



PATIENT

Eddie Wessner

SPECIES

Canine

BREED

JRT Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

18.6 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. Leann Murphy

INVOICE

15096

DATE

04/14/26

PRESENTING CLINICAL SIGNS

3 day history of vomiting, diarrhea, increased drinking. Inappetence for 2 days. Has lost a lot of weight recently. Diagnosed with diabetes yesterday, treated outpatient and started on Vetsulin. Hiding and very lethargic today. PE: Mildly increased respiratory effort. Nauseous and painful on abdominal palpation, regurgitating/vomiting up blood-tinged fluid. Non-ambulatory. 8-10% dehydrated. Dull/depressed. Urinary catheter and sampling line in place

EPOC: Na 114 L, K 3.4 L, Cl 70 L, Calcium 0.69 L, AG 25 H, Lactate 5.61 H, BUN >120 H, Creat 7.72 H, Glu >700 H Ketones: 7.1 Blood pressure: 106/56 (mean 66) Chem: Glu >686 H, Creat didn't read, BUN >130 H, Phos 15.9 H, Calc 6.9 H, ALP 1001 H, Tbili 1.4 H CPL: 888 H UA: USG 1.023, Protein 1+, Glucose 4+, Ketones 1+ Urine culture to Idexx, pending AXR/CXR: Normal chest, hepatomegaly with rounded margins, moderate gas distension of stomach, moderate gas and fluid in colon, mild decreased detail mid to cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild generalized thickened urinary bladder wall exhibiting symmetrical luminal surface contour and mild dependent to nondependent particulate to hyperechoic sediment. A catheter was in place at the level of the cystourethral junction. The proximal urethra was visible to a depth of 3.0 cm and appeared normal in structure and tone.

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

The area of the aortic trifurcation was free of pathology.

Normal size and symmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild hyperechoic corticomedullary parenchyma and bilateral mild pyelectasia. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The adrenal glands presented mildly enlarge in size with symmetrical contour and mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole. The right adrenal gland measured 0.79 cm width at the caudal pole.

Spleen

The spleen was subjectively mildly subnormal in size (consistent with volume contraction) and 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 revealed moderate hepatomegaly. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of wall edema. The common bile duct was not visualized.

Gastrointestinal

The stomach presented mild hypoechoic intact wall. Intact wall layering was maintained and distinct. The gastric lumen contained a mild amount of retained fluid and gas. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material to the level of the colon.

Normal intact visible colon wall. The colon exhibited mild distention with nonformed fecal matter.

Pancreas

The pancreas was mildly prominent in size with symmetrical contour and isoechoic mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy pattern.
- Nonorganized gallbladder debris.
- Volume contracted spleen.
- Acute to subacute gastroenteropathy exhibiting mild nonobstructive gastrointestinal ileus and nonformed fecal matter in the colon.
- Probable chronic/chronic active pancreatitis.
- Nonspecific nephropathy- subjective acute on chronic, potential diabetic nephropathy.
- Bilateral mild adrenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or definitive macro-ulceration. Gastrointestinal micro-ulceration may be suspected given hematemesis.

Urine culture and sensitivity on sterile urine sample is recommended. Full GI panel to include PLI, TLI, cobalamin and folate is warranted. Empirical therapy for diabetic ketoacidosis with gastrointestinal and renal support and clinical monitoring is indicated. Concurrent hepatosupportive medications once patient is stabilized may prove beneficial. Occult to multicentric neoplasia is thought less likely.

