



## PATIENT

Lilli Marzluff

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.6 kg

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

71852

## DATE

11/16/25

## PRESENTING CLINICAL SIGNS

Diagnosed with HGE and pancreatitis at rdvm 11/14- was treated outpatient, owner was not able to medicate at home- patient too sick. presented to ER with vomiting, bloody diarrhea has history of collapsing trachea PE: Inspiratory stridor occasionally noted. Severe periodontal disease, halitosis. Distended, firm and uncomfortable abdomen. Diarrhea present over the perineum (not bloody).

Abnormal PE/Chem/CBC/UA Results: 11/15 - 11/16: CBC - WBC 16.82, neut 13.34 with left shift, lymph 0.57, mono 1.15 Panc. lipase - 1312 EPOC (presentation) - iCa (0.88) Na (134) BUN (81) Creatinine (3.17) Glucose (166) BP (doppler) - 190, 240 U/A: USG (1.016) pH (5) HGB (250ery/ul) WBC (32/hpf) RBC (38/hpf) Rods/cocci (suspect) EPOC: K (3.2) BUN (41) Glucose (154) PCV/TP: 42/7.2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The urinary bladder contains a minimal amount of suspended echogenic mobile debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a mild decrease in corticomedullary definition. There are small renal cortical cystic changes noted bilaterally with a mild amount of dystrophic mineralization that is non-obstructive. The cortex to medulla ratio is appropriate with no pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.4 cm. Right kidney measures 4.3 cm.

### Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.66 cm x 1.6 cm. Right measures 0.53 cm x 1.6 cm.

### Spleen

The spleen measures 0.85 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

### Liver

The liver is subjectively normal in size and contour. The parenchymal echogenicity is slightly mottled with increasingly heterogeneous parenchymal pattern. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is a mild amount of inspissated echogenic bile along the periphery that appears non-obstructive at this time. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.



## PATIENT

Lilli Marzluft

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.6 kg

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

71852

## DATE

11/16/25

## *Gastrointestinal*

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

## *Pancreas*

The pancreas is enlarged and hypoechoic with irregular margins. The surrounding regional mesentery is hyperechoic with slight nodular changes and a mild amount of free peritoneal effusion noted. There is no significant lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There is no evidence of abscessation or suspicion of neoplasia. Dystrophic mineralization was noted and is non-obstructive at this time, with no evidence of pyelectasis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The mild inspissated bile is non-obstructive and is likely an incidental finding at this time.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Continued supportive care for pancreatitis and hemorrhagic diarrhea syndrome as clinically indicated is recommended at this time. Consider empiric antibiotic therapy pending urine culture and sensitivity, given the concern for bacteriuria on urinalysis.



**PATIENT**

Lilli Marzluff

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4.6 kg

**INTERPRETED BY**

Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology

**IMAGING  
PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

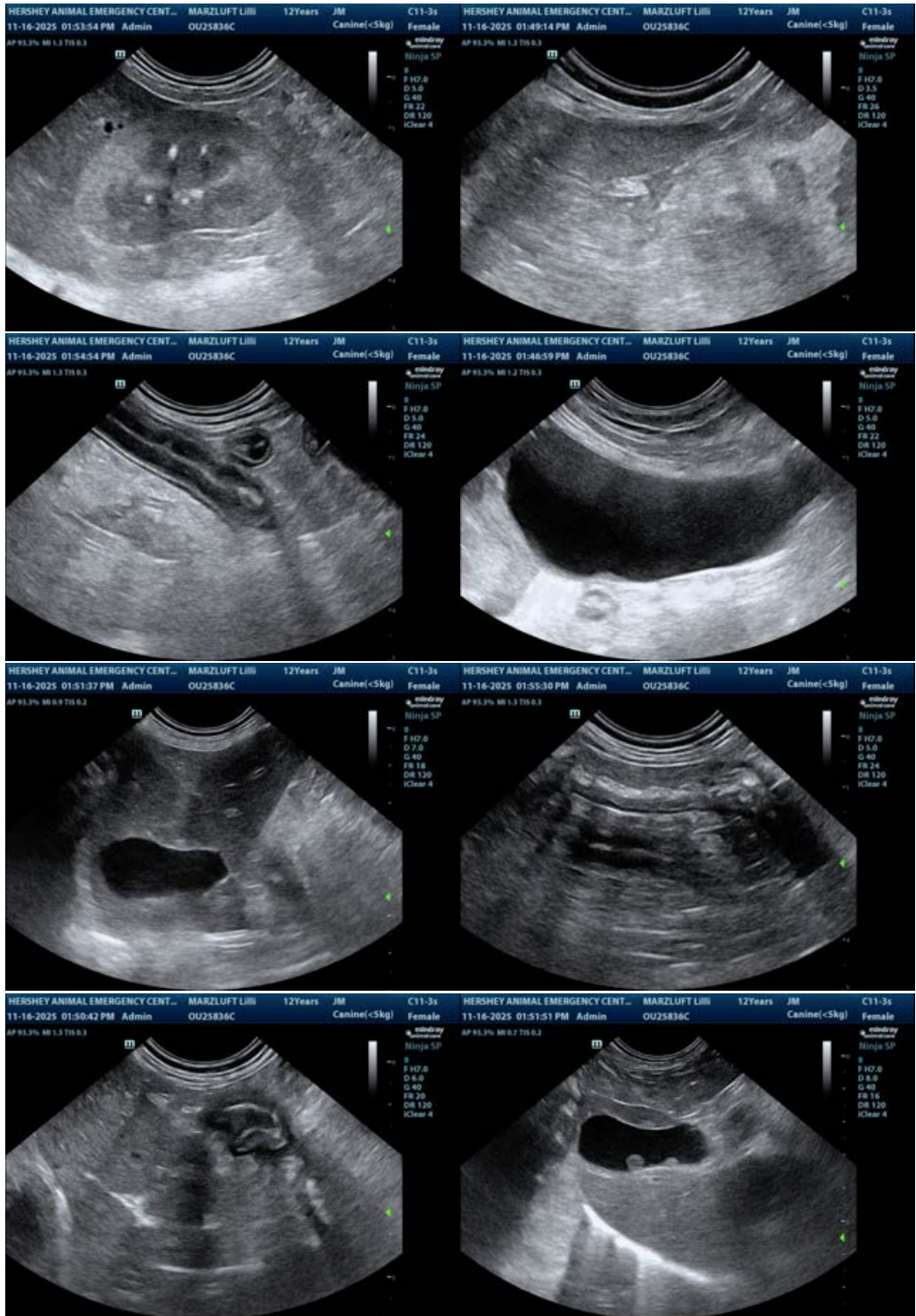
Dr. Brittany Lang

**INVOICE**

71852

**DATE**

11/16/25





## PATIENT

Lilli Marzluft

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.6 kg

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

71852

## DATE

11/16/25



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.

**Brad Harris, DVM, DACVECC, Residency trained in cardiology**

[info@SonoPath.com](mailto:info@SonoPath.com)