



## PATIENT

Jax Masgay

## SPECIES

Canine

## BREED

Doodle

## SEX

MN

## AGE

11yr

## WEIGHT

14.1kg

## 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. Shally Gastelu

## INVOICE

24044

## DATE

03/01/2026

## PRESENTING CLINICAL SIGNS

Presents for acute 2-3 day history of vomiting including food and water; decreased appetite. 5 days post op dental at rDVM; was eating pan fried hamburger and rice. History of dietary indiscretion.

PE:Abdominal: Guarded and painful on abdominal palpation

Musculoskeletal: bilateral stifle crepitus

Abnormal PE/Chem/CBC/UA Results: HAEC Diagnostics 3/1/26: CBC: immature neutrophils 1.56 (H), Lymphocytes 0.52 (L), Monocytes 2.65 (H) Chem: glucose 144 (H), BUN 30 (H), ALP 233 (H), Tbili 1.1 (H), Cholesterol 353 (H) cPL: 1064 (H) EPOC: lactate 4.06, BUN 29, Glucose 140, HCT 57 Radiographs 1. Severe loss of abdominal serosal detail. 2. Intestinal changes are compatible with a functional ileus, no evidence of obstruction. 3. CV consistent with systemic hypovolemia.

## 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 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 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 5.5 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### Adrenal Glands

The left adrenal gland was indistinctly visualized owing to increased peri-adrenal and omental artifact. The right adrenal gland was overtly normal in size, position and shape measuring 0.48 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



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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. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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 gastric body wall measured -cm width. The stomach contained a minor 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. Mild segmental jejunal corrugation was present. 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 semi formed to formed feces in lumen.

### ***Pancreas***

Diffuse enlargement of the pancreas with hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Hypoechoic striations and edema were present. The surrounding omental fat around the enlarged to hypoechoic pancreas was hyperechoic indicative of reactive change, adhesions, peritonitis, or saponification with generalized hyperechoic mesentery. Mild peripancreatic to peritoneal free fluid was present around the abnormal pancreas.

### ***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Severe potentially necrotizing pancreatitis vs pancreatic neoplasia
- Diffuse peritonitis and gastroenterocolopathy
- Hepatopathy - reactive, vacuolar, nonobstructive cholestatic hepatopathy probable
- Nondistended gallbladder with mild nonorganized debris (non-mucocele)

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA cytology of the pancreas and effusion analysis is recommended. Aggressive therapy for severe pancreatitis is recommended with as needed sonographic monitoring. Extremely guarded prognosis.



