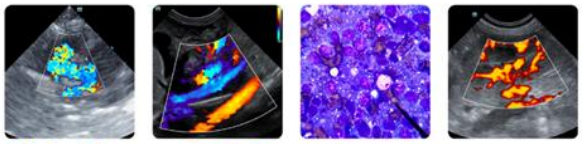


PATIENT
Teddy Johnson

SPECIES
Canine

BREED
Pomeranian

SEX
MC

AGE
7yr

WEIGHT
4.6kg

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. Brittany Lang

INVOICE
24084

DATE
03/03/2026

PRESENTING CLINICAL SIGNS

- -Came in to HAEC earlier morning 3/1/26 and got Dx with pancreatitis
- -Came back in early morning today 3/2/26 for a Panoquell Injection
- -Today pt was hunched over, shaking, coughing and a high pitched bark (not normal), very restless, cant get comfortable
- PE &labs:
- Abdominal: Tense but compliant and no abnormalities or pain on palpation
- EPOC - pO2 60.1 (H), cSO2 91.3 (H)
- PCV/TP - 45/7.6
- Panc Lipase - 660 (H)
- UA - USG 1.028, pH 9.0, Protein 30, blood 250, WBC 8/HPF, RBC >50/HPF, suspect presence cocci/rods, Non-hyaline casts >1/LPF
- BP - 130
- Abnormal PE/Chem/CBC/UA Results: Abd rads - Diffuse mild hepatomegaly: Correlate with a hepatic bout millimeters. This finding is nonspecific with possible etiologies to include metabolic hepatopathy, other vacuolar hepatopathies, cholangiohepatitis, infiltrative neoplasia (such as lymphoma, mast cell tumor) cannot be excluded. Mild gastroesophageal reflux. DDx. Positional, esophagitis. Mild left-sided cardiomegaly compatible with acquired cardiopathy including myxomatous mitral valve disease–compensated stage. Cystolithiasis. T11–12 intervertebral disc disease: Unknown clinical significance. Underlying compressive myelopathies and radiculopathies cannot be confirmed or excluded in this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. Bilateral non-obstructive medullary renoliths were present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

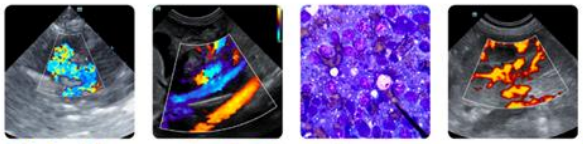
The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 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 0.48 cm width at the caudal pole.

Spleen



PATIENT

Teddy Johnson

SPECIES

Canine

BREED

Pomeranian

SEX

MC

AGE

7yr

WEIGHT

4.6kg

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. Brittany Lang

INVOICE
24084

DATE
03/03/2026

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 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 moderate congealed non-organized gallbladder debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal to mildly prominent in size with mild capsule asymmetry and isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy- consistent with benign criteria, i.e. metabolic, vacuolar, inflammatory, reactive, non-obstructive cholestatic, less likely occult neoplasia
- Congealed gallbladder debris with possible immature mucocele
- Mild heterogeneous remodeled pancreas-no overt evidence of significant active or necrotizing pancreatitis with low grade chronic pancreatitis probable
- Normal empty gastrointestinal tract
- Bilateral non-obstructive renolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for low-grade chronic pancreatitis with hepatogastrointestinal support would be appropriate. Concurrent hepatosupportive medications with as needed sonographic monitoring of the

