

PATIENT

Skye Kintzel

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

37.4 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. Lydia Coogan

INVOICE

15036

DATE

04/13/26

PRESENTING CLINICAL SIGNS

P presented 4/13 AM for vomiting acutely after eating, another vomiting episode that contained pink-tinged foam, bloody diarrhea started as well. Historically diagnosed with presumptive diet responsive IBD and has had occasional flareups. Has been well managed on strict hydrolyzed diet and omeprazole daily for a little over a year now.

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pink/tacky, CRT <2s mild nausea and discomfort on deep palpation EPOC: pH 7.48, pCO2 28.8 (L), Lac 4.50, CHT 62% CBC: HCT 63.3% Chem: Phos 2.0 (L) Panc lipase: 239 (equivocal)

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.

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 6.8 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland presented with subjective normal size and symmetrical contour with homogenous parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole.

The right adrenal gland was not definitively visualized potentially secondary to patient size/conformation, adrenal depth or possible subnormal adrenal size.

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. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 1.0 cm width. The stomach contained a mild amount of mild retained anechoic fluid. No evidence of foreign material or obstruction to pyloric outflow.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.47 cm wall width. The jejunum wall measured 0.35 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

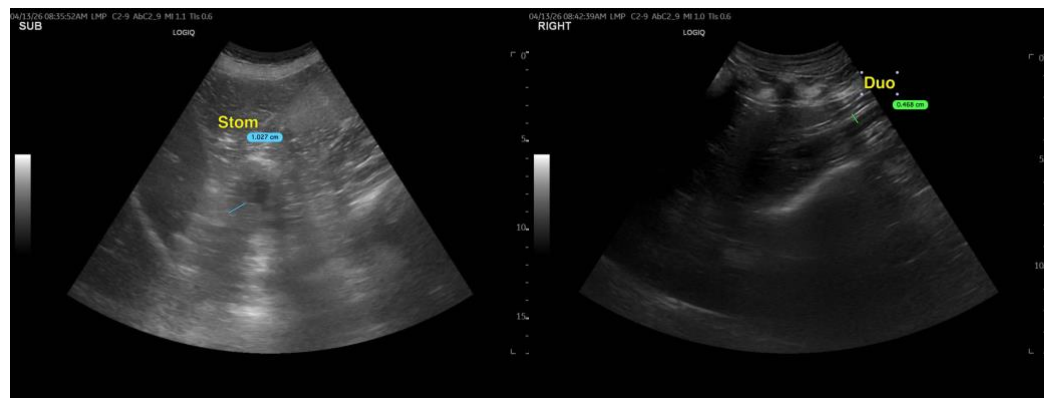
ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern.
- Sonographically normal empty small intestine.
- Semi formed to soft fecal matter in colon.
- Subnormal left adrenal gland, nonvisualized right adrenal gland.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild pancreatitis may present sonographically normal and may be suspected if cranial abdomen or subxiphoid discomfort on palpation. Likewise, microscopic intestinal disease such as IBD may not exhibit mural changes.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Continued gastrointestinal support, empirical therapy for non-specific gastroenterocolitis/IBD and possible mild pancreatitis is recommended. Sonographic monitoring is indicated if recurrent or non-responsive gastrointestinal signs.





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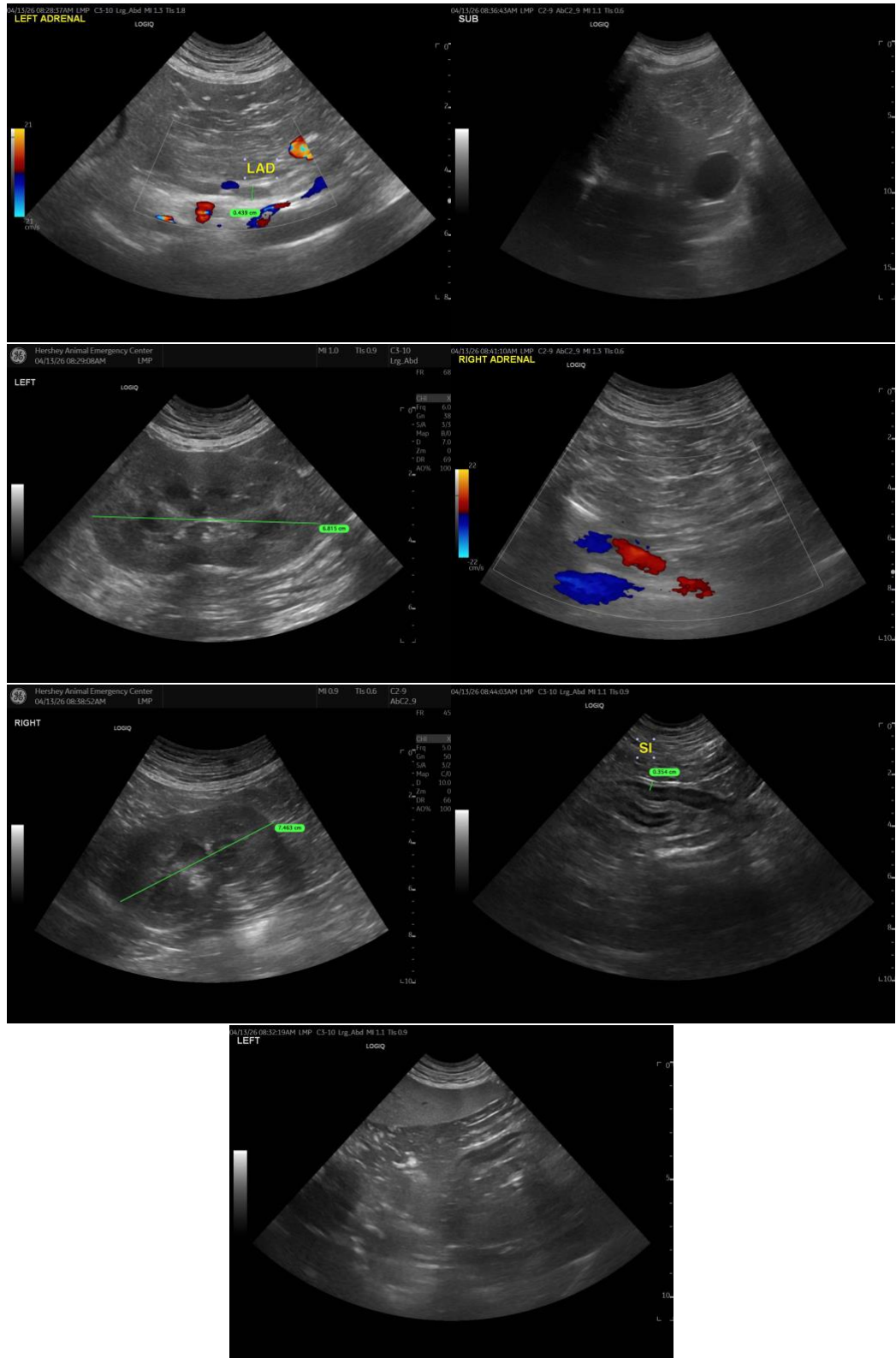
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com