



## PATIENT

Ellie Mae Mcnitt

## SPECIES

Canine

## BREED

Yorkie

## SEX

FS

## AGE

12 years

## WEIGHT

3.4 kg

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Cara Sinopoli

## INVOICE

11718

## DATE

4/16/2026

## PRESENTING CLINICAL SIGNS

Not eating, vomiting, diarrhea, occasional tremors, and lethargy for 24 hours. Losing balance sometimes. Similar episode in February and was diagnosed with liver insult. Currently on TruBenefits Hepato for previous liver elevation. Oral Cavity: Dental disease with missing teeth, remaining teeth have severe tartar, difficult to visualize due to trying to bite Cardiovascular: Grade 1-2/6 heart murmur, normal rate and rhythm, pulses strong/synchronous. Abdomen: Tense and painful on abdominal palpation. Nervous system: Intermittent tremor-like episodes observed during examination, patient remains conscious during episodes.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 28.72 (H), Neu 23.48 (H), Mono 2.45 (H), MCV 57.3, MCH 21.1, RDW 22.2 Chem: Cholesterol 3269 (H) EPOC: pCO2 27.5 (L), pH 7.463 (H), Creat 0.33 (L) Pancreatic Lipase: 1721 (H) Ammonia: WNL.

## 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 left kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. The renal pelvis was mildly dilated. Left kidney measures 3.90 cm in length.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. The renal pelvis was mildly dilated. The right kidney measures 3.68 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 1.38 cm in length, 0.42 cm at the caudal pole and 0.30 cm at the cranial pole. Right adrenal measures 1.6 cm in length, 0.67 cm at the caudal pole and 0.81 cm at the cranial pole.

### Spleen

The tail of the spleen contains a roughly spherical, hypoechoic nodule measuring approximately 0.44 cm x 0.51 cm. Remainder of splenic parenchyma is normal in size, and echogenicity. The splenic capsule is smooth.

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



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The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

### **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. There are focal loops of bowel with a small amount of luminal fluid consistent with enteritis. 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 gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The left limb of the pancreas and visible portions of the right limb of the pancreas are enlarged and hypoechoic to surrounding severely hyperechoic mesentery. There are no visualized fluid accumulations and no focal enlargement, consistent with mass effect.

### **Free Abdomen**

There is scant free fluid noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.
- Peritonitis.
- Scant effusion – likely secondary to peritonitis.
- Degenerative renal changes with mild pyelectasia bilaterally.
- Gallbladder debris.
- Small splenic nodule.

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

Pancreatic changes are consistent with severe pancreatitis. Mild small intestinal fluid likely represents enteritis secondary to pancreatitis/peritonitis. The prognosis of acute pancreatitis is largely dependent on the severity of clinical signs and response to treatment. Mortality is reported as high as 25% and secondary organ dysfunction and systemic inflammatory response syndrome can occur as inflammation progresses. Ultrasonographically, pancreatic inflammation is severe in this patient. Ultimately the need for hospitalization for treatment is based on the patient's cardiovascular stability, pain and appetite. Hydration and enteral nutrition are key factors in positive outcomes and if these cannot be achieved on an outpatient basis, hospitalization for 24 hour care is strongly recommended.

Treatment for pancreatitis is entirely supportive and involves fluid support, GI support - anti-nausea (ondansetron, cerenia 2mg/kg PO SID), appetite stimulation (mirtazapine, elura), analgesia (buprenorphine, gabapentin) and enteral nutrition as needed (syringe feeding, NG tube placement, etc). Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis as it is usually sterile, however given the severity of inflammation



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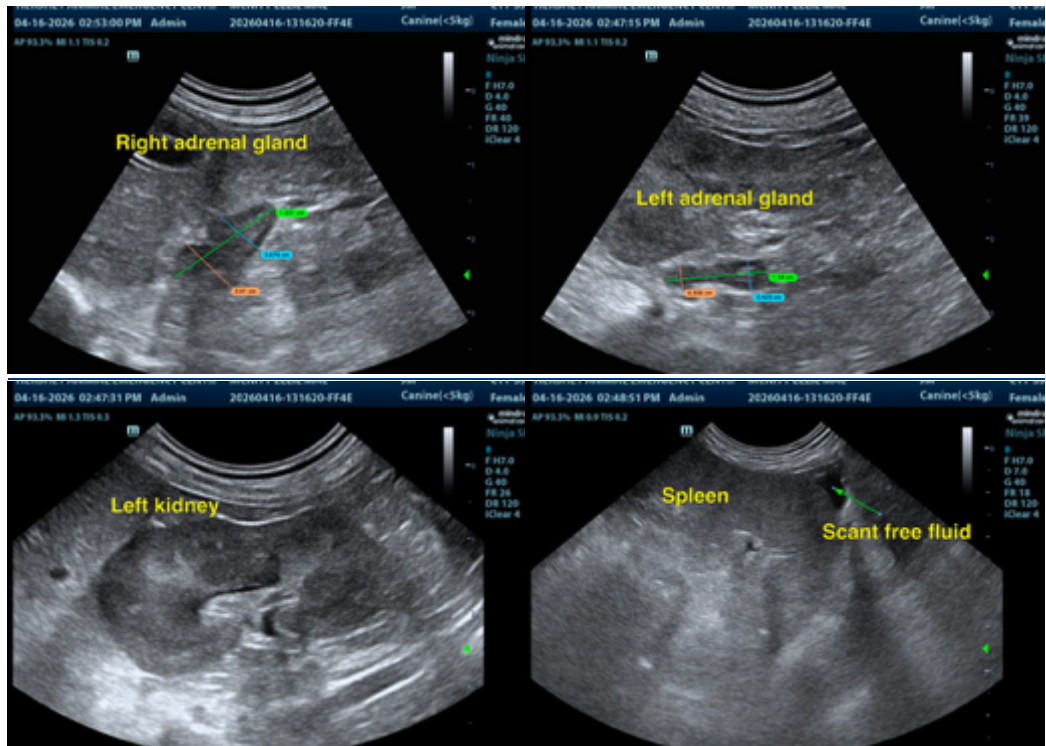
4/16/2026

