



PATIENT

Buddy Tschudy

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

75552

DATE

5/30/26

PRESENTING CLINICAL SIGNS

History of cryptorchid surgery 2 years ago with organ rearrangement due to testicle pressing against stomach and lungs

- Recent onset of lethargy noted by client
- Decreased appetite: did not eat all day yesterday, eating minimally the day before
- Client reports breathing difficulty and snoring
- Episode of difficulty swallowing roast beef, heard drinking water later that night
- Client noted pale gum color compared to normal pink

Oral Cavity: Mucous membranes pale, CRT <2s, minimal tartar/gingival erythema, sublingual clear
Cardiovascular: Normal rate and rhythm, grade 3 systolic murmur, pulses strong/synchronous
Respiratory: Normal bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, increased respiratory effort. Integument: , small soft moveable mass palpated

Abnormal PE/Chem/CBC/UA Results: cbc: lymph L (.8) eosin L 0.02, PLATELETS LOW - ESTIMATED LESS THAN 50 THOUSAND, chem; wnl epoc: ph: 7.279 (L) sodium 135 (L) Chloride 103 (L) ionized calcium 1.11 (L) lactate: 6 (H) BP: 144 doppler

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 changes 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 4.3 cm. Right kidney measured 4.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.51 cm at the caudal pole. Right measured 0.46 cm at the caudal pole.

Spleen

The spleen exhibited at least two visualized mildly expansive non-homogeneous splenic nodules with associated asymmetrical splenic capsule contour. Generalized mild heterogeneous splenic parenchyma. Normal vascularity. Example of splenic nodule measured 1.0 cm x 1.3 cm.

Liver

The liver presented subjectively mildly enlarged in size with symmetrical yet swollen contour. Maintained homogeneous parenchyma exhibiting mildly coarse echotexture. Mildly prominent hepatic vasculature, most notable in the area of the hepatic veins/caudal vena cava junction. Concurrent distended cranial



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abdominal caudal vena cava noted at the level of the liver and diaphragm, measuring 1.3 cm in diameter. No definitive visualized cranial vena cava thrombus.

The gallbladder was non distended in size with moderate congealed non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 pancreas was prominent in size with capsule asymmetry and mildly non-homogeneous, non-uniform hypoechoic parenchyma. Possible pancreatic cyst and hypoechoic parenchymal striations.

Free Abdomen

Mild to moderate volume effusion present.

No obvious visualized significant or swollen mesenteric lymphadenopathy.

Brief subjective echocardiogram revealed no cardiac tumors or pericardial effusion in the visible window. No overt left or right heart chamber enlargement.

PRIMARY FINDINGS

- Subjective mild congested hepatomegaly, concurrent distended cranial abdomen vena cava
- Congealed gallbladder debris (non mucocele)
- Mild edematous pancreas, possible mild pancreatic inflammation
- Mild expansive splenic nodules
- Sonographically unremarkable gastrointestinal tract
- Chronic renal changes
- Peritoneal effusion

SECONDARY FINDINGS

- Subjective adequate cardiac function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt cardiomyopathy or pericardial disease yet intrathoracic or intravascular disease (thrombus, etc) is of concern given congested CVC and subjective mild hepatic congestion given reported sedation and if normal albumin levels. Alternative differential may include neoplasia given splenic nodules or nonspecific peritonitis. Possible mild pancreatic inflammation did not appear severe to cause peritonitis with pancreatic edema probable. Correlation with thoracic radiographs, clotting status, spec cPL and effusion analysis / cytology +/- C/S if inflammatory effusion component is suggested. If adequate clotting status, splenic nodule - +/- hepatic FNA is recommended.



