



PATIENT

Lucy Albright

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

15.2 kg

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. Sarah Moser

INVOICE

14566

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- 24 hrs not eating, vomiting, diarrhea yesterday, no hx of eating things etc but did spend more time outside over the weekend

Abnormal PE/Chem/CBC/UA Results: distended abd, tense on palp, QAR, pk/tacky, 2-3 s, 6-8% dehydrated rDVM rads 3/23 - fluid distended bowel w/ evidence of SI obstruction, stomach empty rDVM 3/23 blood work - ALT 137, ALP 1581, Cl 104, Alb 4.4 Blood work 3/24 - BUN 37, Creat 1.55, Glu 125, HCT 60, Lact 3.76, Na 137, K 3.2, Cl 105, iCa 1.02, Phos 8.9, TP 8.3, ALT 275, ALP 1621, GGT 12, WBC 20.53, Neut 17.11, Mono 1.27

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.3 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 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 0.45 cm width at the caudal pole.

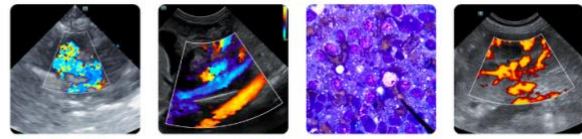
Spleen

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

The liver was mildly enlarged in size with rounded symmetrical contour with mild non-homogenous hepatic parenchyma exhibiting variable coarse echotexture. 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.



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Gastrointestinal

The stomach contained a moderate amount of irregular strongly shadowing content extending into the pyloric outflow into the duodenum. Concurrent segmental similar appearing strongly shadowing jejunal content with segmental mild jejunal corrugation and mild duodenojejunal ileus and segmental mild duodenojejunal ileus. Overtly normal intact visible stomach wall.

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

Pancreas

The right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

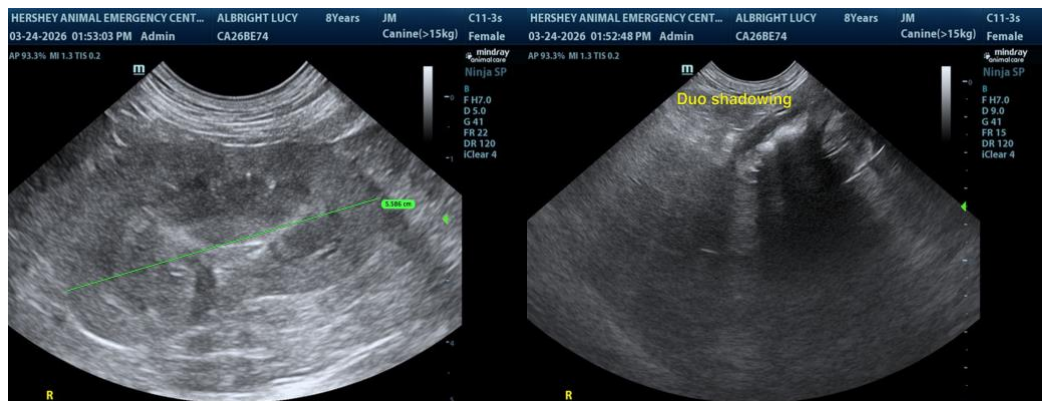
No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Mild perigastrointestinal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Extensive gastrointestinal foreign body potentially anchored in the stomach with associated segmental jejunal corrugation and mild obstructive pattern.
- Possible concurrent mild pancreatitis.
- Hepatopathy- subjective benign.
- Sonographically normal, gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward gastrotomy and likely multiple enterotomies is recommended. Concurrent hepatic biopsy at time of surgery and if normal clotting status may be considered. No overt evidence of gastrointestinal neoplastic criteria, although gastrointestinal biopsy at time of surgery is suggested to assess for underlying intestinal disease as an obvious cause of pica.