PATIENT

Teddy Johnson

SPECIES

Canine

BREED

Pomeranian

SEX

MC

AGE

7yr

WEIGHT

4.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

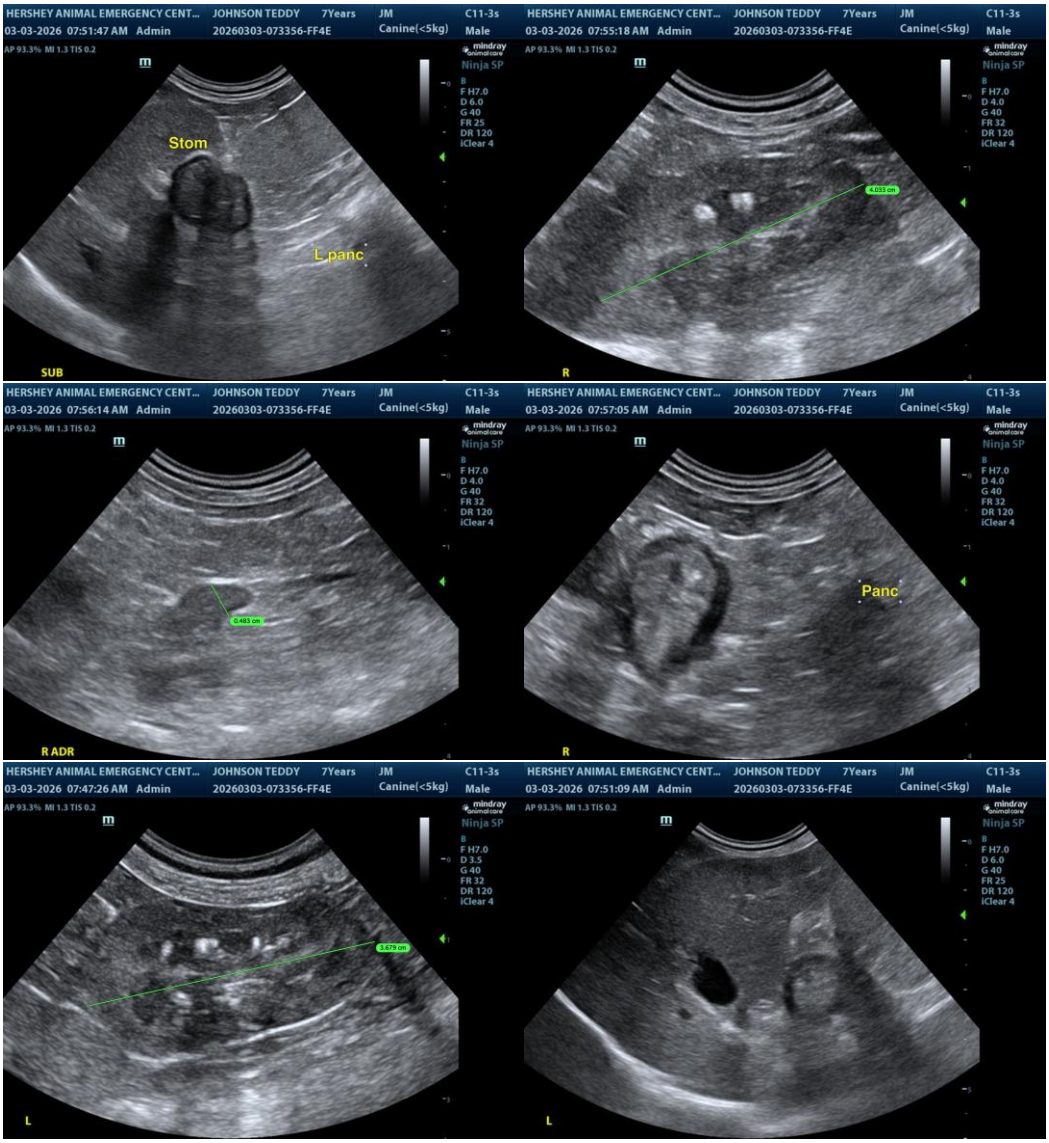
REFERRING VET

Dr. Brittany Lang

INVOICE
24084

DATE
03/03/2026

gallbladder, if evidence of progressive hepatopathy or cholestasis is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Teddy Johnson

SPECIES

Canine

BREED

Pomeranian

SEX

MC

AGE

7yr

WEIGHT

4.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

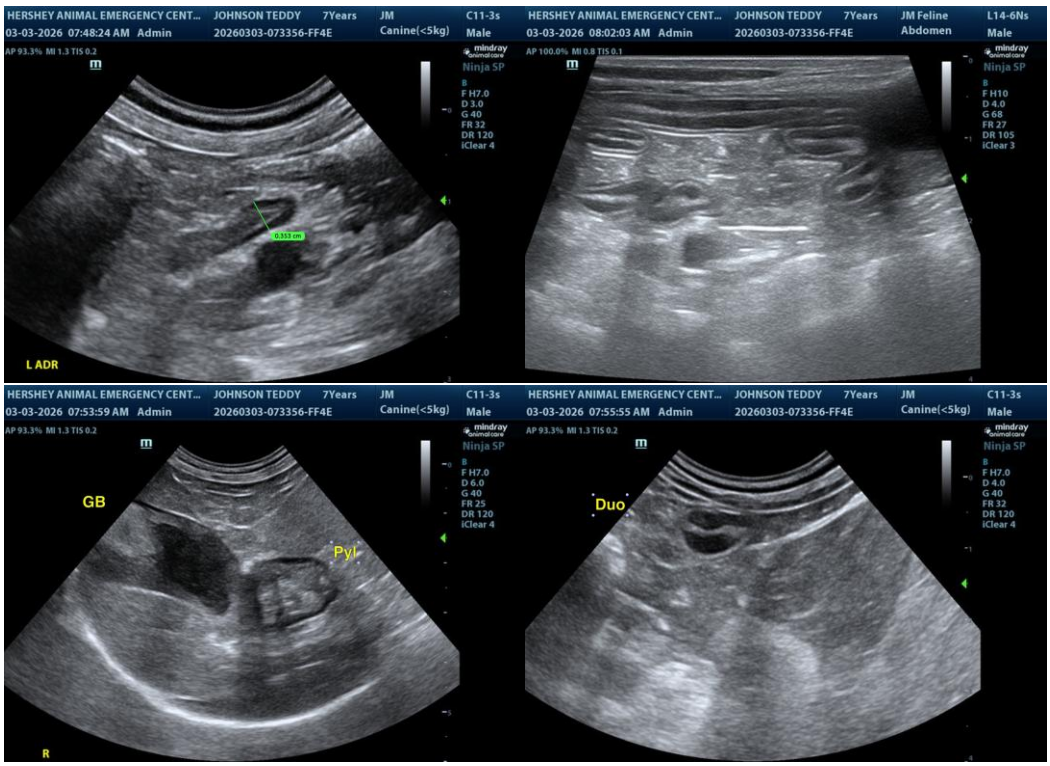
Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE
24084

DATE
03/03/2026



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