

**PATIENT**

Tucker Crawford

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

10yr

WEIGHT

16.3kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Lindsay Powell CVT

HOSPITAL NAMEHershey Animal
Emergency Center**REFERRING VET**

Dr. Shally Gastelu

**INVOICE
24487****DATE**
04/13/2026**PRESENTING CLINICAL SIGNS**

Presents as a transfer from primary care vet for US and supportive care after noting hypokalemia and inflammatory leukon on bloodwork. Presenting complaint anorexia 4 day anorexia and vomiting. Treated with SQF and cerenia 3 days ago, clinical signs stopped for 24 hours then persisted.

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade II/VI murmur Abdominal: lip licking with palpation Shores 4/11: cPL >50 rDVM (Good Hope) 4/13: CBC: WBC 19.21 H, Neu 16.5 H, Mon 1.24 H Chem15 + Lytes: K 2.8 L, Cl 108 L Intake at HAEC 4/13: EPOC: K 3.7, AG 24 H, Glu 131 H PCV/TS: 55/8.4 BP: 147/109 (130) Planned rads: not yet performed

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 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 4.9 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured ~ 1.1 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 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 borderline enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-



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distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented normal intact wall layering noted in the fundus and gastric body with intact mildly prominent wall layering noted in the pylorus with mild retained pyloric fluid without evidence of obstruction to pyloric outflow. The Pylorus wall measured 0.64 cm in width.

BREED

Doodle

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. The duodenum wall measured 0.47 cm width. The jejunum wall measured 0.30 cm width.

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

SEX

Pancreas

MN

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

Free Abdomen

10yr

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

16.3kg

Primary

- Mildly thickened non-obstructive pylorus with mild retained pyloric fluid
- Sonographically normally empty small intestine
- Mild heterogeneous pancreas
- Borderline hepatomegaly
- Mild gallbladder debris
- Age-related renal changes
- Mildly enlarged non-homogenous left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly thickened pylorus and retained pyloric fluid is suggestive of probable inflammatory criteria without overt evidence of neoplasia. Correlation with cranial abdominal palpation to assess for evidence of discomfort, which may allude to chronic pancreatitis in conjunction with elevated CPL. No evidence of mechanical gastrointestinal obstruction. Empirical therapy for gastritis and possible chronic pancreatitis with clinical monitoring would be appropriate.

The clinical significance of the subjective borderline hepatomegaly and left adrenomegaly is unclear given current clinical presentation. Adrenal screening and workup could be considered if clinical signs consistent with Cushing syndrome arise in conjunction with possible emerging hepatopathy. Monitoring of systemic BP for evidence of hypertension, which may potentially allude to emerging left adrenal tumor, i.e. pheochromocytoma is recommended. Concurrent sonographic monitoring of the left adrenal gland for evidence of progressive enlargement or parenchymal changes with recheck in 4



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weeks would be ideal.