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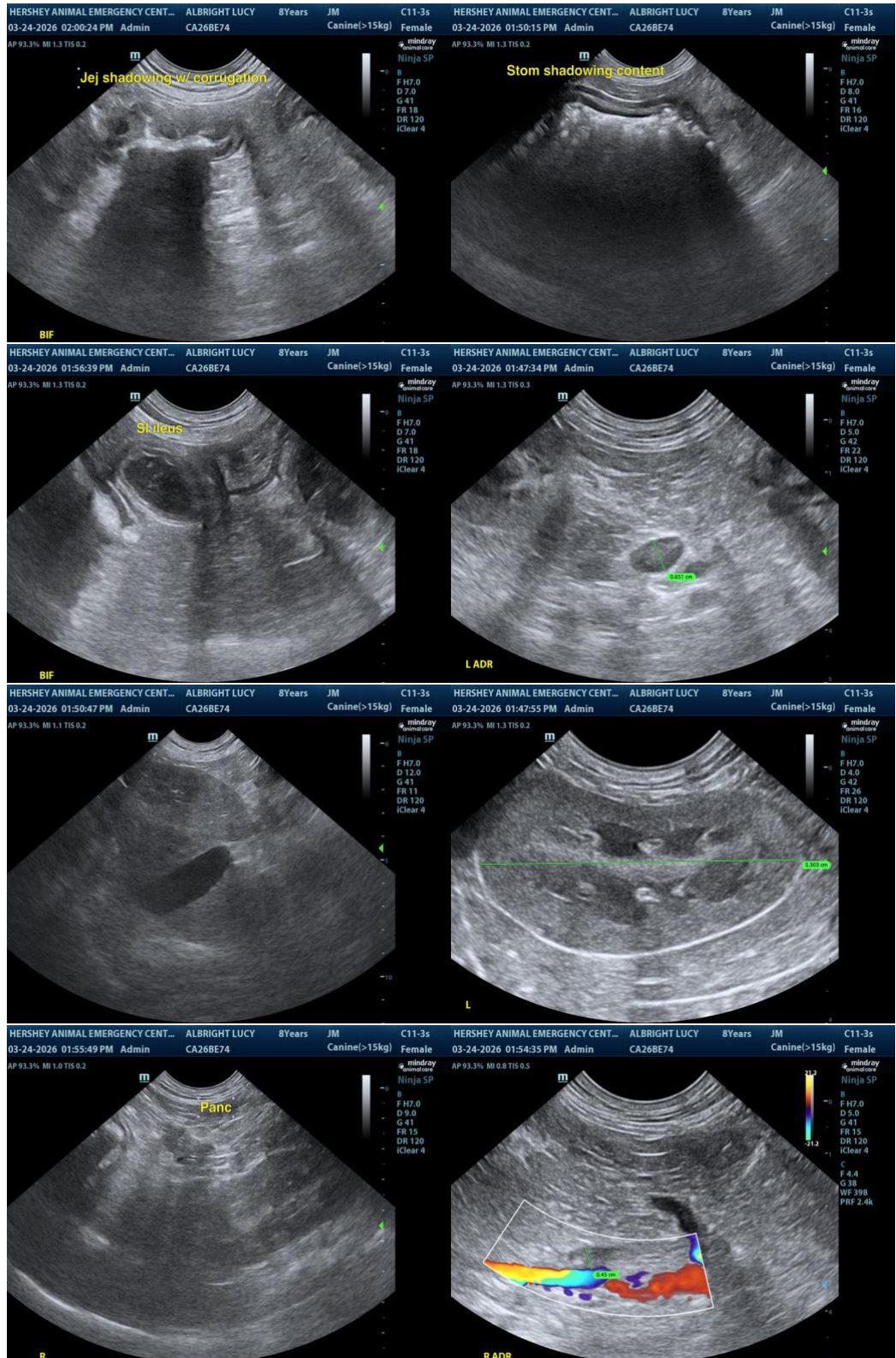
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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