



PATIENT

Bella Schwartz

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

8 years

WEIGHT

15.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

11279

DATE

2/12/2026

PRESENTING CLINICAL SIGNS

- Had ultrasound on Monday - was hospitalized for acute hepatopathy, developed evidence of AKI overnight, urine production is continuing to decrease despite high fluid rates. Very painful in abdomen, has strange skin lesions with biopsy pending. Is vaccinated for leptospirosis, was negative, can't do PCR because antibodies were started prior.

Abnormal PE/Chem/CBC/UA Results: Coags slightly elevated severe thrombocytopenia severe elevation of bilirubin, ALT, alkaline phosphatase, creatinine 3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (6.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be well visualized.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal. Additionally, in today's images, there are multifocal non-capsule disrupting intermittently sized hypo- to anechoic appearing densities/nodules throughout the spleen. The largest is mid spleen measuring 1.8 cm x 1.7 cm in size.

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly overdistended with fluid, and echogenic non-shadowing contents consistent with normal ingesta/chyme.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

There is a small amount of free fluid in these images and diffusely markedly enhanced hyperechoic fat and mesentery throughout the abdomen.

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There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- Suspect moderate to severe acute pancreatitis on top of concurrent non-specific hepatopathy of unknown etiology with stale infectious, other benign inflammatory, or infiltrative neoplastic differentials possible.
- The new hypo- to anechoic splenic nodules could represent hematomas or cysts, acute infarcts, extramedullary hematopoiesis, etc. Infiltrative neoplastic cant be ruled out without tissue sampling.
- Moderate to severe gastric distension is present in these images.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound images reveal the same underlying differentials with possible subjective progression in the appearance of the inflammatory changes, the pancreatitis, as well as the new splenic changes, etc. Ideally, if it wasn't already evaluated, tissue sampling of both the liver and spleen +/- pancreatitis would be considered if/when patient's coagulation status is appropriate.

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Comprehensive infectious disease evaluation or empirical treatment as is appropriate is recommended. If patient continues to progress and further decline despite supportive/symptomatic medical management of clinical signs, aggressive medical management of acute pancreatitis, management of non-specific hepatopathy, etc., Full consultation and/or referral to a veterinary internist is recommended.

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In the meantime, placement of a nasogastric tube both for gastric suctioning, which may offer improve patient comfort as well as for administering nutrition, could be considered.



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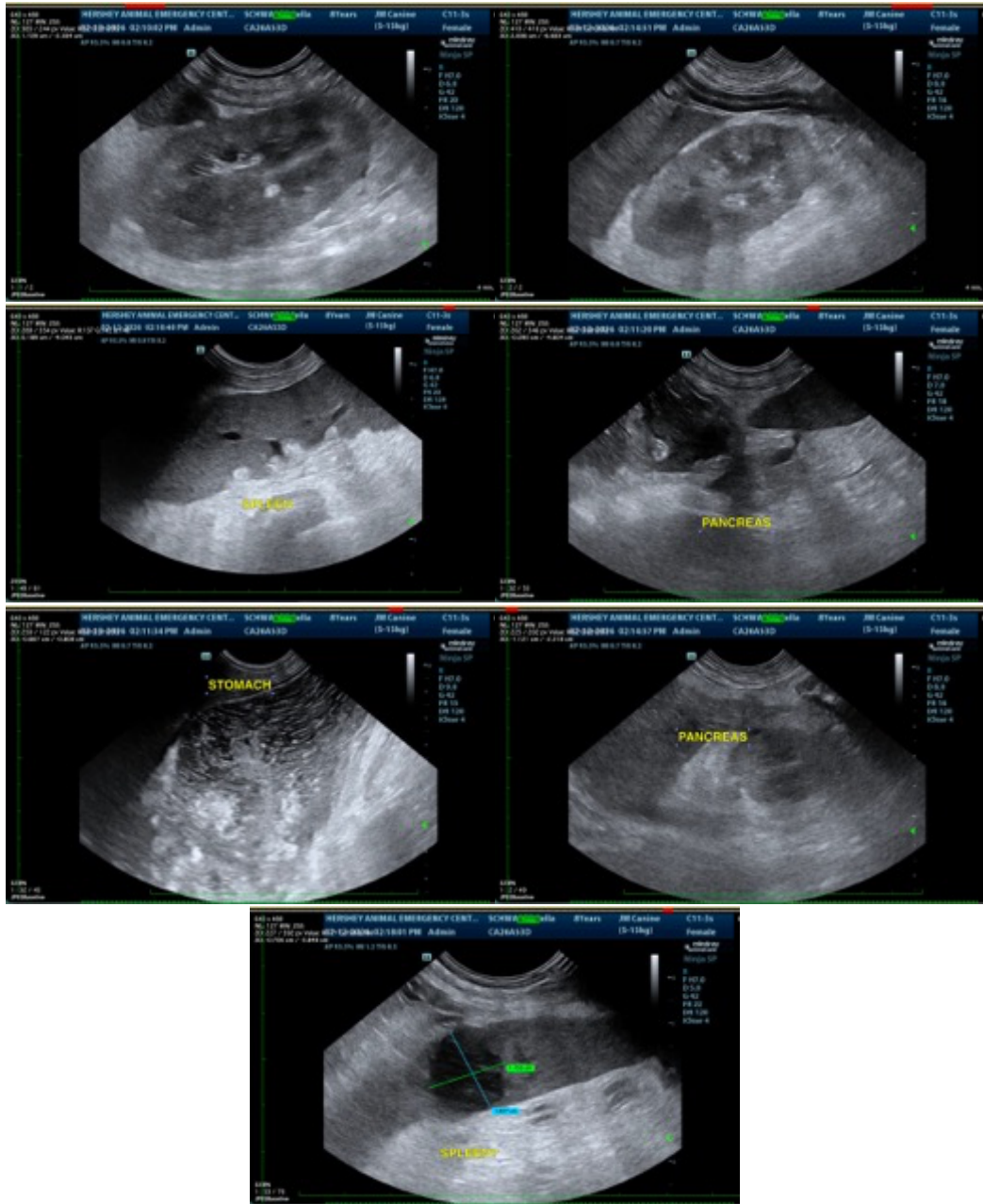
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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