

PATIENT

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

PRESENTING CLINICAL SIGNS

- Presented Monday 3/30 at 6:40p for distended abdomen. Became distended on Saturday. O went to RDVM today where they recommended transfer for abdominal ultrasound (no diagnostics done at that time). Decreased appetite, still drinking.
- PE:EENT/oral: pink moist mm, crt <2s, NS OU, brown waxy debris AU
- Abd: Distended with palpable fluid wave
- Musc: Diffuse moderate muscle atrophy, no lameness
- HAEC DX:
- POCUS: marked volume of peritoneal effusion, abdominocentesis revealed grossly colorless fluid
- EPOC: K 5.1 H Chem15: Alb 1.7 L, TP 4.6 L, BUN 5 L, ALT 233 H, ALP 363 H
- qPL: WNL CBC: WNL 3/30 ON: BP: 137/90(100) UA: USG 1.024, pH 6.5, Protein trace, blood 25, bilirubin 6, urobilinogen 6, suspect presence non-hyaline casts
- PT/PTT: 16.8/111.5 (n/n)

Abnormal PE/Chem/CBC/UA Results: Rads 1. Moderate abdominal effusion. Correlate with abdominal fluid analysis for cause. An obvious cause is not seen radiographically. 2. Mineral opacities within the stomach +/- intestine/colon. Consider dietary indiscretion versus dietary versus gravel sign or other causes. 3. No obvious pulmonary metastatic disease is identified. There are numerous osteomas. 4. Possible mild sternal lymphadenopathy (versus artifact/normal variation). If there is mild enlargement this could be related to be abdominal pathology as this lymph node drains in the abdomen. 5. Multiple degenerative orthopedic changes including glenohumeral osteoarthritis, lumbar articular facet osteoarthritis and caudal lumbar spondylosis deformans.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 7.3 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was 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 0.67 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no overt pathology in the area of the right adrenal gland subjectively measuring 0.57 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

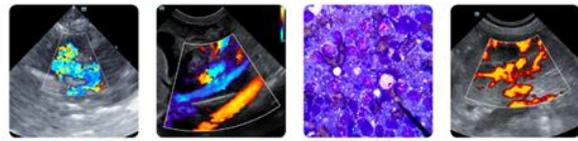
REFERRING VET

Dr. Brittany Lang

INVOICE 24360

DATE

03/31/2026



PATIENT

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

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 24360

DATE
03/31/2026

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 normal to mildly subnormal in size with asymmetrical capsule contour. Moderate to significant non-homogenous remodeled parenchyma with variable to significant coarse echotexture was present. Indistinct portal vascular borders. No visualized masses or nodules were present. Subjective adequate hepatic vascular volume. The gallbladder was non-distended in size with mildly thickened hyperechoic walls and primarily anechoic bile. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mildly thickened wall and empty lumen with mild lumen gas.

The small intestine presented intact wall layering exhibiting subjective propensity for mildly prominent intestinal mucosa. Focal to intermittent discrete hyperechoic intestinal mucosal speckling. Primarily empty intestinal lumen with minor segmental non-obstructive intestinal ileus to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy was present.

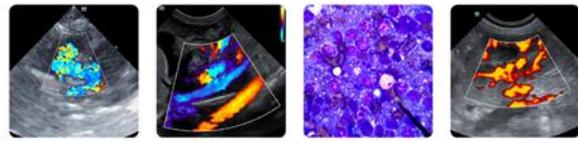
Significant volume primarily anechoic peritoneal effusion.

Generalized homogenous hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic to potentially end-stage hepatopathy pattern exhibiting asymmetrical contour and heterogeneous remodeled parenchyma -chronic to potential end-stage inflammatory disease, fibrosis, cirrhosis, or other with neoplasia thought less likely
- Possible mild chronic cholecystitis
- Intact, mildly thickened gastrointestinal wall exhibiting discrete hyperechoic intestinal mucosal speckling
- Significant volume peritoneal effusion



PATIENT

- Mild age-related renal changes

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

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

24360

DATE

03/31/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to end-stage hepatic disease in conjunction with sonographic presentation, elevated liver enzymes, decreased ALB and BUN level is probable. Concurrent intestinal disease, i.e. protein losing enteropathy as a contributing factor thought less likely given no reported gastrointestinal signs yet not definitively excluded with possible hepatointestinal comorbidities. Further assessment may include hepatic FNA cytology assuming normal clotting status, bile acid assay and GI panel.

Hepatic support combined with some or all of the following protocol may be considered empirically. An extremely guarded prognosis given suspect significant progressive to end-stage hepatic disease.

Part or all of this protocol may be considered based on your clinical impression of the patient:

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:

Plasma 10 mL / kilogram IV over 4 hours

Or Human albumin 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day

And Colloids/Hetastarch

10 to 20 mL per kilogram per day and dogs

10 to 15 mL per kilogram per day cats

(Can bolus first 1/3 of dose over 15 minutes)

& maintain on LRS maintenance otherwise.

