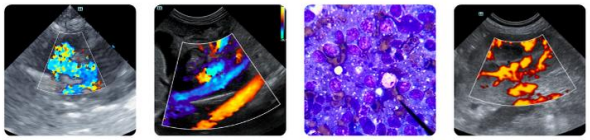


PATIENT

Scrappie Buck

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

8Y, 8M

WEIGHT

2.54kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing, ER

INVOICE

74032

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate weight loss. Currently hospitalized post acute trauma, possible big dog little dog bite vs trauma in cage. Presented to the ER for dyspnea and inappropriate mentation. Puncture found on ear and throat, P having trouble breathing. O had to shake to stimulate breaths on way in. They think got caught on wire in cage. No v/d. Has been losing wt for past few days.
- PE: Small puncture wound on ventral neck with ~1 cm of pocketing ventrally. Mild subcutaneous emphysema and edema surrounding puncture wound. Mentally inappropriate. Falling to the right. Crossing over all limbs. Absent CPs in hindlimbs (L>R). Concern for head trauma.
- Now with swelling and bruising over neck. Possible ecchymosis over caudal ribs/ subxiphoid region (bilateral). Mentation and CPs improved somewhat overnight.
- ER Mgmt for head trauma: IVF 10 ml/kg bolus
- 11 ml/hr rate (maintenance w/ 5% dehyration) w/ 40 mEq KCl
- 1 g/kg Mannitol IV once
- Cerenia 1 mg/kg IV once
- Unasyn ~ 25 mg/kg IV TID
- Methadone 0.2 mg/kg IV q6h

Abnormal PE/Chem/CBC/UA Results: PCV/TS - 40/5.8 CBC: NSF Chem: Cr -0.3, TBil - 1.1 (possible artifact vs other) EPOC: Na 154, K 2.9 Rads PERTINENT CON: cause for the abnormal neuro status is not clear. No evidence of bone fx. No additional skull fx. Atlantoaxial instability is not seen, normal visibility of the odontoid process. Mod to marked ST swelling w/emphysema at the level of the hyoid apparatus and larynx, compatible w/reported trauma. Potential crush injury to hyoid apparatus, or cricoid/thyroid cartilage. Thorax & Abd WNL

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

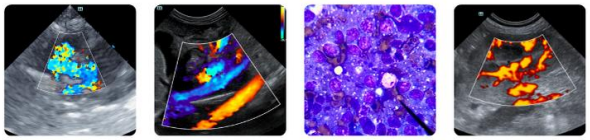
The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 4.1 cm in length. The right kidney measured 3.9 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 0.32 cm width at the caudal pole. The right adrenal gland was uniform in



PATIENT

Scrappie Buck

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

8Y, 8M

WEIGHT

2.54kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing, ER

INVOICE

74032

DATE

3-4-26

size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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 subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild 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 mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained echogenic fluid and mild hyperechoic nonshadowing to progressively shadowing ingesta. No obvious visualized obstructive pyloric mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.39 cm wall width. The jejunum wall measured 0.25 cm wall width.

Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

Pancreas

The left pancreas was mildly prominent in size with mild capsular asymmetry and mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum. 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

Mild peripancreatic to cranial abdomen hyperechoic omentum noted.

No evidence of effusion or significant lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable normal volume liver.
- Mild gallbladder debris (nonmucocele).
- Moderate hypomotile stomach with retained fluid and variably echogenic ingesta.
- Normal empty small intestine.
- Possible mild pancreatitis.

PATIENT

Scrappie Buck

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

8Y, 8M

WEIGHT

2.54kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing, ER

INVOICE

74032

DATE

3-4-26

- Mild increased peripancreatic to cranial abdomen omental echogenicity – no evidence of peritoneal effusion.