Adrenal workup once patient is stabilized with ACTH stimulation test given diabetes could be considered if evidence of diabetic dysregulation. Recheck sonogram if progressive clinical signs.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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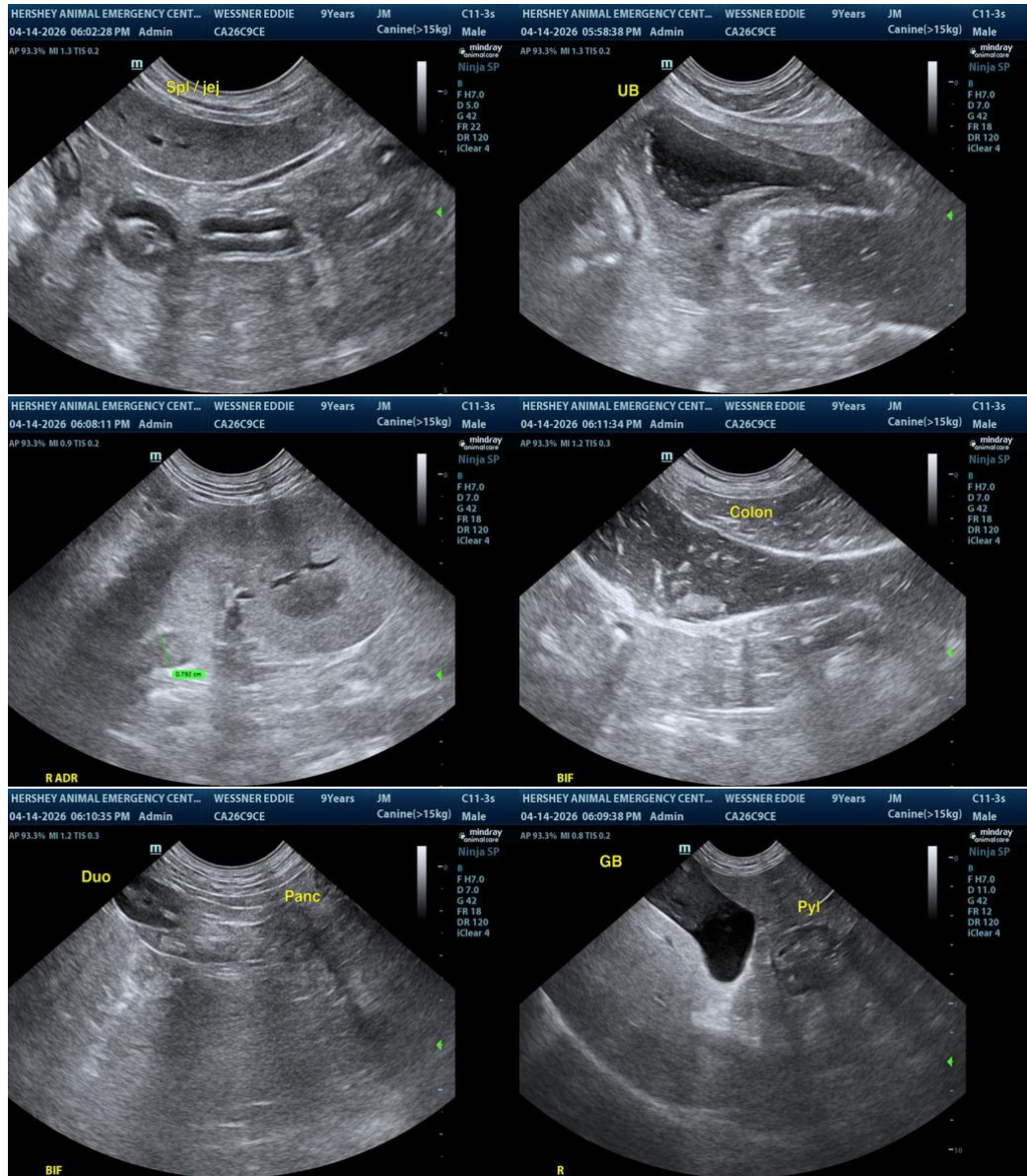
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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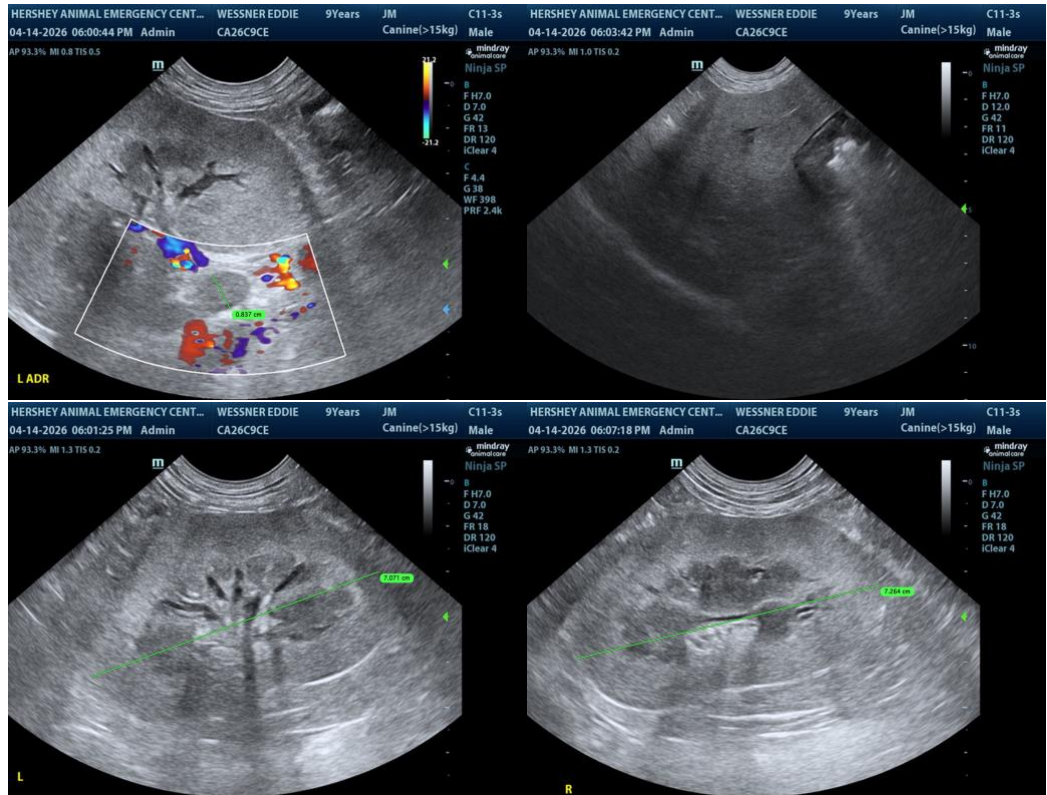
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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