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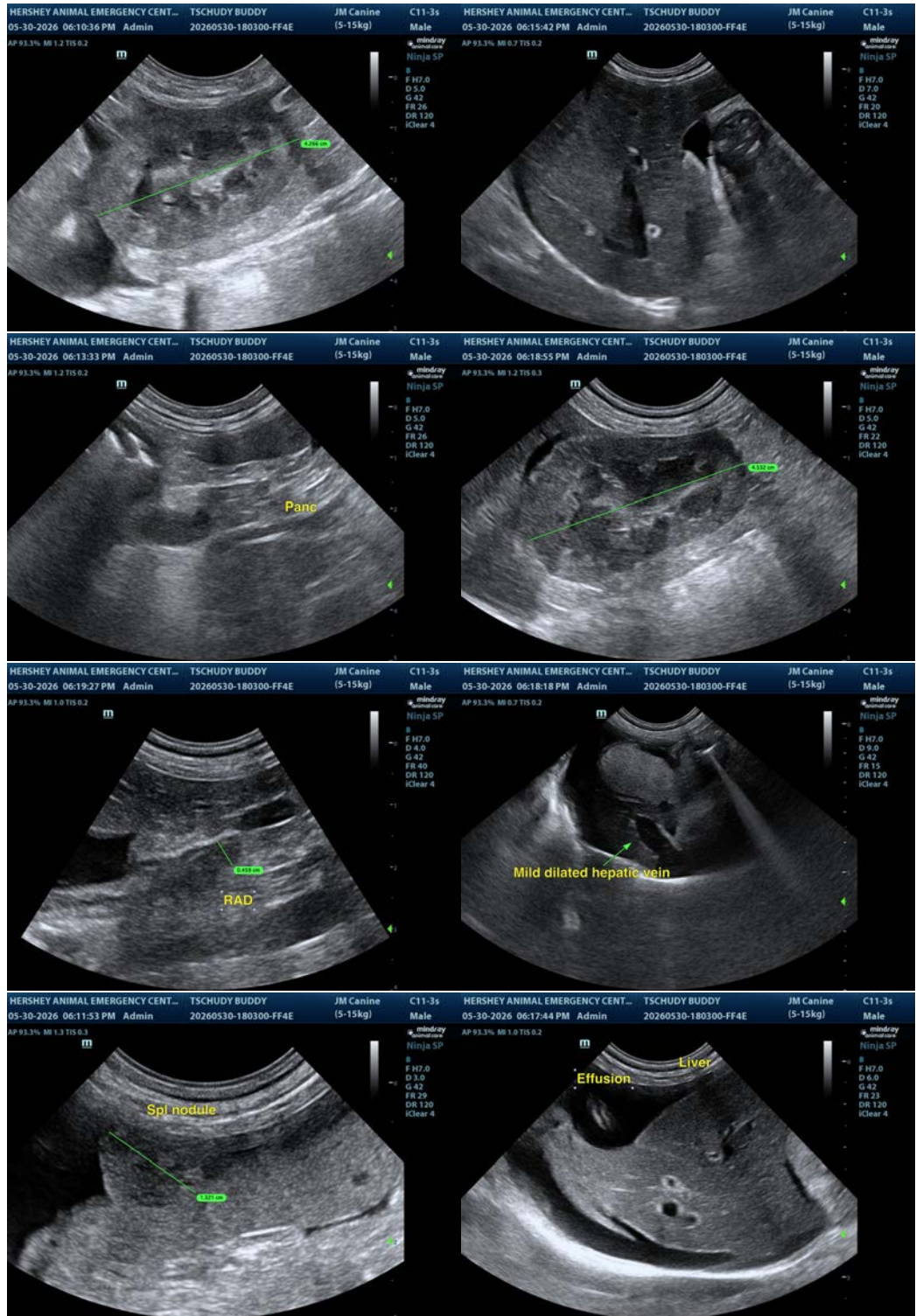
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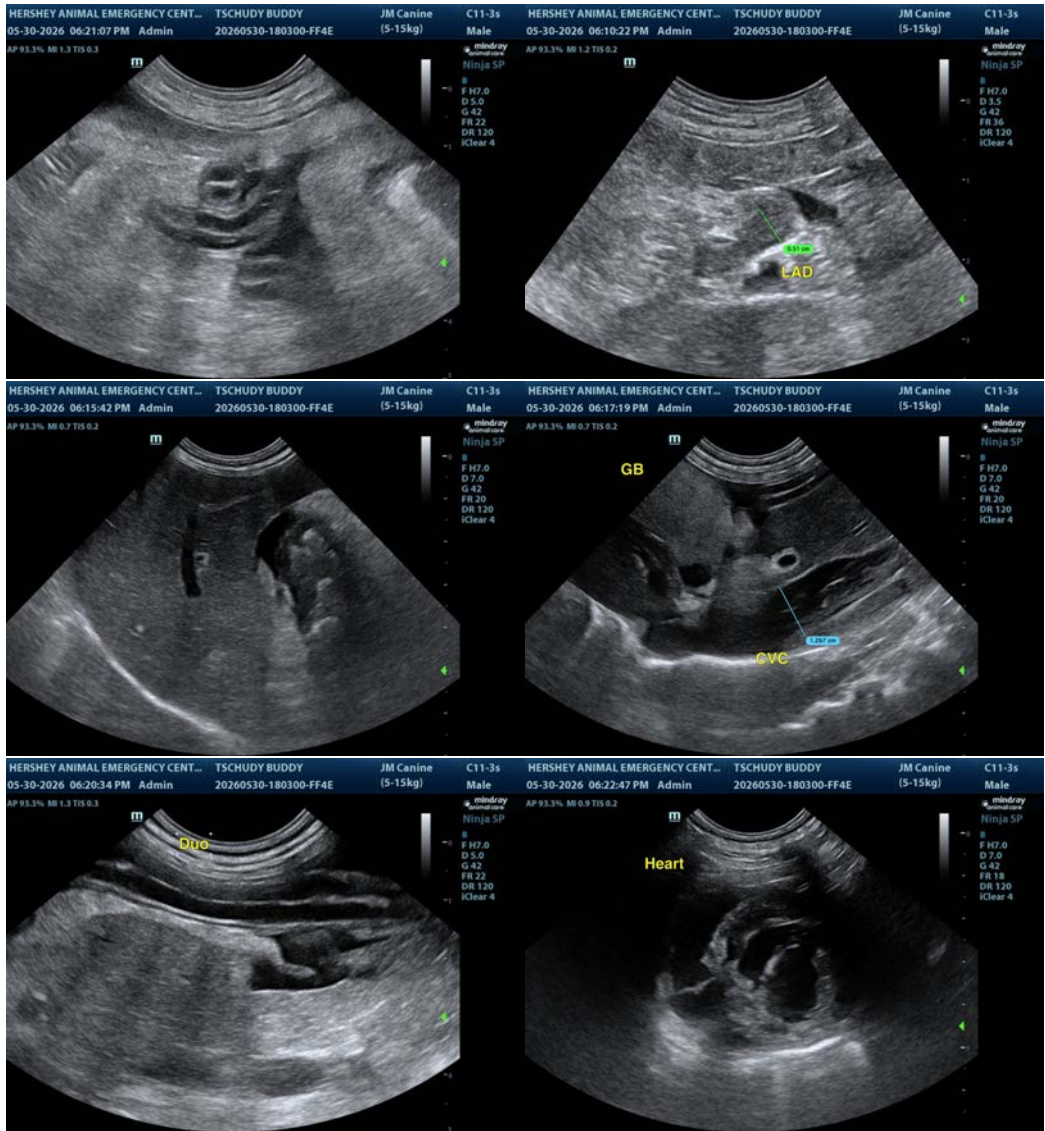
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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