Metronidazole (10-20 mg/kg po bid)

Famotidine 1 mg/kg Iv Im po dc Sid /bid

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

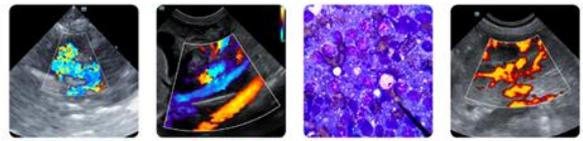
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m² Q 24-48 hours.

Cobalamin (B12) 250-1500 ug/dog weekly x 6 weeks.

Calcium supplementation if necessary.

Aspirin 0.5-1 mg/kg/day **or Clopidogrel (Plavix)** 1-5 mg/kg/day.



PATIENT

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

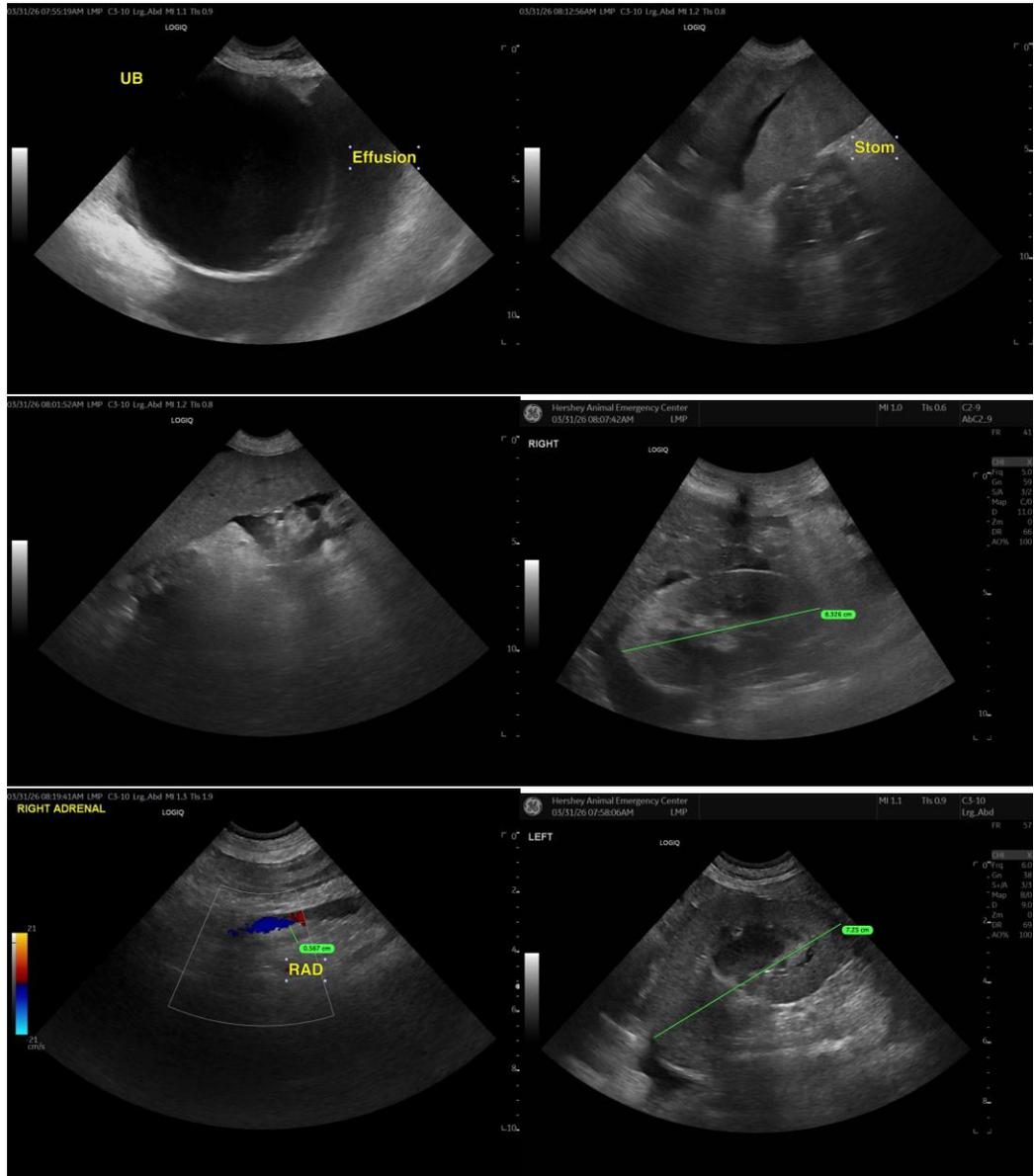
Dr. Brittany Lang