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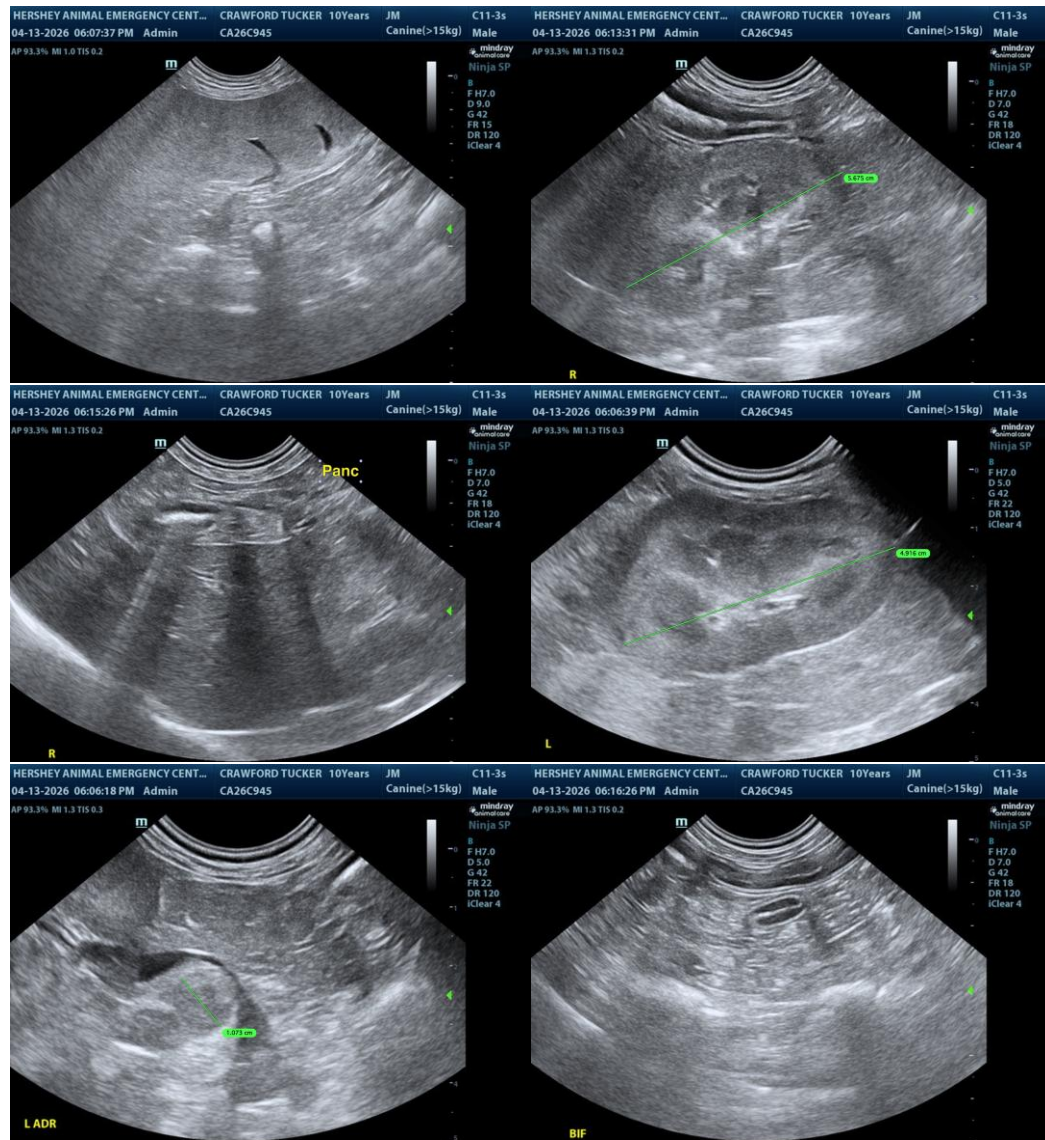
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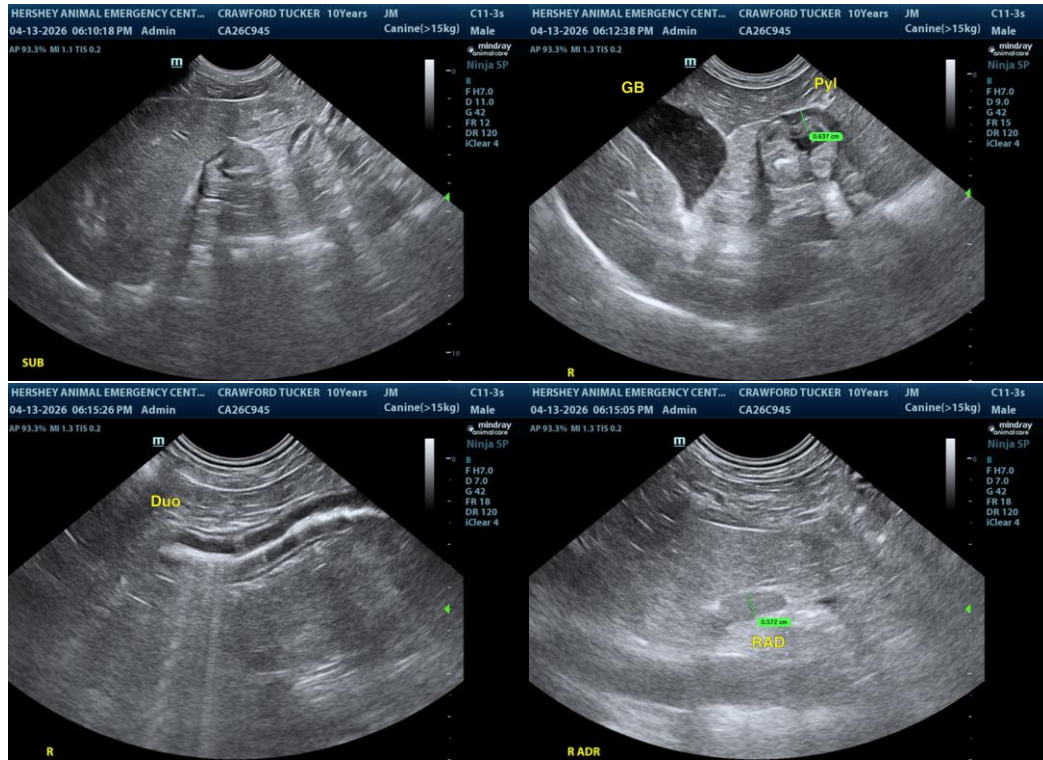
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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