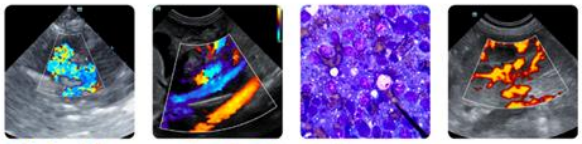


PATIENT

Karlee Hyson

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

4yr

WEIGHT

23.9kg

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. Kimberly Davidson

INVOICE
24573

DATE
04/23/2026

PRESENTING CLINICAL SIGNS

- Lethargy and intermittent eating since Sunday
- Drooling and acting nauseous over the last 24 hours
- Previously on Incurin for urinary incontinence, recently weaned off and discontinued
- Previous tick-borne disease test in March was negative
- Normal urinalysis in March

PE:Oral Cavity: Mucous membranes muddy/moist, CRT <2s, minimal tartar/gingival erythema, sublingual clear

Abnormal PE/Chem/CBC/UA Results: HAEC intake: CBC: leukopenia (2.64), neutropenia (0.92), immature neutrophilia (0.05), lymphopenia (0.3), moderately decreased platelets (50-100k) Chem: ALP 619 (H), Cholesterol 402 (H), hyperglobulinemia (4.9) EPOC: metabolic acidosis (pH 7.352, Bicarb 14.3 L, pCO2 25.8 L), hyponatremia (139), hyperlactatemia (4.43), HCT 56 Witness lepto test: negative 4dx: negative cortisol: 10.65 rDVM: 4/21 CBC: thrombocytopenia (84k), neutropenia (0.02k) with left shift, lymphopenia (0.71), monocytosis (1.94), eosinopenia (0) Chem: hyperglobulinemia (4.7), ALP 247 (H), amylase 348 (L), lipase (131), hypokalemia (3.4), hypochloremia (105) cPL: WNL 3/31 4dx: negative x 4 UA: USG 1.002, otherwise unremarkable

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

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Adrenal Glands

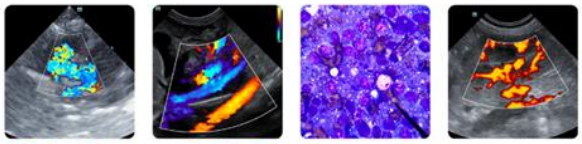
The adrenal glands were indistinctly visualized with no overt pathology. The left adrenal gland subjectively measured 0.56 cm width at the caudal pole. The right adrenal gland subjectively measured 0.55 cm width at the caudal pole.

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 presented mildly enlarged in size. The hepatic parenchyma revealed mildly reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture.



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Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented variably thickened wall exhibiting indistinct gastric wall layer detail. Empty lumen primarily with mild gas and mild retained pyloric fluid. No evidence of obstruction to pyloric outflow. The stomach and the pylorus wall measured ~ 1 cm in wall width.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Subjective acute hepatopathy, sonographically normal non-edematous gallbladder.
- Mild to variably thickened stomach with mild non-obstructive pyloric stasis.
- Sonographically normal small intestine / area of pancreas.
- Normal bilateral kidney / adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic cytology to assess for occult disease, i.e. inflammation vs occult neoplasia is warranted. The variably thickened, mildly hypomotile stomach suggests inflammatory criteria, although occult to infiltrative or emerging gastric neoplasia is not definitively excluded. No evidence of mechanical upper to generalized gastrointestinal obstruction.

Empirical therapy for potential acute nonspecific hepatitis with concurrent gastritis and coverage for sepsis given severe neutropenia with clinical and sonographic monitoring is recommended. Potential for multi-centric nonspecific inflammatory, infectious or neoplastic process given reported scant concurrent pleural effusion all potentials.

Given decreased USG, monitoring of renal parameters, +/- leptospirosis serum and urine titer / PCR may be indicated.

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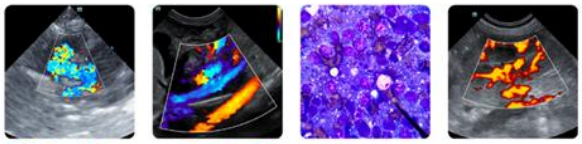

