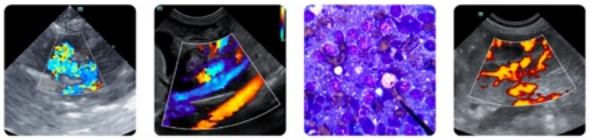

PATIENT

Oreo Notario

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

9 ½ years

WEIGHT

20.2 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Linday Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Frownfelter

INVOICE

69586

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: 5 day history lethargy. Diarrhea/melena with polydipsia.
Abnormal PE/Chem/CBC/UA Results: Severe temporal muscle atrophy Petechia of left side buccal mucosa, generalized over abd as well CBC: HCT 22%, Reticulocytes 358.7K, WBC 21.29K, Neut 17.73K, Mono 1.18, platelets <50K Chem: WNL EPOC: HCT 21%, Lac 2.72 Radiographs: Corrugated colon, unremarkable abdomen and thorax

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended bladder debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left and right kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having 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. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodular change. Nodular changes were noted and measured up to 1.3 cm. Ultrasound-guided FNA is indicated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** in this patient presented multi-focal, hyperechoic mucosal inclusions with remodeling. This is suggestive for ulcerative gastritis. The lesions appear to be localized to the mucosa. However, reactive mesentery was noted around the upper gastrointestinal tract and pancreas. This is consistent with gastritis, pancreatitis.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

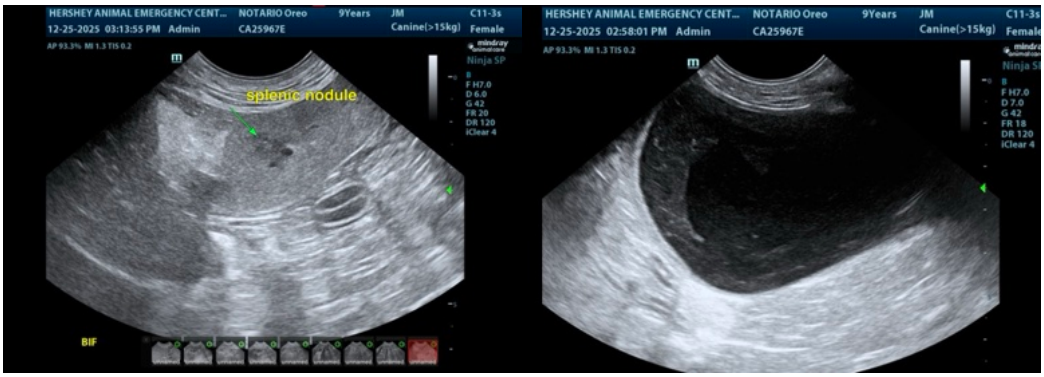
ULTRASONOGRAPHIC FINDINGS

Ulcerative gastritis, pancreatitis pattern with splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules are likely nodular hyperplasia, emerging round cell neoplasia or mast cell disease is possible.

GI protectant protocol is warranted. 24-hour n.p.o. and eventual slurry feeding is recommended. Helicobacter protocol such as the following can be considered. FNA of the splenic nodules is recommended to ensure that these are benign and not underlying mast cell disease or similar that may be playing a role. A recheck sonogram is recommended in 7-10 days to assess the stomach and spleen for emerging disease.



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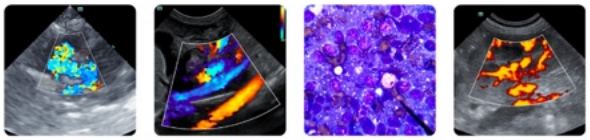