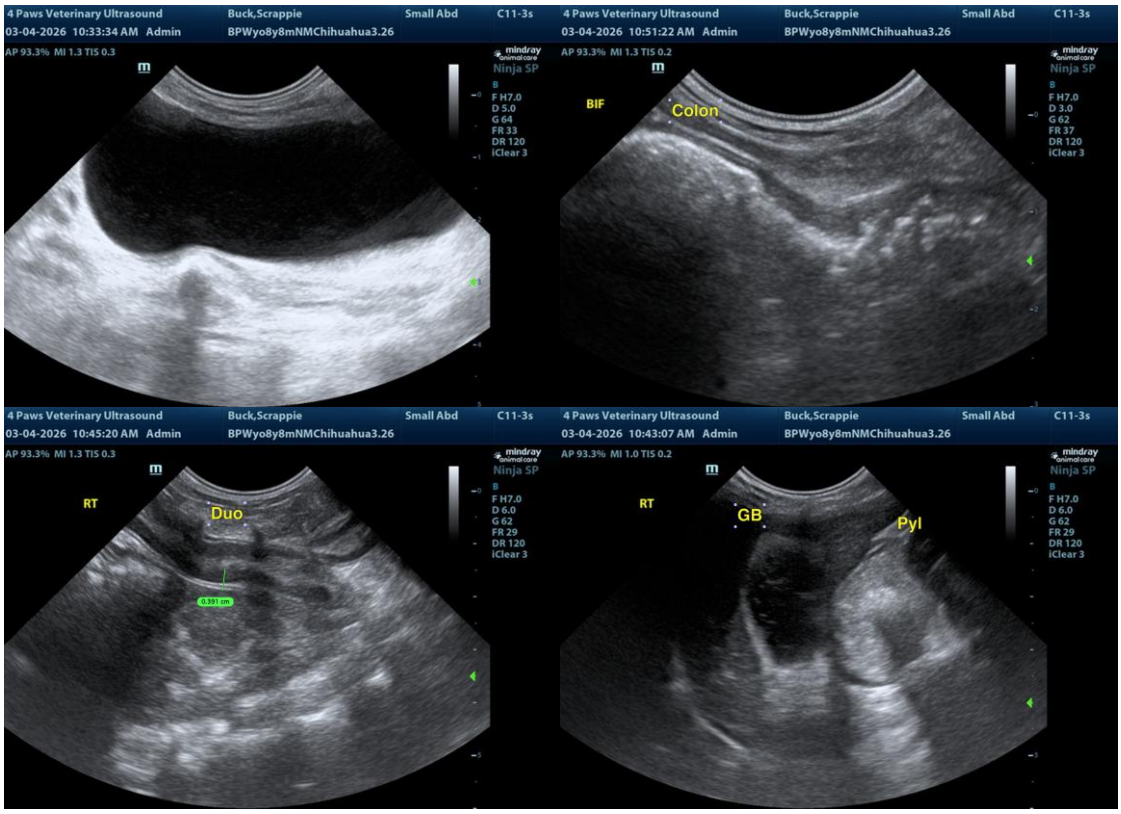
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without visualized evidence of pyloric or upper intestinal mechanical obstruction, moderate metabolic or functional gastric ileus is probable. Gastric evacuation via nasogastric tube or similar with monitoring of gastrointestinal motility may be considered.

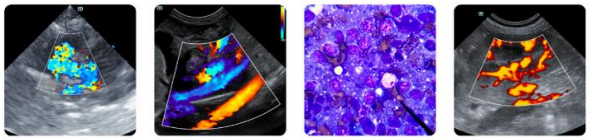
A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to correlate with pancreas and assess for nonstructural intestinal disease as a contributing factor to the weight loss.

No obvious evidence of penetrating abdominal trauma given patient's history with mild hyperechoic to reactive cranial abdomen omentum secondary to nonpenetrating trauma or owing to mild pancreatitis possible.

No evidence of hepatic pathology given evidence of reported trauma in area of caudal ribs and subxiphoid.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Scrappie Buck

