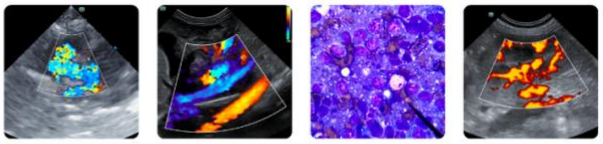


PATIENT

Macie Knock

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

41 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. Lauren Kiebler

INVOICE

16518

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Macie presented today for intermittent vomiting and diarrhea progressing to melena over 2 weeks. The owner notes marked lethargy and exercise intolerance

Abnormal PE/Chem/CBC/UA Results: Panting/increased respiratory rate (anxiety vs. pathologic) Tense on abdominal palpation (anxiety vs. pathologic) CBC: MCV 61.4 CHEM15/LYTES: ALT 240 Pancreatic lipase: WNL Radiographs: Thorax- Unremarkable Abdomen: There is a focal area of decreased detail in the cranial abdomen, the pylorus is distended and there appears to heterogenous material present, SI is gas dilated but appears to be single population. The cecum is gas dilated. The colon contains normal stool. The liver, spleen, kidneys, and urinary bladder appear WNL

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 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 6.4 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

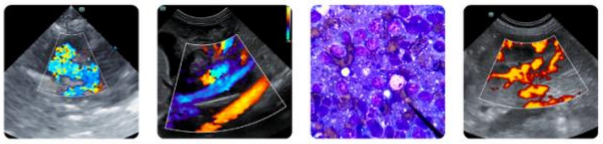
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.47 cm wall width. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.62 cm wall width.

The small intestine presented primarily intact wall layering with maintained wall layer ratio. A segment of mid-abdomen jejunum exhibited intact, mildly thickened wall compared to adjacent jejunal segments with mild asymmetrical luminal surface contour and possible minor segmental jejunal ulceration. Mid-abdomen jejunum exhibiting potential for mild ulceration measured 0.41 cm and mild prominent non-thickened wall compared to adjacent jejunal segments with an example of normal appearing jejunum measuring 0.38 cm wall width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, empty gastrointestinal tract with intact wall layering.
- Subjective borderline prominent segmental mid-abdomen jejunal wall exhibiting potential early to mild ulceration.
- Semi-formed fecal matter in colon.
- Normal bilateral adrenal glands.
- Sonographically normal liver/gallbladder- most consistent with mild benign hepatopathy.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Segmental jejunal inflammation and potential early to mild ulceration is suspected as primary contributing factor to the patient's clinical signs. Minor potential for emerging to occult segmental jejunal neoplasia is thought less likely given maintained intact wall layering. No evidence of significantly thickened wall and lack of associated jejunal lymphadenopathy.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Gastrointestinal support is recommended at this stage which may include broad spectrum gastroprotectants and empirical deworming with clinical and sonographic monitoring for evidence of progressive intestinal mural changes.

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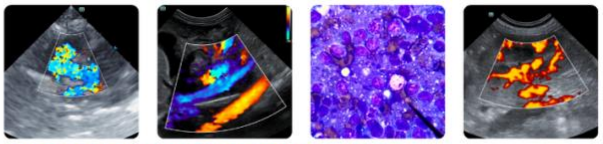

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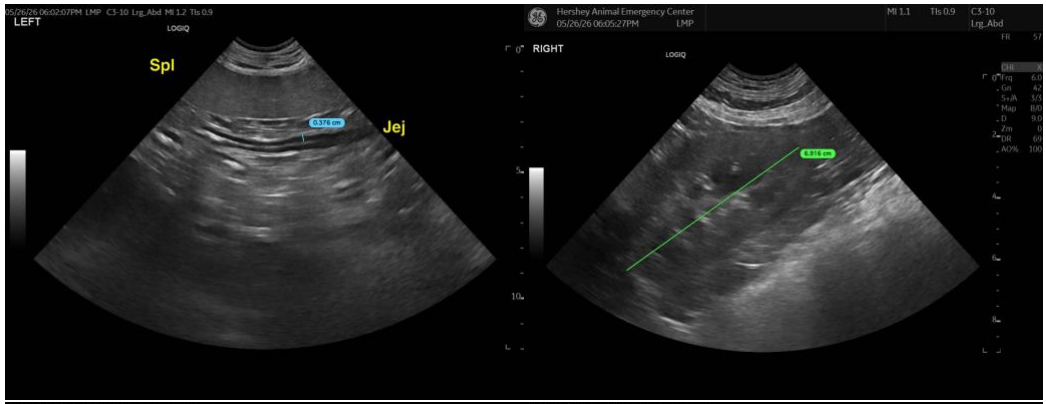

