



## PATIENT

Ginger Endors

## PRESENTING CLINICAL SIGNS

- 3d history of diarrhea becoming bloody

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pink/tacky CRT 2-3s 5-6% dehydration Abdominal pain on palpation PETS R US Diagnostics: CHEM: Phos (5.8), Ca (8.9) Lipase (524) CBC: Lymphocytes (0.39) Radiographs: 1. Hepatomegaly. A vacuolar hepatopathy or neoplastic process is considered. 2. Colitis. A bacterial, viral, toxic, or parasitic etiology is considered. 3. Possible intervertebral disc disease. Presenting diagnostics: EPOC: WNL PCV/TP: 56/8.4 USG: 1.050 Panc Lipase 210 H Repeat EPOC: P02 61 L, Pc02 31.7 L, Na, 139 L, BUN 6 L, Glu 136 H, HCT33 L

## BREED

Doodle

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

FS

### Urinary System

The urinary bladder, 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 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.

### AGE

10yr

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 5.1 cm in length. The right kidney measured 5.6 cm in length.

### WEIGHT

12.7lb

The area of the aortic trifurcation was free of pathology.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 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 0.51 cm width at the caudal pole.

## IMAGING PERFORMED BY

Lindsay Powell, CVT

### 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.

## HOSPITAL NAME

Hershey Animal  
Emergency Center

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Dr. Brittany Lang

### Liver/Gallbladder

The liver presented subjectively mildly 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

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24227

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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and minor peripheral lumen non-organized debris. The cystic and common bile ducts were normal.

### **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 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 mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Segmental mildly thickened intact jejunum wall was present.

Non-thickened colon wall exhibiting segmental distension with non-formed fecal matter primarily noted in the transverse and descending colon.

### **Pancreas**

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

### **Free Abdomen**

No overt lymphadenopathy was present.

Peri-enterocolic mild hyperechoic omentum and minor volume peri-enterocolic to peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Enterocolopathy exhibiting mild segmental non-obstructive intestinal ileus, segmental mildly thickened intact jejunum wall and generalized distended colon with non-formed fecal matter.
- Associated peri-enterocolic hyperechoic omentum and minor volume peritoneal effusion.
- Non-congested mild hepatomegaly-subjectively benign.
- Minor non-organized gallbladder debris.
- Prominent non-homogenous pancreas.

### **Secondary**

- Mild age related renal changes
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, occult Addison's Disease, occult neoplasia, pancreatitis, or other. Sonographically the pancreas was not overtly consistent with severe



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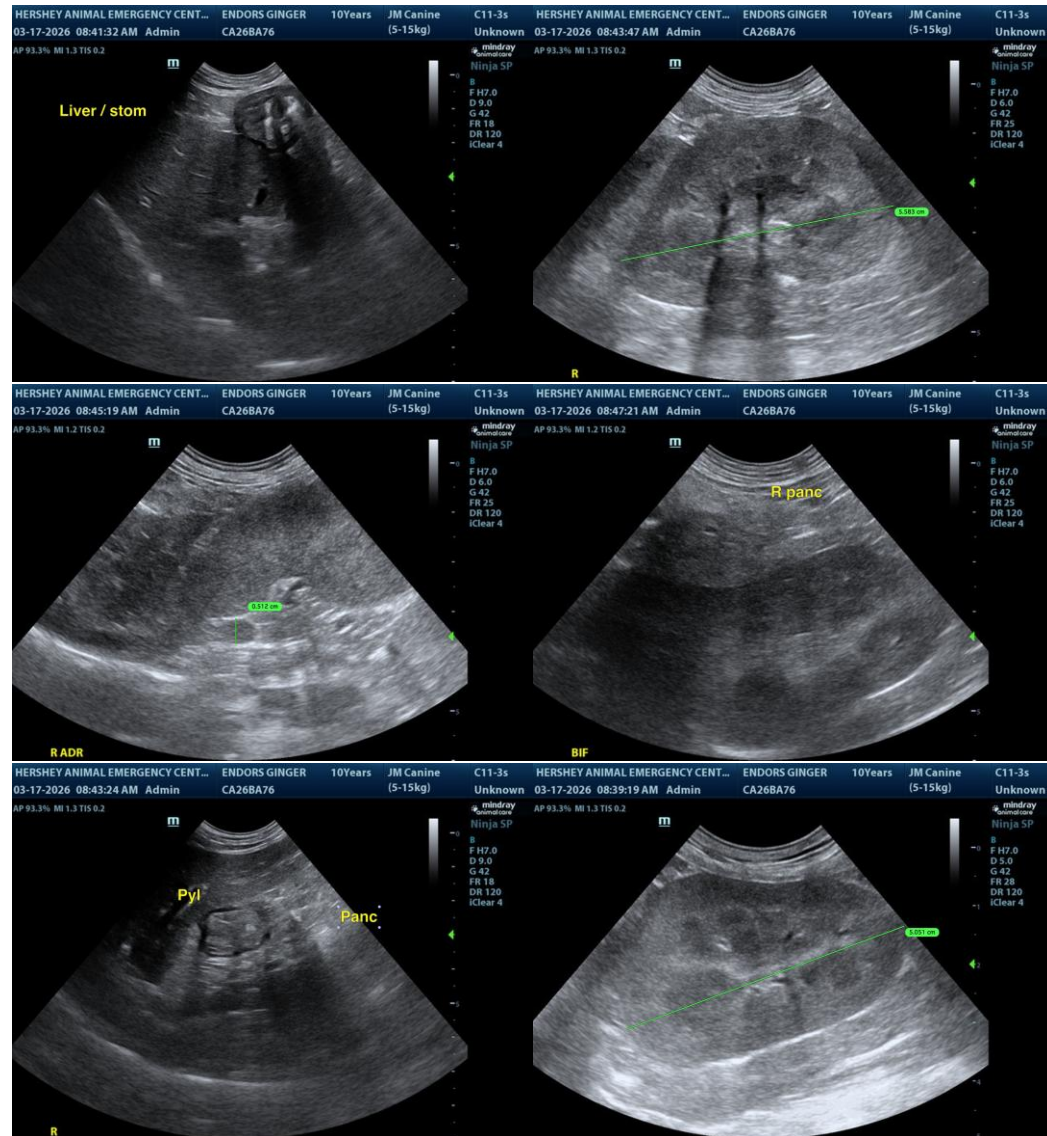
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active pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