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

8Y, 8M

WEIGHT

2.54kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

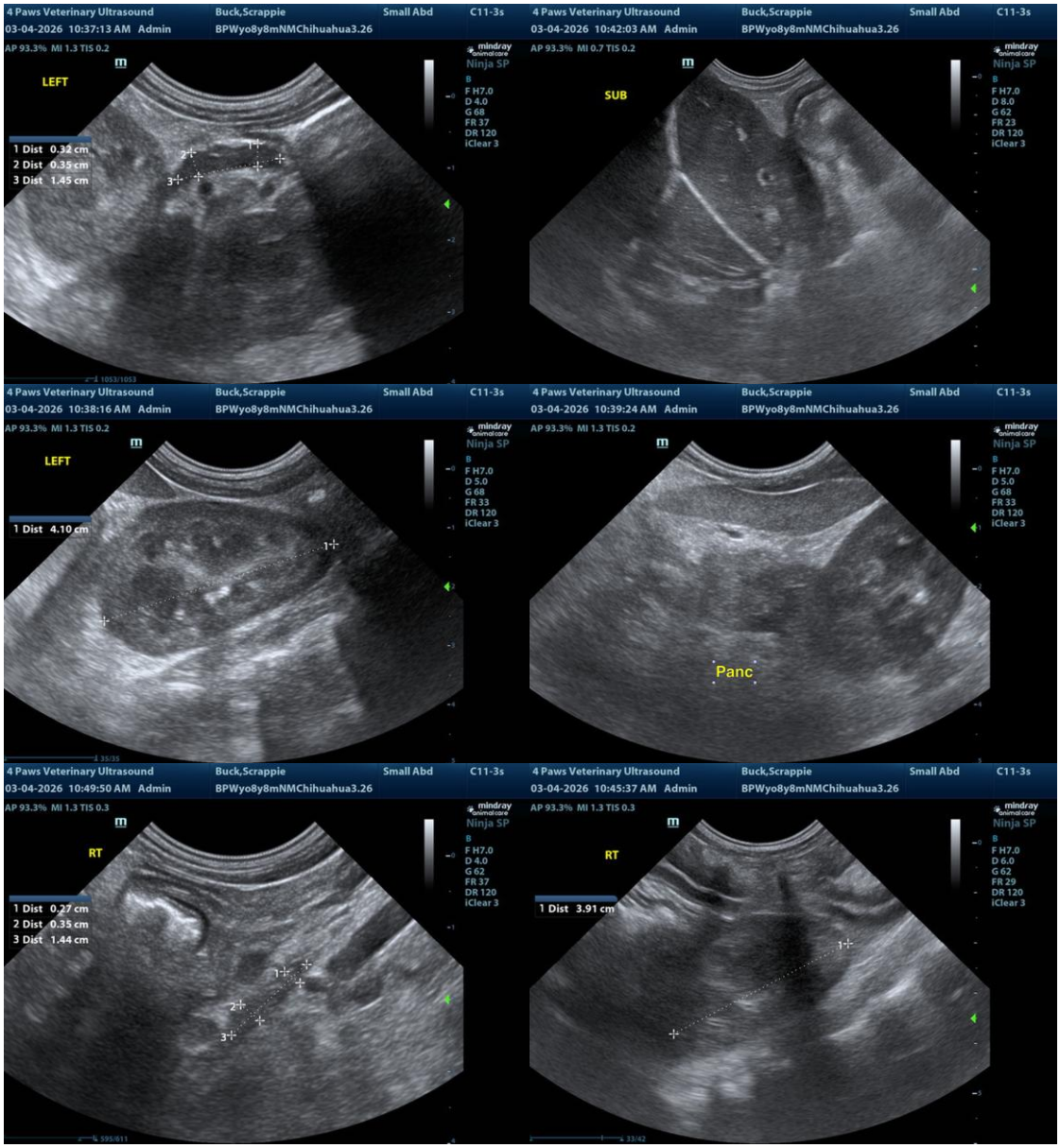
Blue Pearl Wyomissing, ER

INVOICE

74032

DATE

3-4-26



PATIENT

Scrappie Buck

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

8Y, 8M

WEIGHT

2.54kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

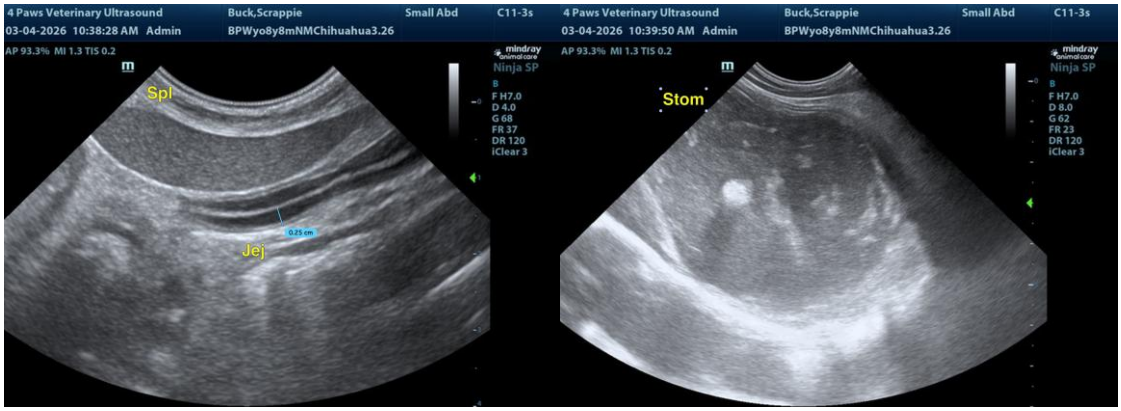
Blue Pearl Wyomissing, ER

INVOICE

74032

DATE

3-4-26



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