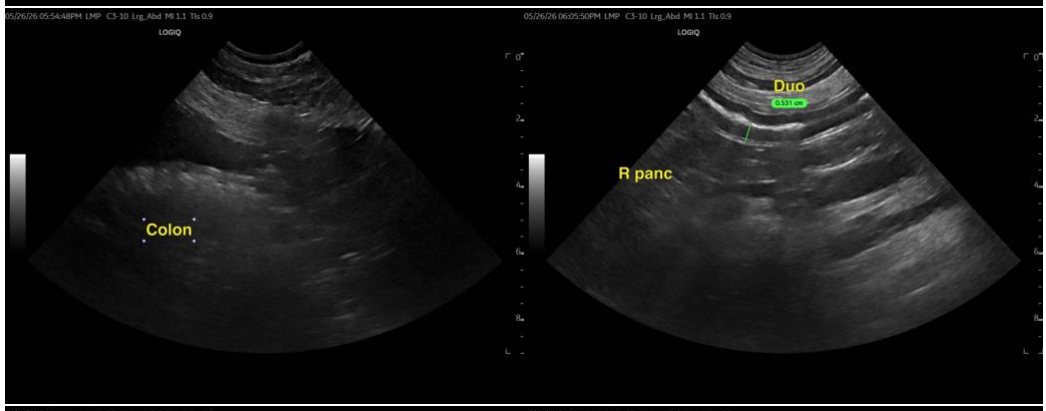

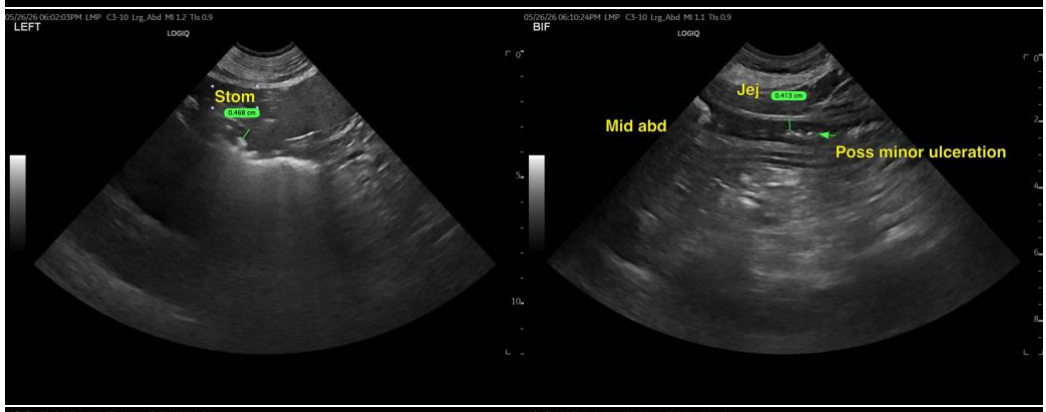

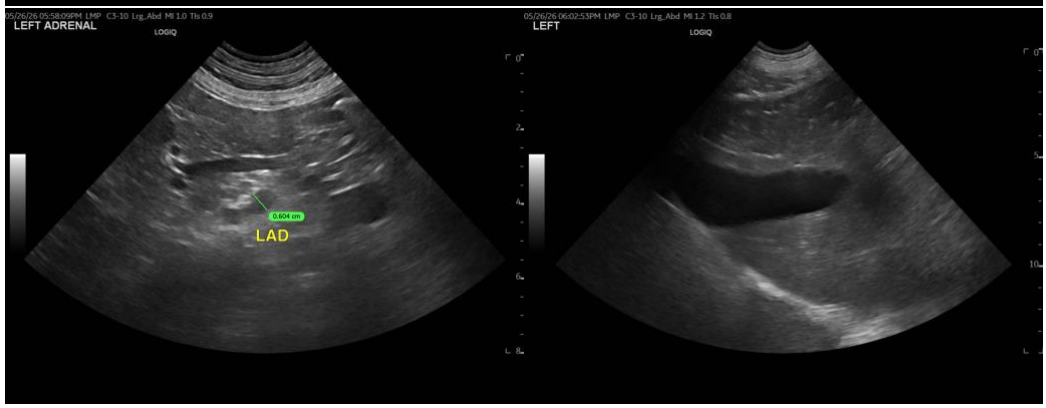

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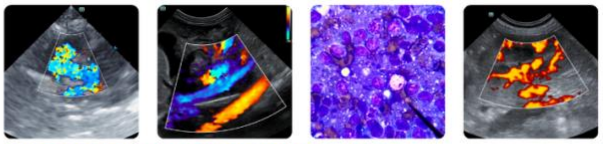

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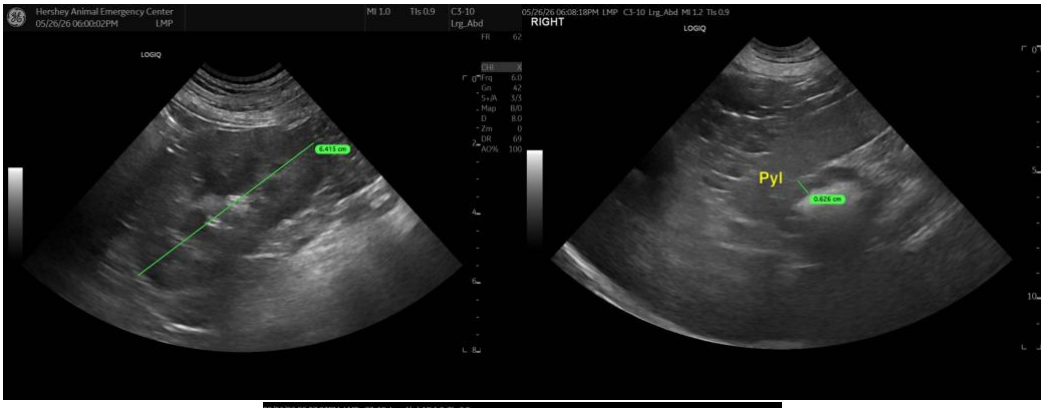

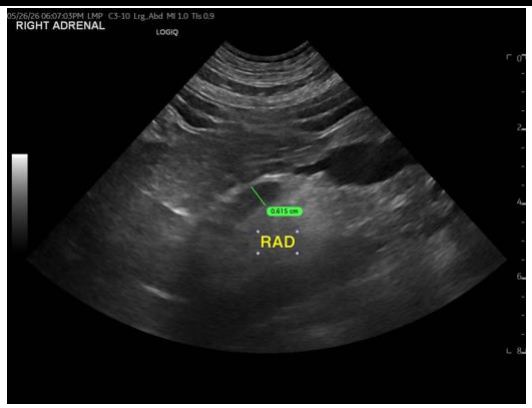

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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