Hospitalization with gastrointestinal support and clinical monitoring is recommended. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs.





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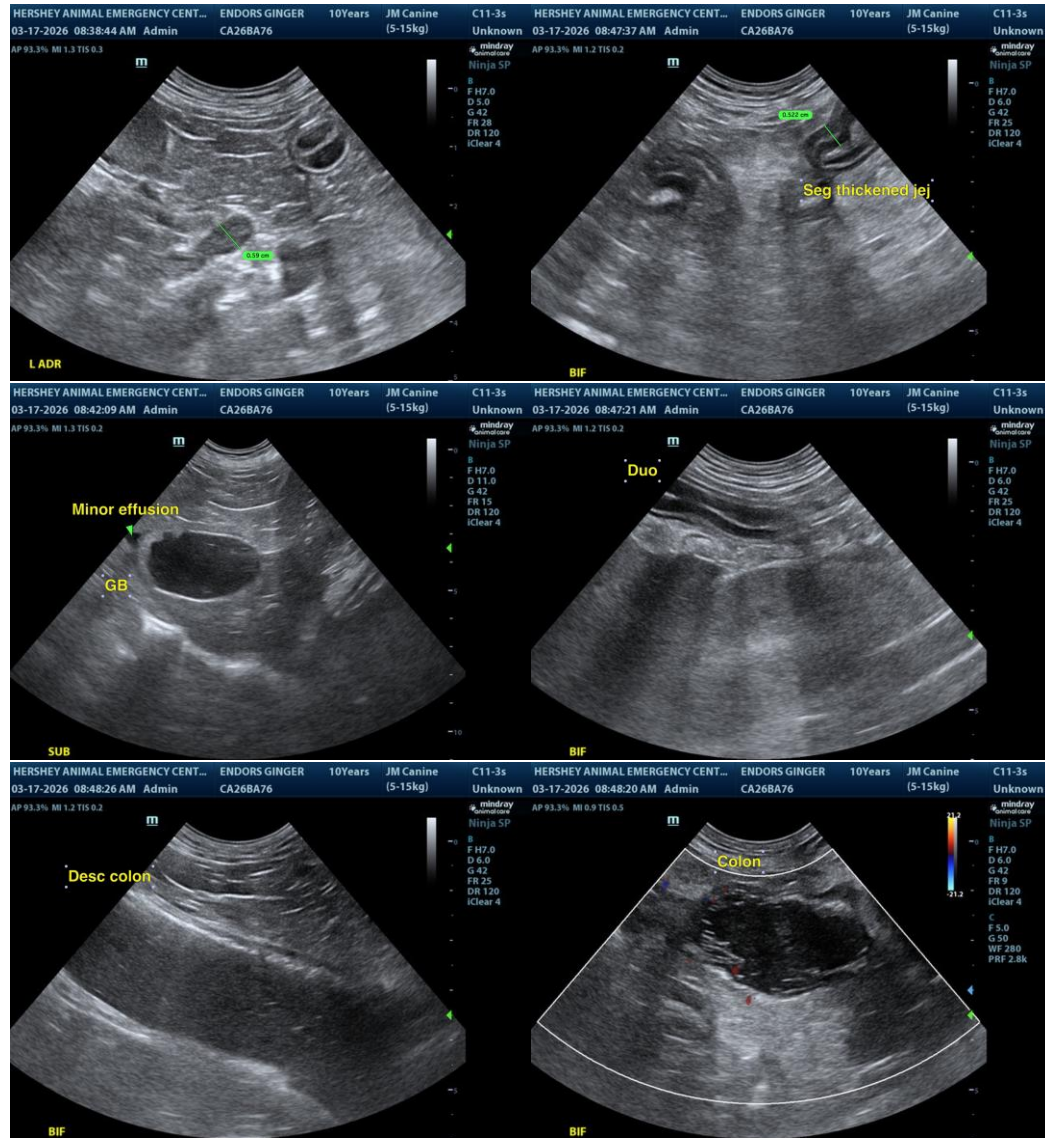
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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