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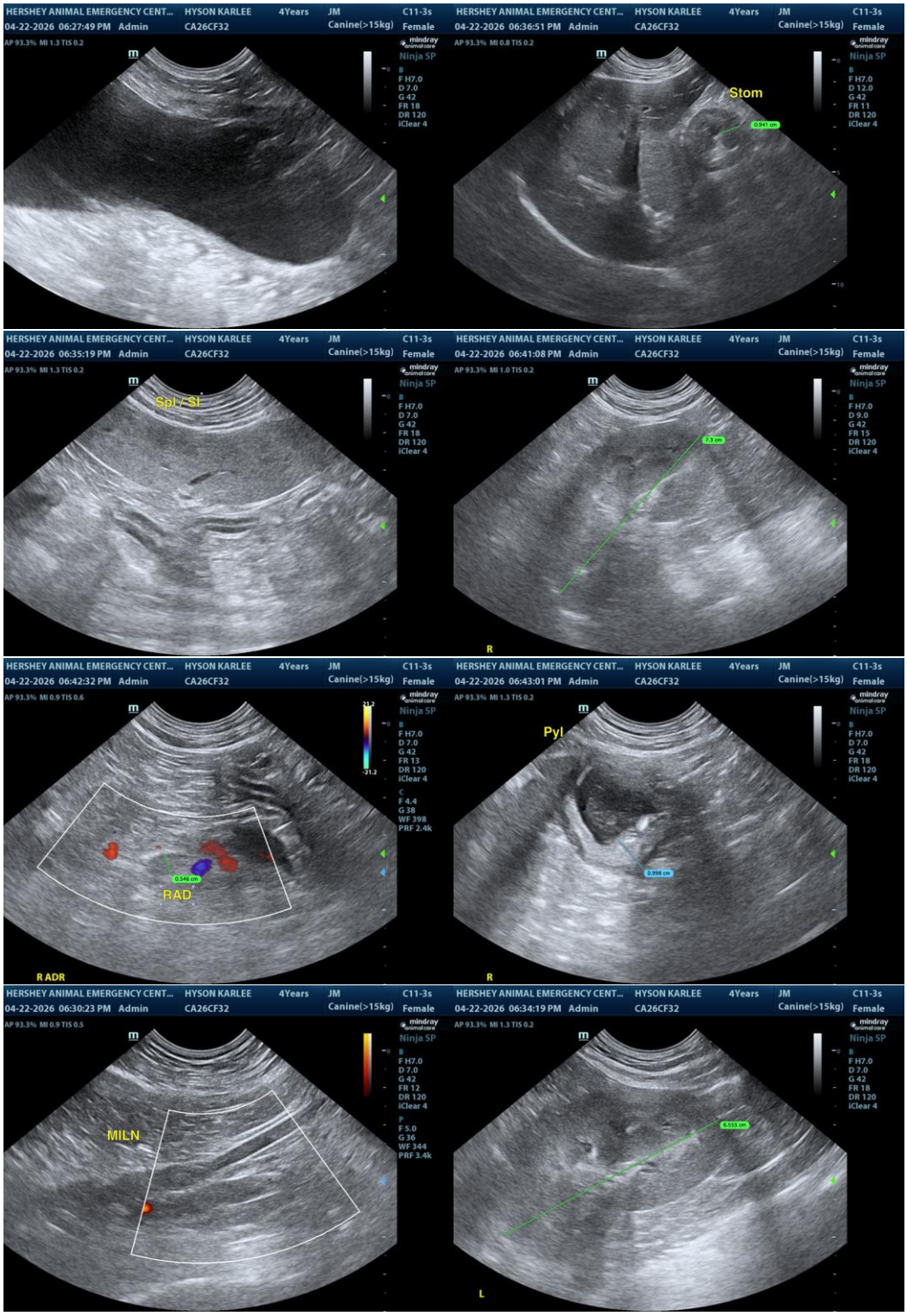

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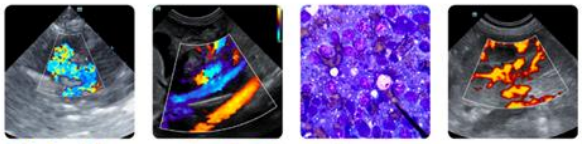

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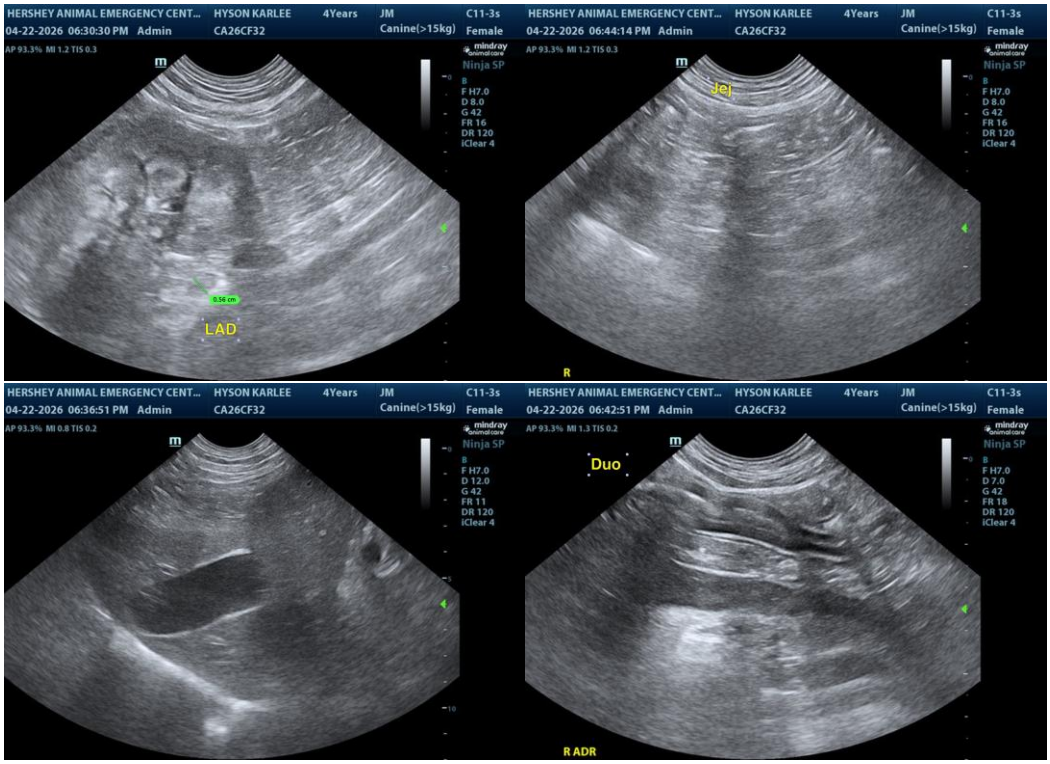

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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