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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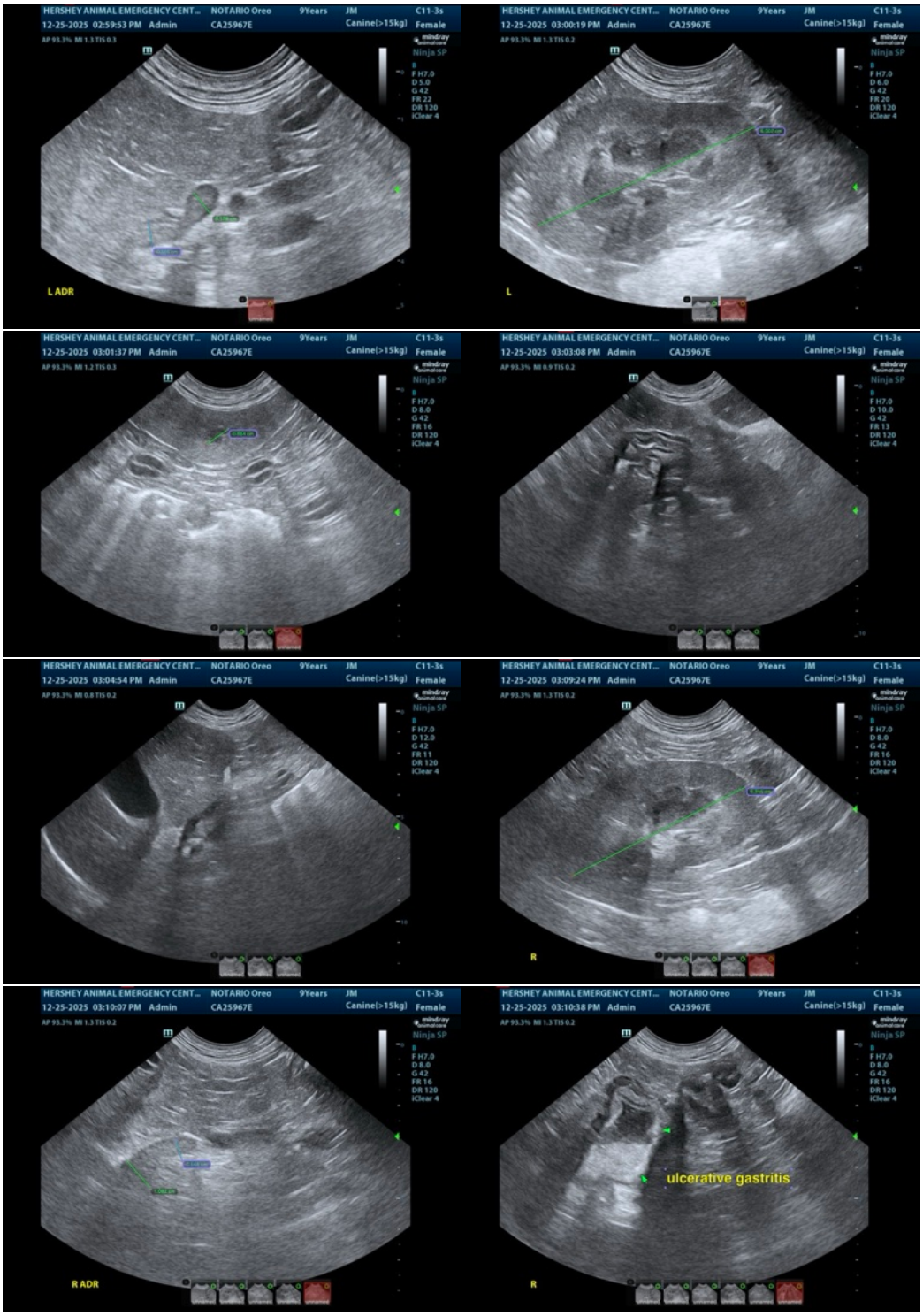

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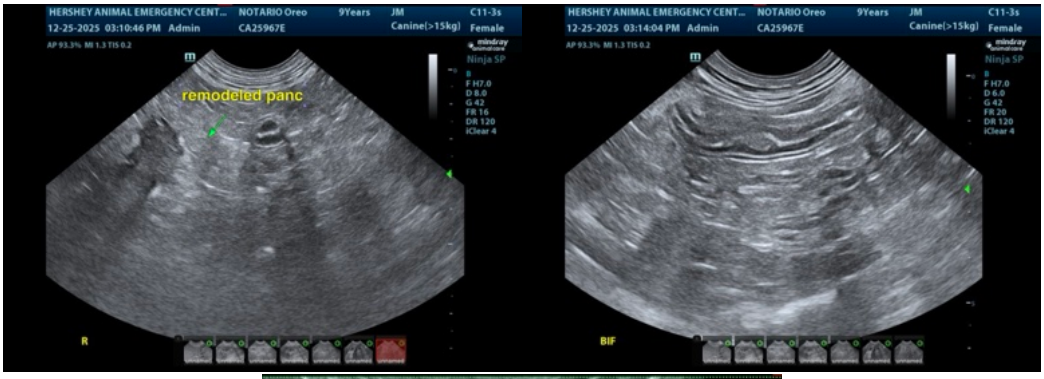

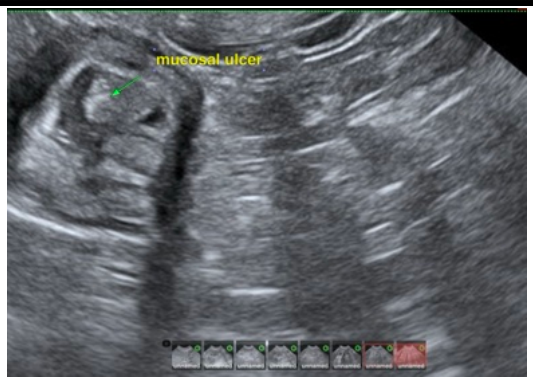

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com