I would use antibiotics (ex unasyn +/- fluoroquinolone) in this case. Intravenous antibiotics are preferred to ensure absorption and decrease GI side effects of oral antibiotics which can lower appetite compromising treatment and recovery. Anti-inflammatory steroids may be tried in an attempt to reduce inflammation if traditional supportive care is inadequate. Serial imaging is indicated to monitor response to treatment.

Abdominocentesis with fluid analysis and cytology is recommended if a sample can be obtained.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause. This is likely incidental to clinical signs.

Renal changes are likely age-related degeneration. Mild pyelectasia is likely secondary to fluid therapy if being given, or other causes of PU/PD. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





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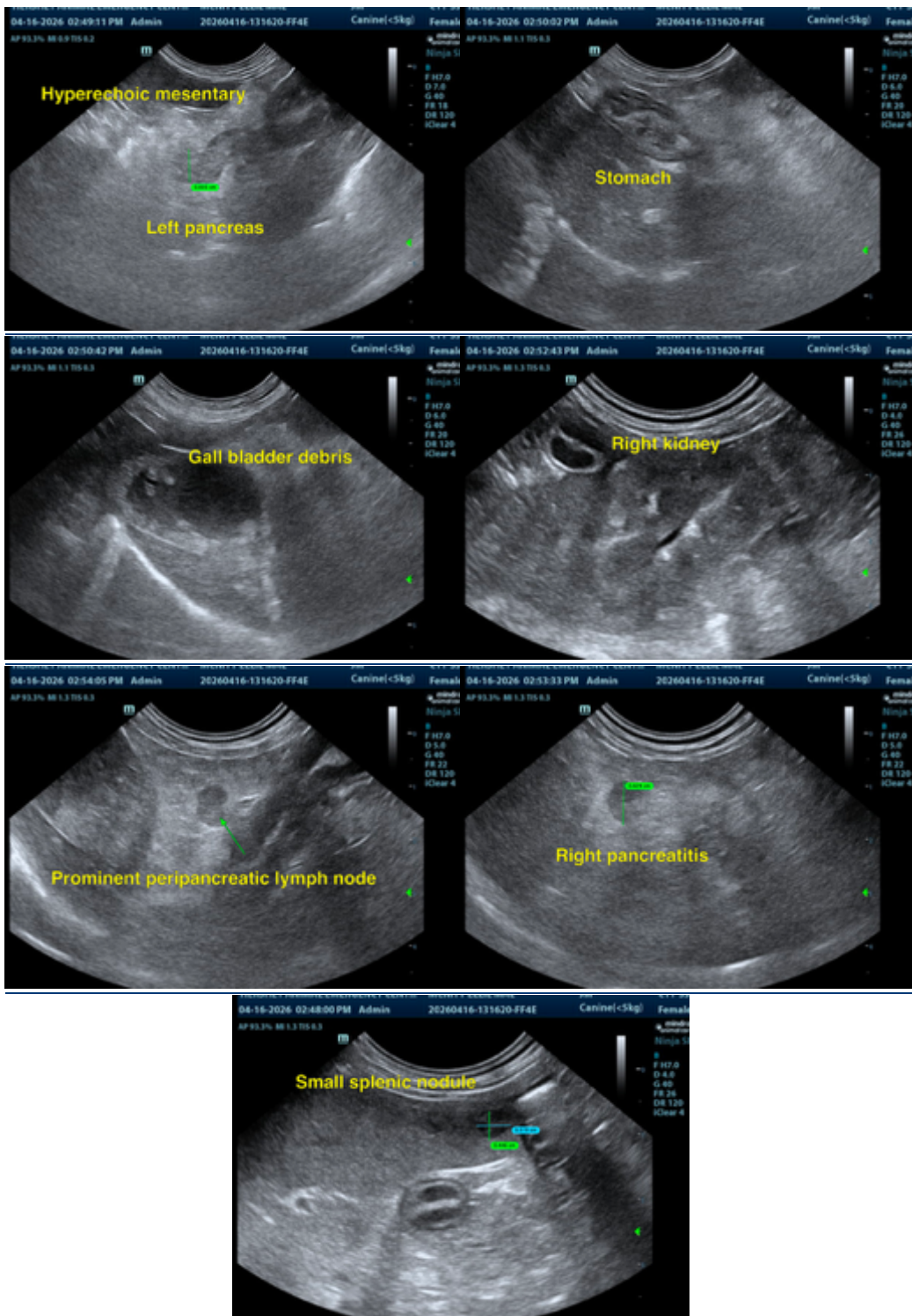
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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