



PATIENT

Dekes Wertz

SPECIES

Canine

BREED

Scottie x Yorkie

SEX

MC

AGE

10 Years

WEIGHT

9.8 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

74588

DATE

4/19/26

PRESENTING CLINICAL SIGNS

Dekes presented to HAEC on 4/18/26 for vomiting and diarrhea. Dekes was diagnosed with diabetes mellitus in February 2025 and has been managed on insulin therapy. He recently had blood work at his primary care veterinarian on 4/14/26 with no concerns noted.

Abnormal PE/Chem/CBC/UA Results: Eyes: Nuclear sclerosis OU Oral Cavity: Mucous membranes pale pink/tacky, CRT <2s, moderate tartar/gingival erythema Abdominal: generalized doughy/gassy on palpation CBC: WBC 21.24 (H), Neutrophils 18.86 (H) Chem: Glucose 489 (H), ALP 403 (H) EPOC: cSO₂ 37.9, pH 7.302, BE -5.8, Glucose 527 Ketones: 1.4 cPL: 1365 (H) UA: USG 1.050, pH 6.5, proteinuria 100, ketones 15, RBC 50 Urine Culture: pending Radiographs: stomach appears empty, decreased serosal detail right cranial abdomen, mild gas in colon/cecum, fluid/soft tissue opacity throughout small intestines, no SI distension appreciated

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. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. There is a hyperechoic corticomedullary band present. Normal cortex to medulla ratio. There are mild degenerative changes noted. No pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 5.49 cm. Right kidney measures 5.92 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 0.68 cm x 1.87 cm. Right measures 0.85 cm x 1.91 cm.

Spleen

The spleen measures 1.38 cm at the hilus. There is a solitary, circumscribed, hypoechoic mass noted within the splenic parenchyma, which does not distort the other smooth splenic capsule. The remainder of the parenchyma is homogeneous and hyperechoic to the liver and renal cortex. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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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 ileocecolic 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 slightly mottled with a prominent, irregular pancreatic capsule. There is no overt or distinct regional hyperechoic mesentery or omental fat that would be consistent with steatitis.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- There is a hyperechoic renal corticomedullary band present, with a uniform corticomedullary ratio. This is most consistent with a medullary rim sign. There are mild degenerative renal changes noted, with a uniform capsular contour. This is an idiopathic finding, yet at times this finding in dogs can be related to tubular disease. Assessment for any proteinuria would be warranted if not already performed.
- The solitary hyperechoic splenic nodule is likely an incidental finding and may represent a benign change such as hemangioma or extramedullary hematopoiesis. However, an infiltrative neoplastic process such as hemangiosarcoma or round cell neoplasia can't be definitively excluded.
- Given the elevations in pancreatic lipase, the pancreatic changes likely represent an early inflammatory process such as pancreatitis. However, this is a non-specific finding and should be correlated with clinical signs.

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.

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Continued symptomatic or supportive therapy for pancreatitis, as clinically indicated, is recommended.



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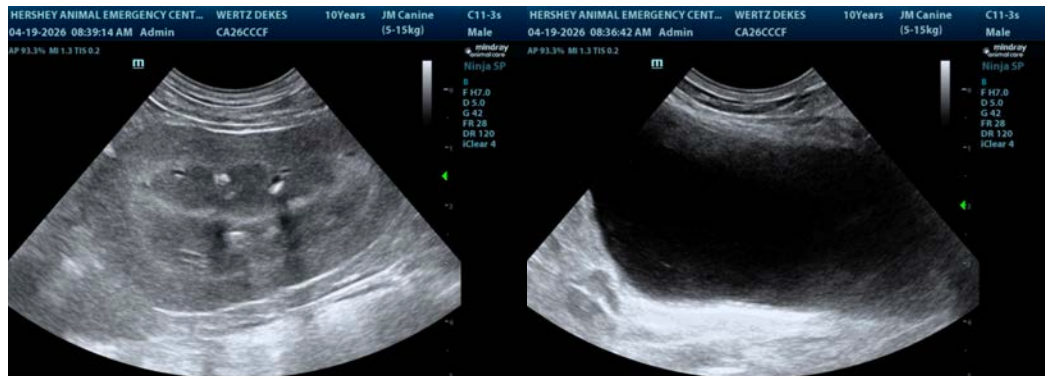
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com