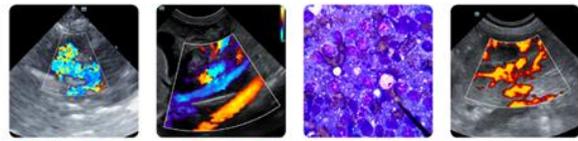
INVOICE

24360

DATE

03/31/2026





PATIENT

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

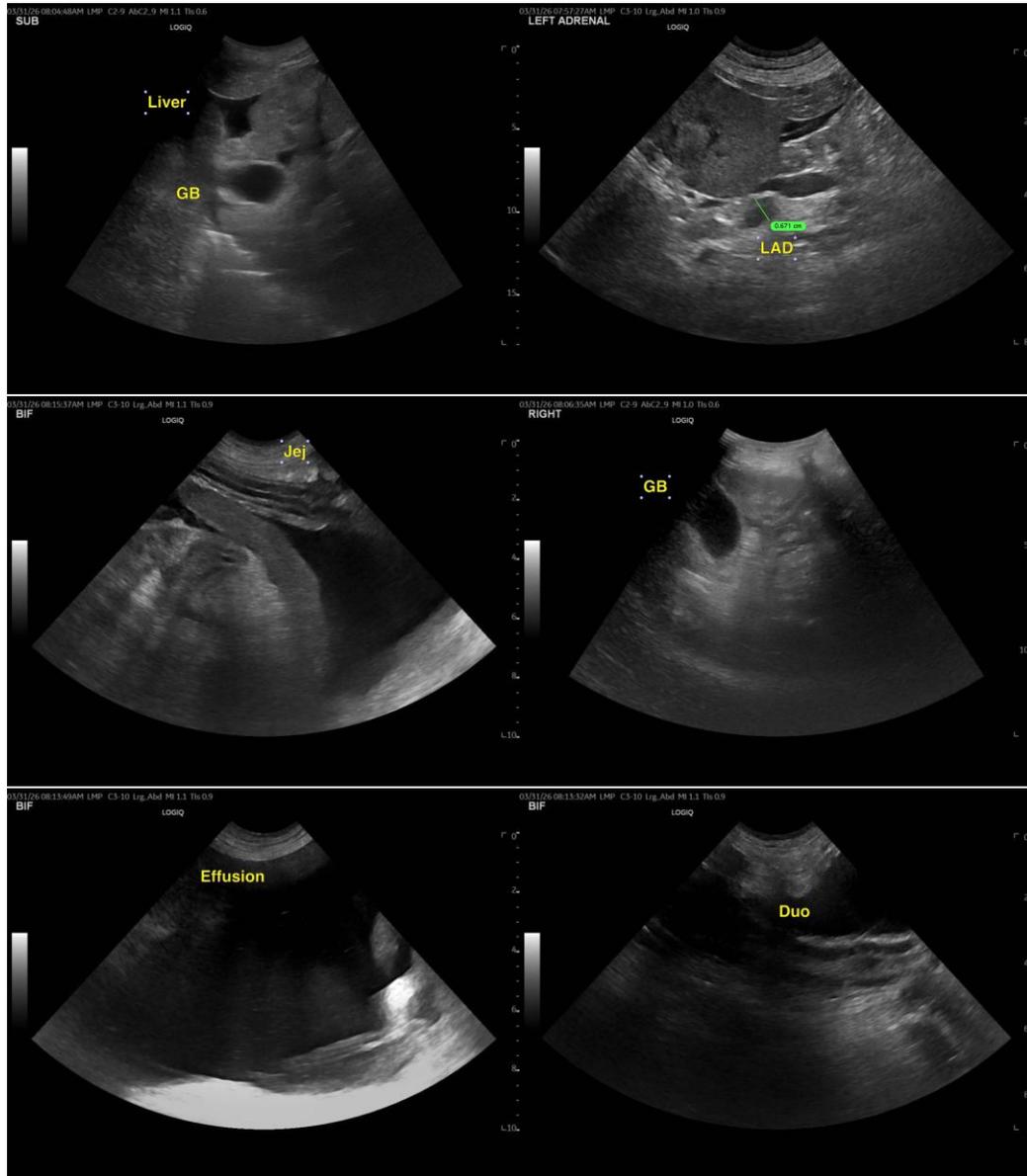
Dr. Brittany Lang

INVOICE

24360

DATE

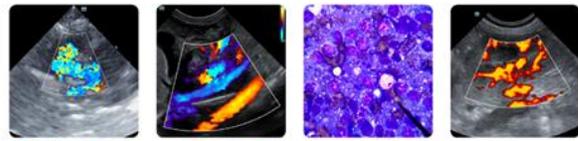
03/31/2026



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



PATIENT

Coco Waybright

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12yr

WEIGHT

40kg

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

24360

DATE

03/31/2026