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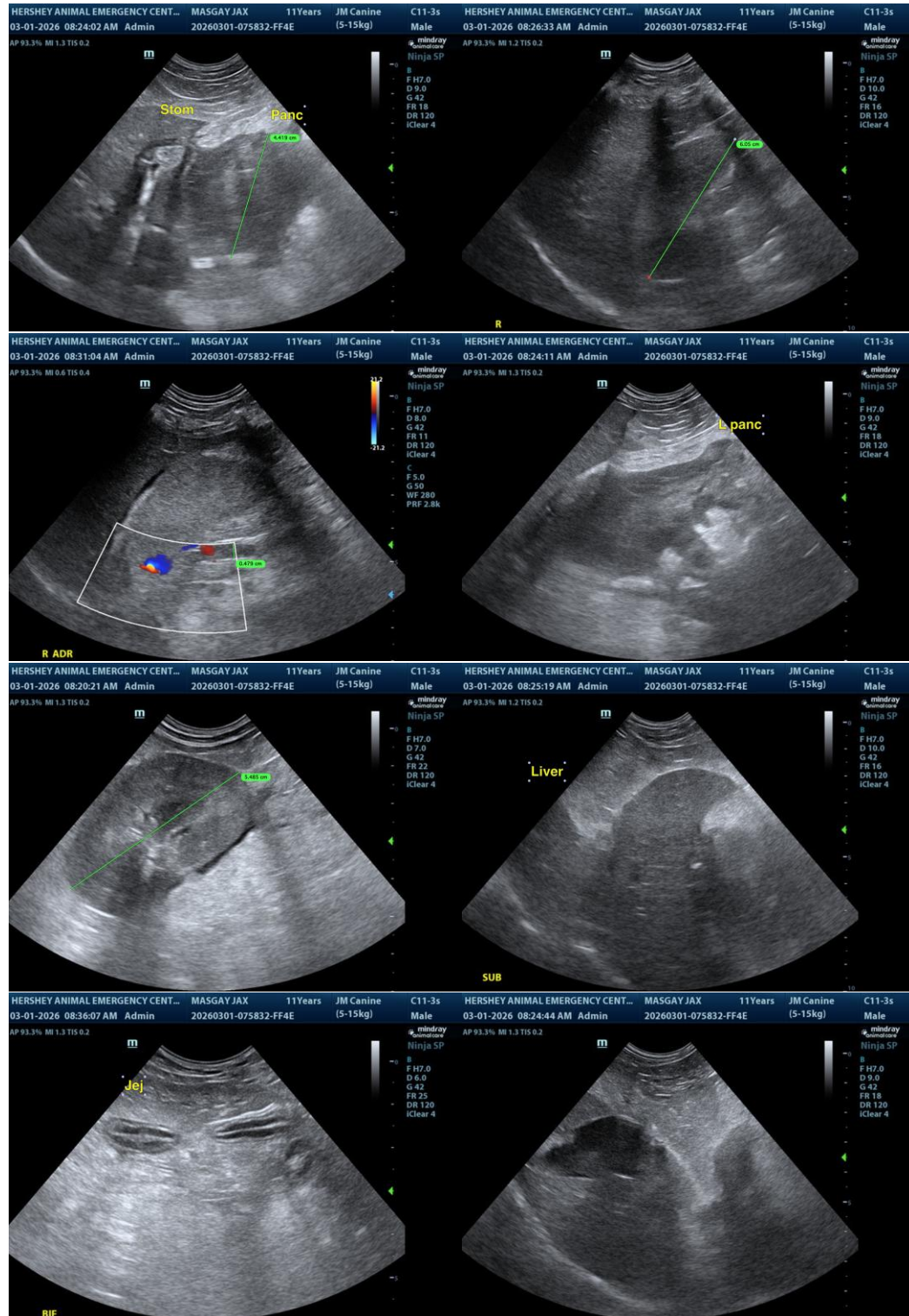
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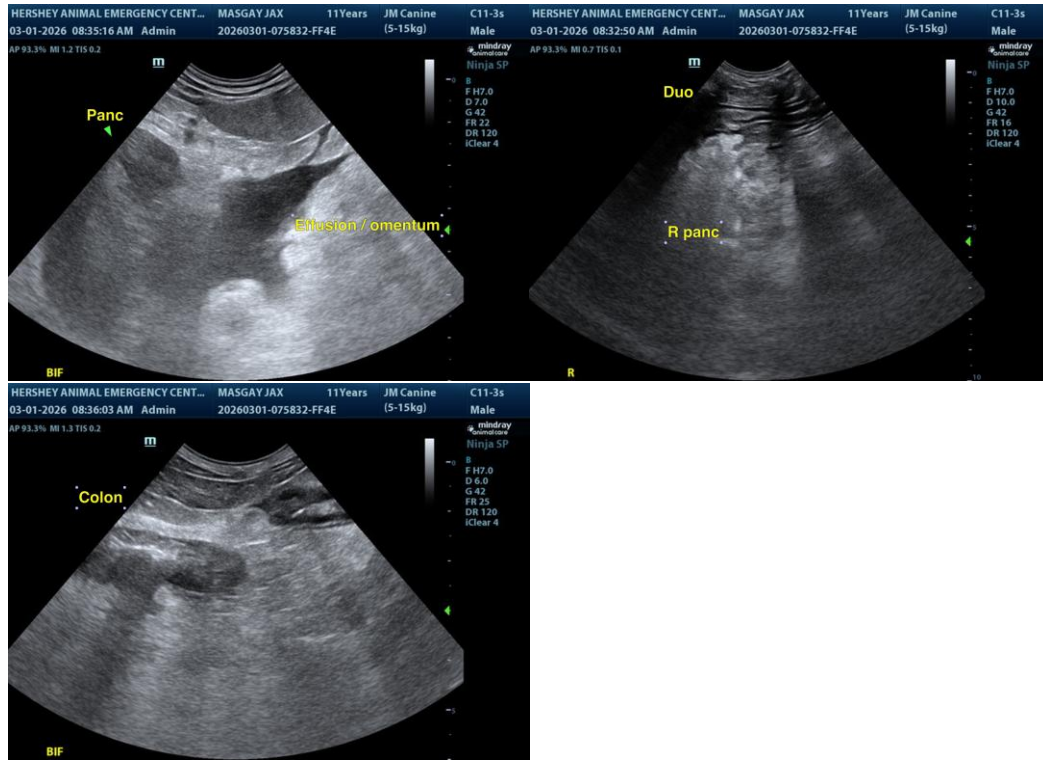
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)