



## PATIENT

Maci Dipinto

## SPECIES

Canine

## BREED

Puggle

## SEX

Spayed Female

## AGE

14 years

## WEIGHT

8.8 kg

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

11423

## DATE

3/6/2026

## PRESENTING CLINICAL SIGNS

- Presented 3/6 12pm for acute onset vomiting, lethargy starting around 4am. Diagnosed with diabetes mellitus Nov. 2025, relatively good glycemic control maintained. A few days ago the owners noted she was not herself, they checked a manual BG and it was low. Fed her and gave a lower dose of insulin, rechecked later and BG had improved. Had been doing better until this morning when vomiting and lethargy began. Vomitus now contains blood.
- Seen by rDVM today, did bloodwork and radiographs - recommended transfer to ER.
- 8-10% dehydrated, hypovolemic shock, mildly painful abdomen, dull/depressed mentation

Abnormal PE/Chem/CBC/UA Results: rDVM 3/6: CBC - HCT 62.4%, retic 164.9, WBC 21.65, Neut 17.93, Mono 1.4, Eos 0.02, Plt 556 Chemistry - BG 531, Creat 2.0, Phos 7.8, Na 141, K 8.9, Cl 101, 2.1, ALT 194, ALP 450 HAEC 3/6: PCV/TS - 65% / 6.4 clear EPOC - metabolic acidosis (pH 7.167, bicarb 11.2), Na 130, K 6.7 (Na:K ratio 19), iCa 1.07, Lac 7.55, Creat 1.80, BG 572 Baseline cortisol - 21.97 TFAST - no pleural or pericardial effusion, no B lines, normal glide sign AFAST - no free fluid, normal gallbladder, normal urinary bladder, hyperechoic mesentery.

## 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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney measures 4.3 cm in length. Right kidney measures 4.20 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 adrenal measures 1.36 cm in length, 0.50 cm at the caudal pole and 0.38 cm at the cranial pole.

Right adrenal measures 1.84 cm in length, 0.54 cm at the caudal pole and 0.98 cm at the cranial pole.

### Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. 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 normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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 a small amount of fluid and some gas shadowing. Gastric wall is significantly thickened with loss of normal wall layering, especially in the fundus.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

### **Free Abdomen**

The mesentery is diffusely hyperechoic.

No free fluid is visualized.

A perigastric lymph node is prominent and rounded.

## **ULTRASONOGRAPHIC FINDINGS**

- Gastric wall thickening with loss of wall layering and surrounding lymphadenopathy.
- Diffuse hyperechoic mesentery.
- Splenic myelolipoma.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastric wall thickening is significant, and loss of wall layering is concerning for infiltrative/neoplastic disease. This may be the underlying cause of loss of glycemic control. When patient is stabilized, gastric biopsy is recommended to further define. A non-neoplastic, inflammatory reactive pathology is possible and general treatment for gastroenteritis is recommended.



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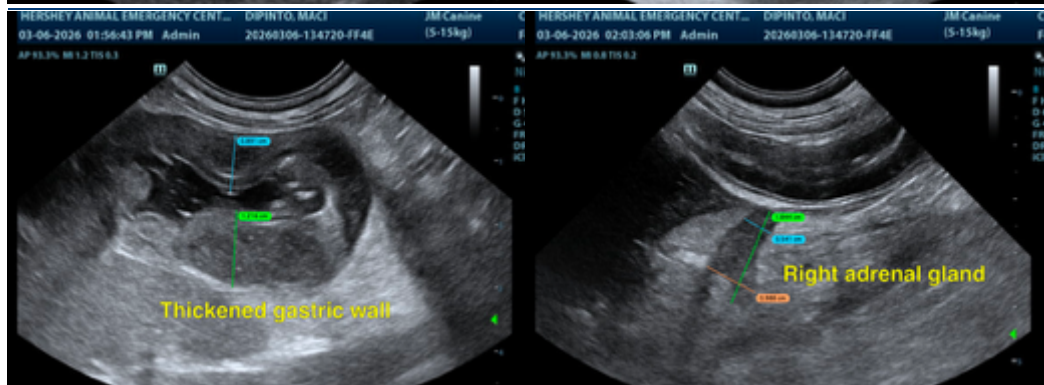
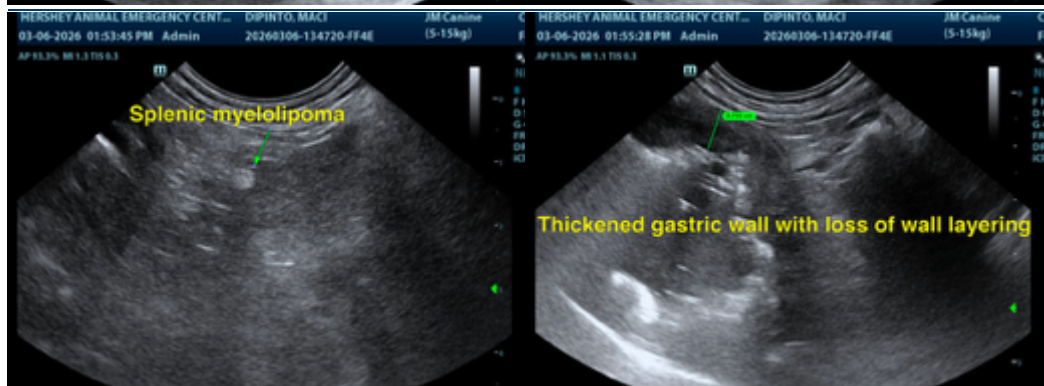
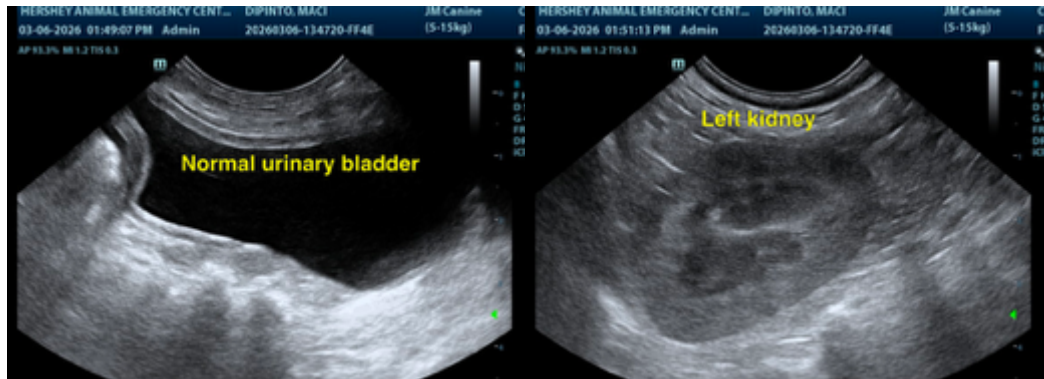
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com