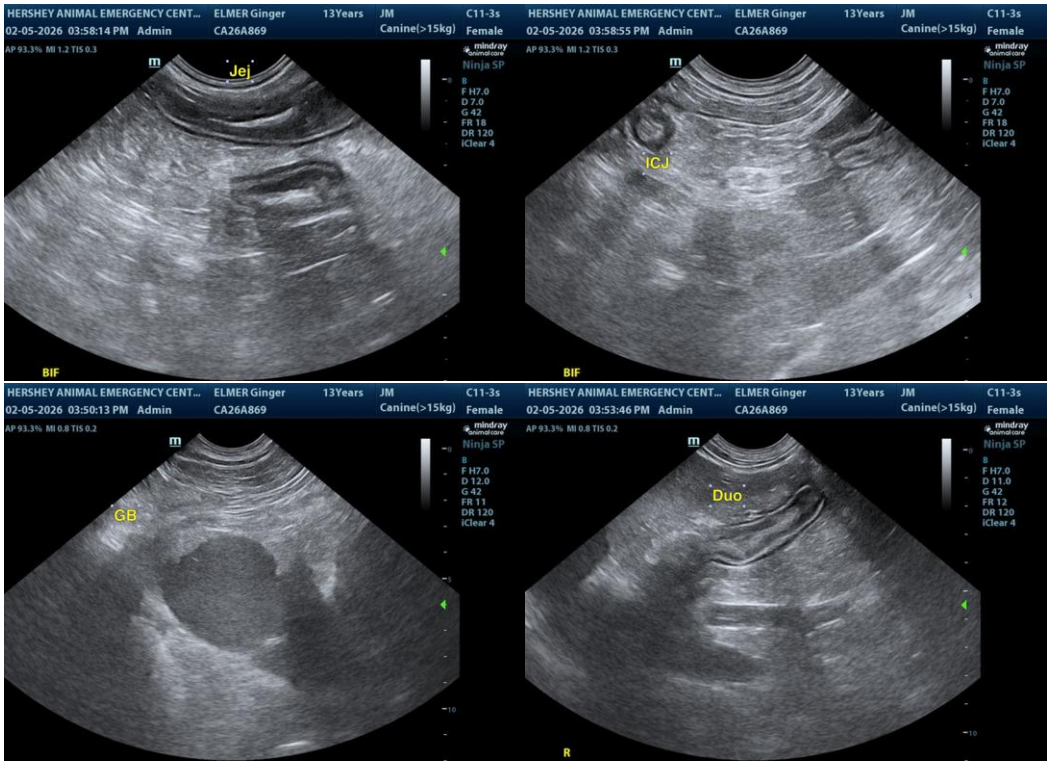

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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