



## PATIENT

Shay Minemier

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

8 Years 7 Months

## WEIGHT

23.3 kg

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl, NYC

## INVOICE

72128

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

Recheck AUS following small amount of retroperitoneal fluid around the LK (suspected blood clot/hematoma) with concurrent SQ effusion noted at the same level on the left cranial abdomen (possible result of trauma or regional vasculitis). Hx of elevated LES with some improvement on repeat BW. Cystitis. UA- no bacteria but bilirubin in the urine was noted. UC- MRSP. Shay presented through the ER Service at BP-NY on 11/15 and then again on 11/17/25, an AUS was performed due to elevated liver enzymes. She was previously reported to be vomiting and having a decreased appetite. (Poss secondary to single ASA dose followed w/ NSAID dose day after?) Her clinical signs have since resolved and her appetite has been great with a normal energy level now. She has been getting her Clavamox and Denamarin since her initial visit. Meds: Denamarin, Recent Clavaomx Pending Diagnostics: Recheck Chem panel, UA, UC-with extended sensitivity

Abnormal PE/Chem/CBC/UA Results: 11/17/25 AUS @ BP-NY: Liver: Normal in size & echotexture. Kid: LK 6.3 cm Sm amt of fluid is accumulating in the cr. pole w/hyperechoic fat centered. RK 6.6 cm Adrenals: LAD 6.1 mm, RAD n/v. Bladder: slightly irregular mucosa. Panc: WNL, LN: Pancreaticoduodenal LN mildly enlarged 7.8mm. Comments: scant amt of anechoic retroperitoneal effu on lft side. Sm amt of echogenic material noted in the center suggesting blood clot/hematoma. Scant amt of SQ effusion noted in the lft cr. abd at the same level possible trauma/regional vasculitis. Finding was unilateral. Mild cystitis. No evidence of pancreatitis 11/17/25: - Chem: Alb 3.4, ALP 546 H, ALT 386 H, BUN 15, Cr 1.0, GGT 11 - UA: USG 1.043, Pro 2+, Bili 3+, Bld 2+, WBC 4-10/hpf, RBC 11-20/hpf, bili crystals 2-3/hpf - cit-PT: 14 sec -n

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder was a normal size and shape for level of filling. The apical bladder wall was uniformly thickened without mineralization. The mucosal surface was moderately irregular. The visible pelvic urethra was normal in appearance. The bladder contents were anechoic with no uroliths or significant sediment present. The urethra was visualized to a distance of 4.0 cm beyond the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys display mild aging changes and mineralization. There is no visible pelvic dilation. The left kidney is normal in size and shape with an outpocketing of the cranial capsule with a complex cystic lesion that measured 2.1 cm x 2.4 cm. There is no visible free fluid currently around the left kidney or in the retroperitoneal space. The left kidney measured 6.4 cm. The right kidney measured 6.2 cm.

### Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left adrenal gland measured 0.50 cm at the caudal pole and 0.52 cm at the cranial pole. Right adrenal gland measured 0.40 cm at the caudal pole and 0.93 cm at the cranial pole.



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## *Spleen*

The spleen is normal in size with a mildly rounded to irregular shape. There is a possible mass and/or hematoma lesion in the head of the spleen that measured approximately 7.0 cm x 6.6 cm. The parenchyma in the region of the possible mass was mildly heterogeneous compared to the rest of the parenchyma. There was a small nodular to cystic change also off the edge of the spleen that measured 2.3 cm x 2.0 cm. There was good blood flow at the splenic hilus on power doppler exam.

## *Liver*

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

## *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

## *Pancreas*

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

## *Free Abdomen*

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Small, complex cystic lesion at the cranial pole of left kidney – correlates with previously described lesion.
- Resolved retroperitoneal fluid.
- Possible splenic mass and/or hematoma in the head of the spleen cranial to the left kidney.
- Mild cystitis pattern.
- Splenic nodule – cystic to complex cystic structure.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These findings may relate to previous trauma on the left side. The left kidney lesion appears static currently. The changes in the spleen should be monitored moving forward, as well the hematocrit. FNA done with patient under sedation could be considered for further assessment.



