



PATIENT

Walker Seiler

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.8 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. Sarah Moser

INVOICE

16433

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Acute vomiting starting overnight, lethargic, uncomfortable abdomen, not eating/drinking, 1-2 piles of vomit had black gelatin-like chunks in it. PE: Nasal: sl bilateral clear d/c. Oral Cavity: Mucous membranes pink/sl tacky, CRT <2s, mod tartar/gingival erythema, sublingual clear. Cardiovascular: tachycardic, 3/6 systolic murmur, pulses wnl. Respiratory: Normal bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, sl inc RR/RE. Abdominal: sl distended, tense cranial abd

Abnormal PE/Chem/CBC/UA Results: rDVM 5/22 Blood work - WBC 32.29, Neut 27.44, Mono 2.1, Na 138, K 3.1, Cl 99, TP 8.5, Glob 4.9, ALT 440, ALP 1788, GGT 20, Tbili 3.2, Chol 364, Amy 482, panc lip - wnl Radiographs - mod gas in intestines w/ sl stacking, empty gas distended stomach, no obvious foreign material or obstruction, empty colon HAEC EPOC - Na 138, K 2.8, Cl 100, iCa 1.12, Lact 3.92, Creat 1.57, Glu 130 PCV/TS - 50/10 (icteric)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole.

The right adrenal gland was borderline enlarged in size 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size with thickened wall. Nondependent biliary sludge that appeared to be non-mobile and organized with stellate pattern to the organized biliary sludge was present. Significant pericholecystic omental inflammation was present with definitive concurrent effusion not obvious. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of 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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

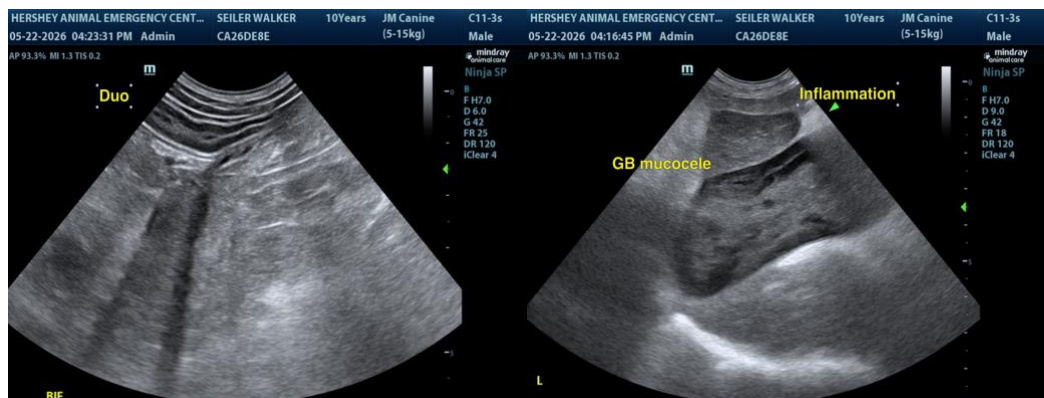
No visualized significant omental lymphadenopathy or mid abdominal peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with significant pericholecystic inflammation.
- Hepatopathy.
- Hypomotile gastritis.
- Sonographically normal empty small intestine.
- Age-related renal changes.
- Borderline to mild bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical intervention with cholecystectomy and hepatic biopsies if normal clotting status is recommended. Highly suspect bile leakage and pericholecystic to perihepatic bile peritonitis. Perioperative hepatogastrintestinal support is indicated with initiation of broad-spectrum perioperative antibiotics. Guarded prognosis is likely even with immediate surgical intervention given concern for regional bile peritonitis.





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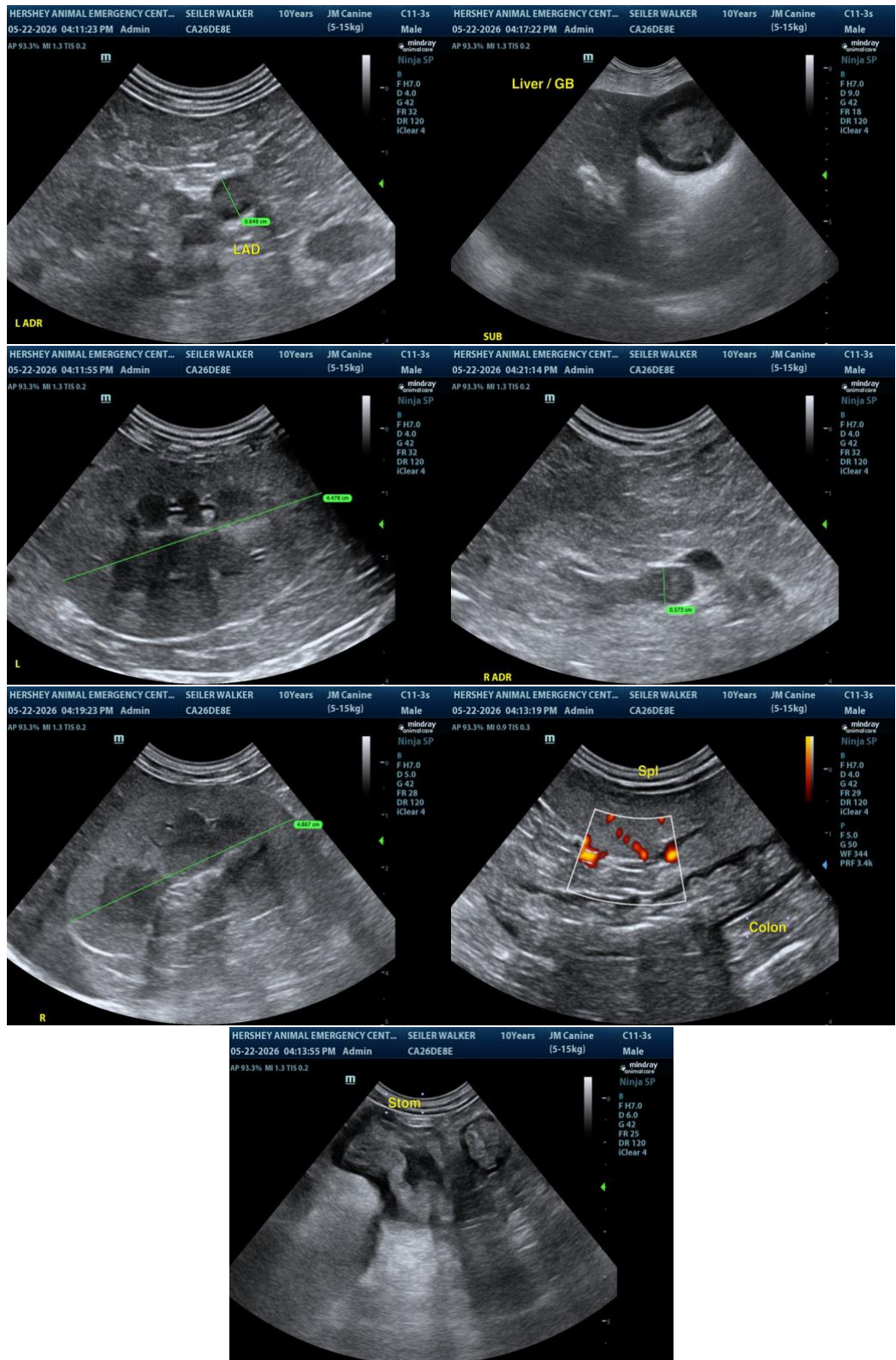
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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