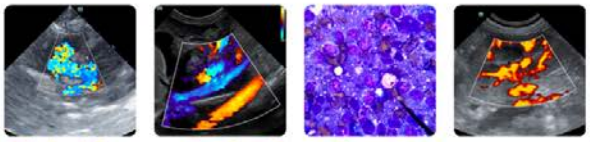

PATIENT

Hershey Richards

SPECIES

Canine

BREED

Cocker Spaniel x Standard Poodle

SEX

Spayed Female

AGE

11 Months

WEIGHT

16 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey Animal Hospital

REFERRING VET

Dr. Samuel Gabriel

INVOICE

71509

DATE

11/2/25

PRESENTING CLINICAL SIGNS

Patient was presented today as emergency for collapsing ,and having seizure , beathing heavy and was choking and vomiting all in sudden , no hx of any medical condition put on oxygen cage and get back to normal within 10 minutes one hour later started to vomit again

Abnormal PE/Chem/CBC/UA Results: chest/ abdominal xray : unremarkable cbc wnl chem shows high alt , ggt , low globulin high amylase , lipase high phosphorus bile acid : pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.8 cm. Right kidney measures 4.5 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.4 mm at the cranial pole and 3.5 mm at the caudal pole. Right measures 4.0 mm at the cranial pole and 5.0 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. The portal vein and caudal vena cava have an approximately 1:1 ratio with no turbulence noted within the caudal vena cava. Hepatic volume appears normal.

The gallbladder wall is thickened with a hypoechoic line between wall layers, consistent with wall edema. There is no evidence of rupture. The gallbladder is minimally distended with anechoic contents and a small amount of sludge. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

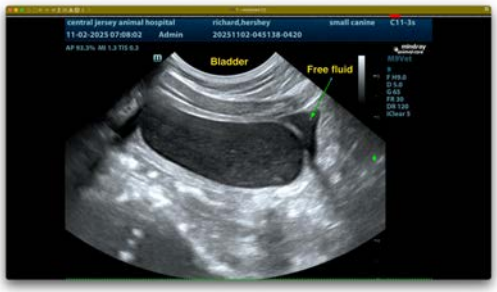
There are small pockets of hypoechoic free fluid present throughout the abdomen. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

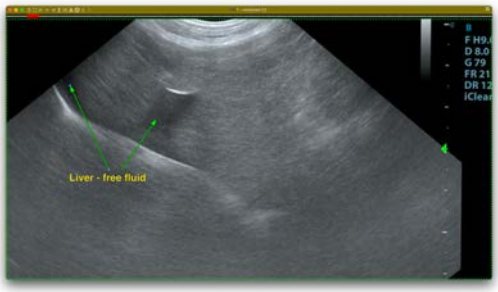
PRIMARY FINDINGS

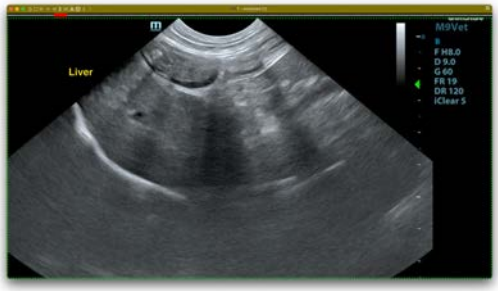
- Small pockets of free fluid, and diffusely hyperechoic omental fat, consistent with peritonitis
- Gallbladder wall edema

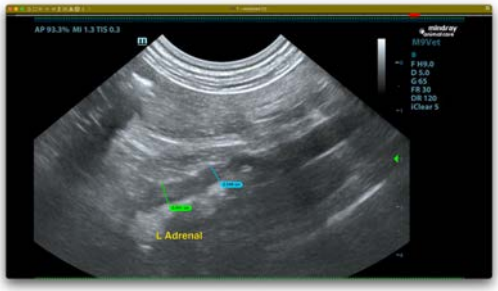
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of peritonitis and gallbladder wall edema would be most typical of acute anaphylaxis, potentially with a medical hemoabdomen. Hepatic encephalopathy is another potential differential, though less consistent with the sonographic finings - the pending bile acids should rule that in or out definitively. Toxin exposure is also possible, but again, would not explain the sonographic pathology. Treatment for anaphylaxis with fluids, diphenhydramine, corticosteroids and pressors (if needed) is recommended, and if the patient is not responding, then repeat ultrasound in 12- 24 hours is suggested, to determine whether the peritonitis is resolving or progressing.









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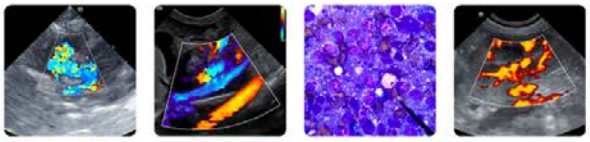

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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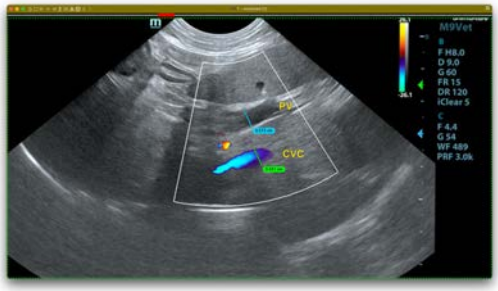

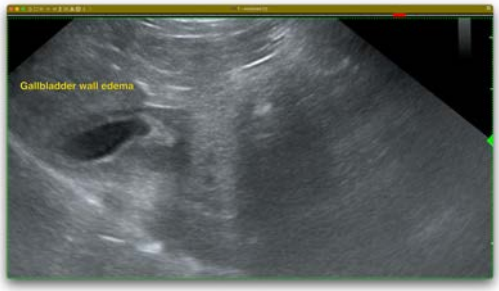

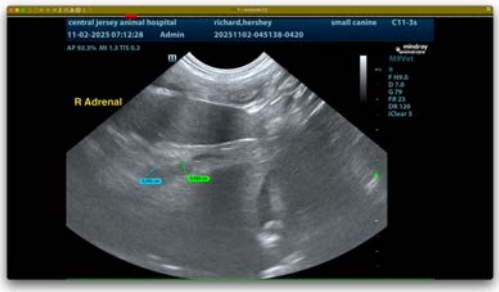

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com