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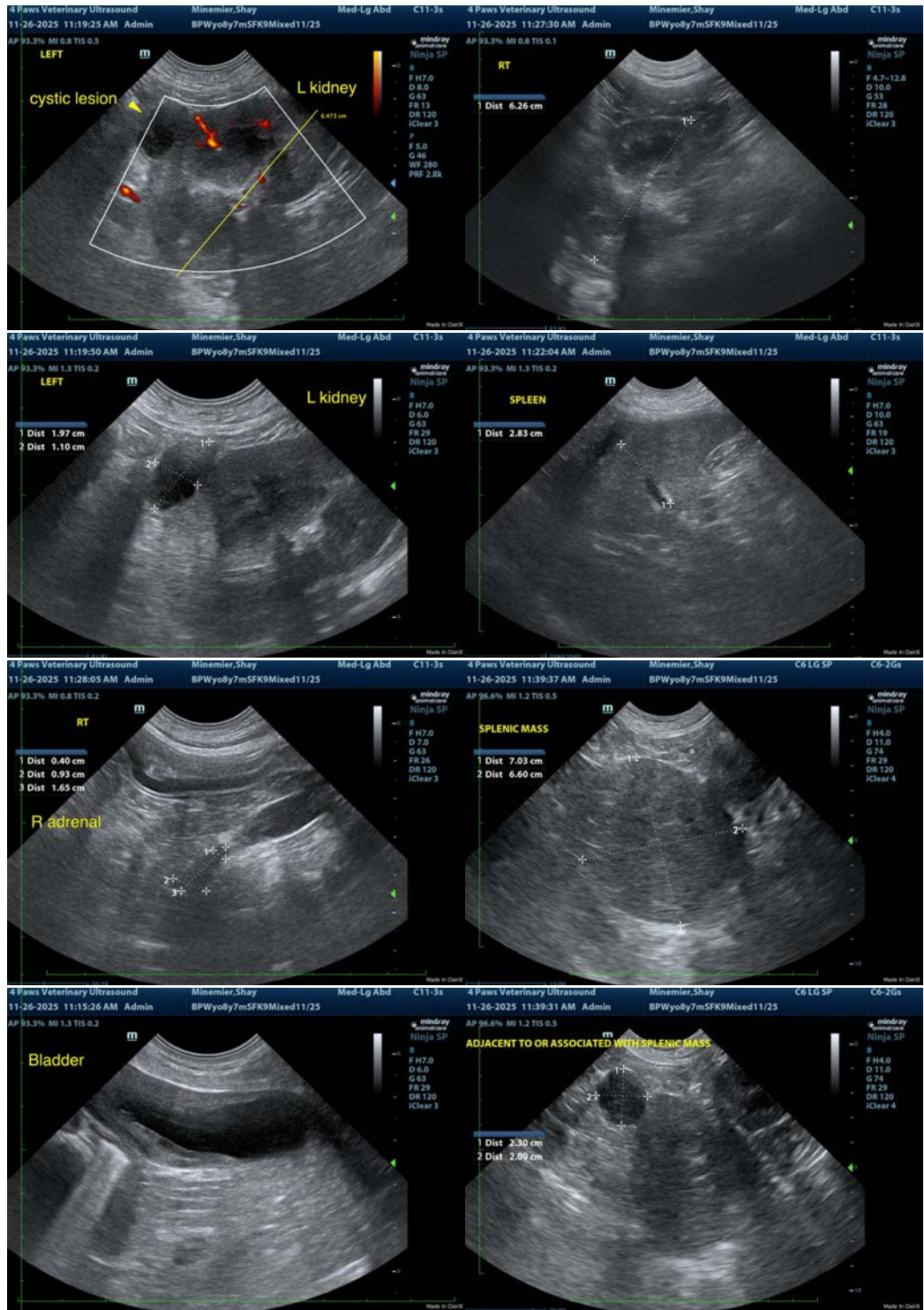
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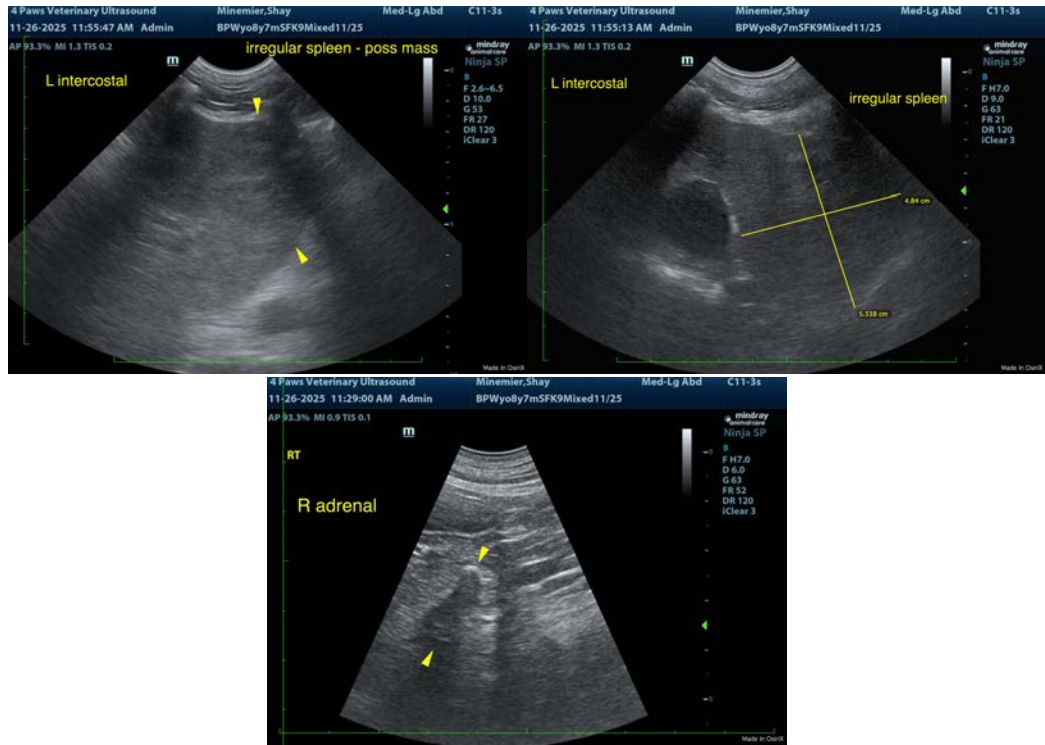
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com