



PATIENT

Bella Schwartz

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

8 Years 10 Months

WEIGHT

33.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Erika Gallisdorfer,
DVM

INVOICE

72820

DATE

2/9/26

PRESENTING CLINICAL SIGNS

Presented 2.5 weeks ago for chewing at Right hind foot - : Generalized moth eaten appearance to hair coat especially over hips and shoulders. Left lateral thorax: large scab >4cm with secondary alopecia (owner notes this occurred several weeks ago and is healing), ~3 weeks duration. Left Shoulder: multiple crusts/collerette lesions present. Feet: multiple areas of self-trauma, thickened skin, crusting along dorsal aspect of both feet - R foot worse - started on cefpodoxime; Two days later skin progression Integument: Papules across abdomen, scabs down both sides and back of pinnae, severely inflamed and ulcerated vulva with purulent discharge noted; hair thinning with areas of alopecia on face, erythema periorbital/commissures of mouth - added in medicated wipes, mousse, gabapentin and 2.2mg/kg/day carprofen due to degree of discomfort and swelling around vulva

Two week recheck - skin mildly improving but now having decrease in appetite and softer stool- bw showed severe increase in ALP - carprofen discontinued, added in cerenia, metronidazole, denamarin continued, cefpodoxime continued, topical therapy continued

Today - appetite still declined, now jaundice in appearance, all liver values increased

Abnormal PE/Chem/CBC/UA Results: 2/9 ALT 1747, ALP 1994, GGT 15 Tbili 4.3 - remainder wnl 2/6 ALT unable to read ALP 1799 GGT 9 Tbili 0.9 9/5 ALT 250, ALP 203 - on denamarin chronically

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 6.0 cm in length. Right kidney measures 6.2 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.78 cm in length x 0.50 cm at the caudal pole and 0.43 cm at the cranial pole. Right measures 2.51 cm in length x 0.70 cm at the caudal pole and 1.0 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively enlarged with slightly rounded lobes. It is diffusely coarse and hyperechoic with scant effusion between liver lobes.



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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering

Pancreas

The visible pancreas is prominent and somewhat hypoechoic with hyperechoic mesentery around the body and left limb of the pancreas.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly with coarse echotexture.
- Pancreatitis.
- Mild nephrocalcinosis.
- Splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver changes are non-specific but may indicate acute hepatopathy such as acute hepatitis (infectious, toxic, metabolic, etc.). Diffuse hepatic neoplasia cannot be ruled out. If coagulation parameters are within normal limits, liver FNA is strongly encouraged to further defined parenchymal changes. Described cutaneous signs together with bloodwork changes are concerning for hepatocutaneous syndrome.

The clinical significance of the pancreatic changes is uncertain. Pancreatic inflammation may be secondary to hepatitis or may be superimposed upon. Hepatitis treatment is supportive.



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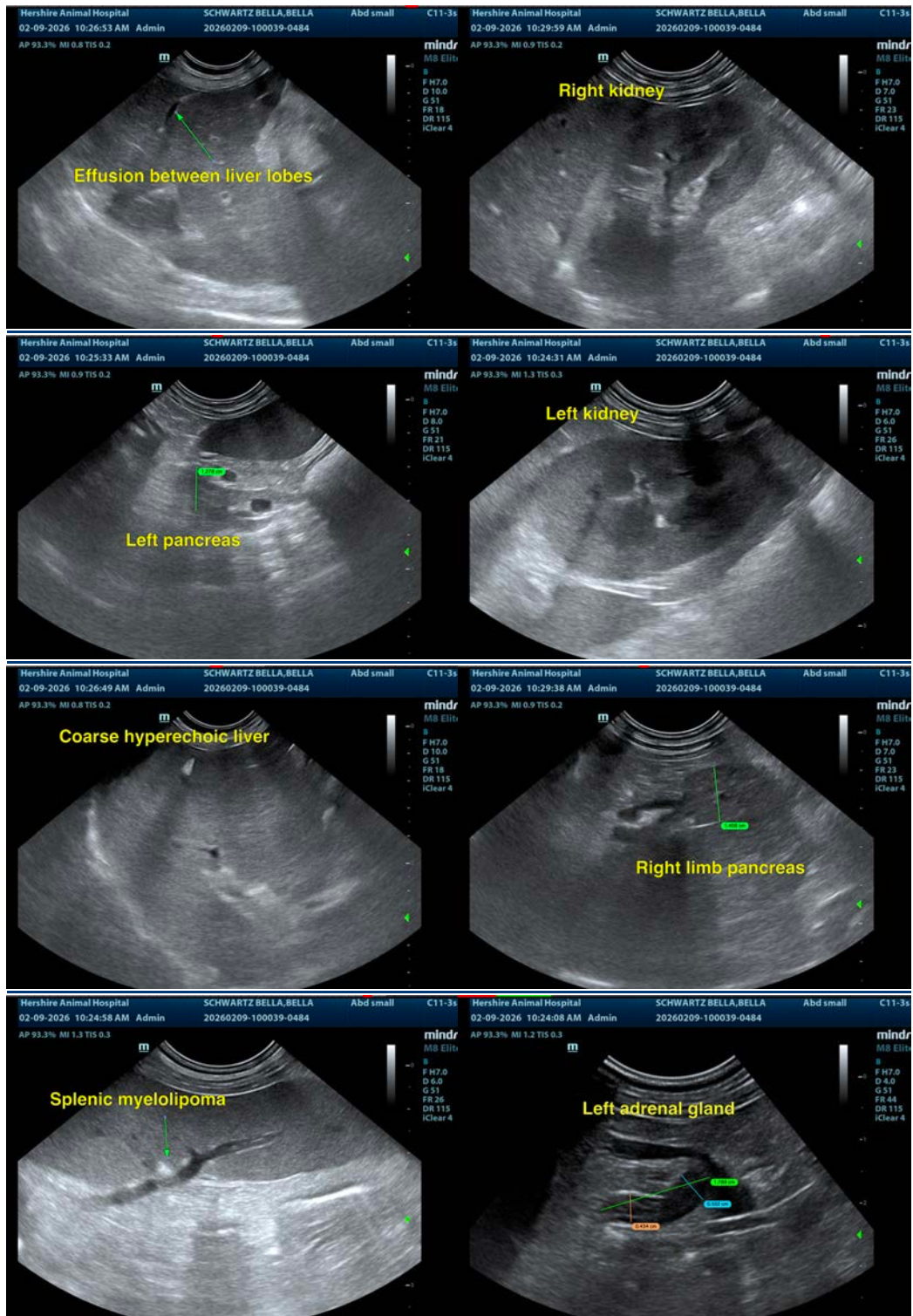
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com