



PATIENT

Bear Horvat

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

9yr

WEIGHT

42kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

23657

DATE

01/22/2026

PRESENTING CLINICAL SIGNS

- Presented for 3 days history of anorexia, weight loss over the last few months and vomiting last 2 days. Went to rDVM 2 days ago, noted periodontal disease, chem10 unremarkable other than mildly elevated ALT. Started carprofen and enrofloxacin. History of chronic skin issues, has seen dermatologist and concerned for skin allergies. Was on HP diet, but owner said skin improved so started feeding other diet, now not eating any food. PU/PD the last week
- Integument: bilateral lower lip erythematous, moist with crusting, right lateral elbow is thickened with crusting and draining tract oozing serosanguinous discharge
- Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, significantly thickened with crepitus R stifle, decreased ROM in both hips, decreased ROM and crepitus both forelimbs carpus and elbow
- Abnormal PE/Chem/CBC/UA Results: CBC: mono 1.36K H, eosin 2.63K H, baso 0.14K H Chemistry: chol 106 L Pancreatic lipase: 37 N Ionized calcium: iCa 1.47 H Thoracic radiographs: No cardiomegaly; age-related bronchial pattern; no obvious masses.
- Abdominal radiographs: Small, empty stomach; intestines normal diameter and symmetrical; liver subjectively normal size; spleen visible and possibly mildly prominent without mass effect; no obstruction identified.
- Urinalysis: USG 1.030, pH 5, WBC 2/HPF, RBC 3/HPF Baseline cortisol: 0.66 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting subjective subnormal size, measuring 0.39 cm width caudal pole. The right adrenal gland was overtly normal to borderline subnormal in size, with mild capsule asymmetry and homogenous parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

Spleen



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The spleen exhibited generalized enlargement, rounded to regional mild asymmetrical splenic capsule contour and generalized heterogeneous splenic parenchyma. Normal vascular volume. No visualized masses or nodules were present.

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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild congealed hyperechoic debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

MN

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental to generalized mild hyperechoic to mild prominent submucosal layer with minor non-obstructive segmental duodenojejunal ileus and gas to the level of the colon.

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Normal visible colon wall layers were present with semi formed feces in lumen.

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Structurally unremarkable gastroenteropathy exhibiting minor non-obstructive segmental intestinal ileus
- Normal area of pancreas
- Borderline to mild subnormal adrenal glands
- Sonographically normal liver with non-organized bile debris (non-mucocele) consistent with low-grade benign hepatopathy
- Enlarged non-homogenous spleen- hyperplasia, hematopoiesis, breed associated hypersplenism favored, occult splenic neoplasia not excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, screening cortisol level +/- full ACTH stim if cortisol <2.0 is recommended. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. Dietary intolerance / indiscretion, infectious disease, known or unknown enterotoxin, structurally insignificant inflammatory bowel, Addison's disease, low-grade pancreatitis which may present sonographically normal, occult parasitism, all



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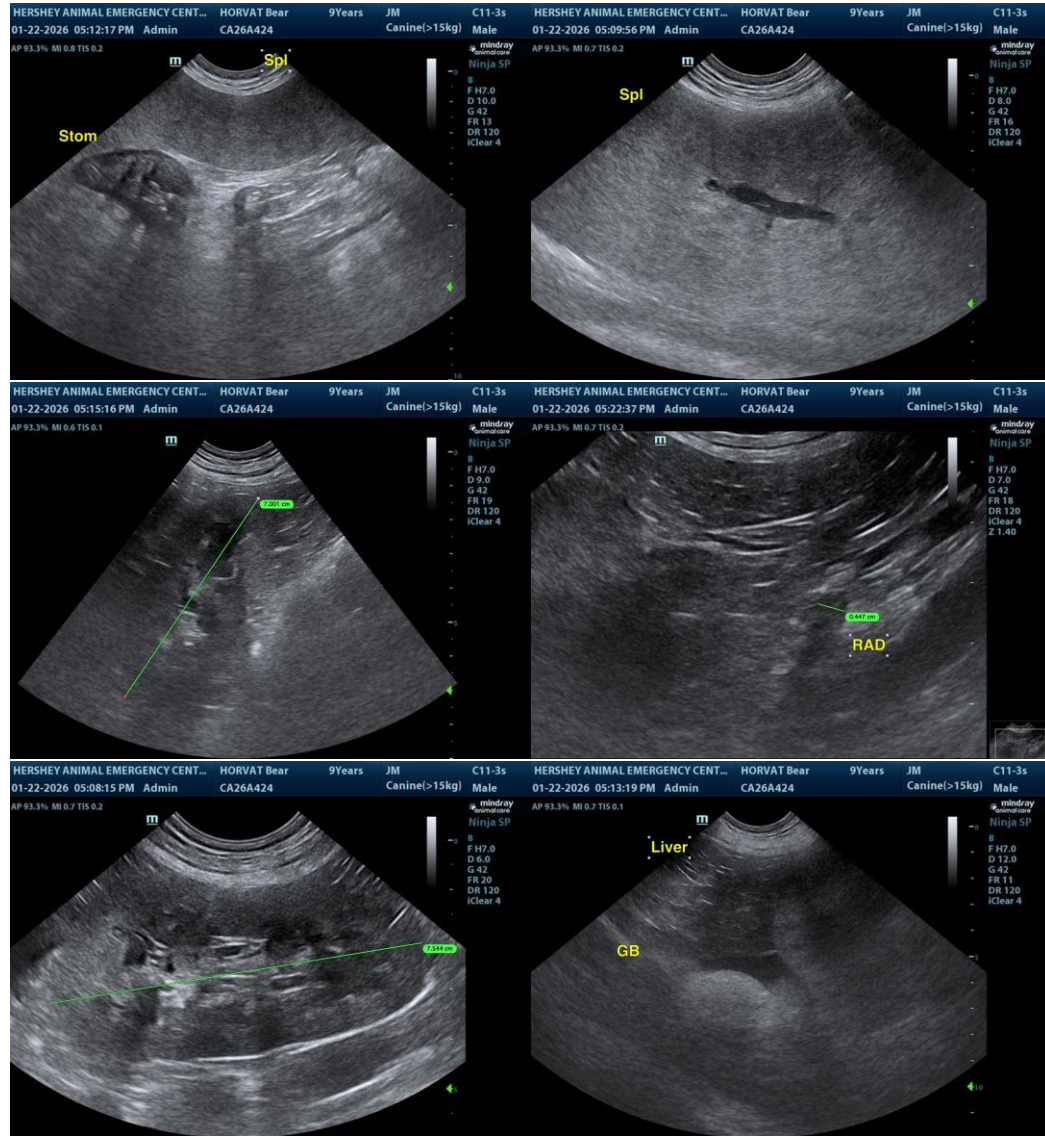
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potentials with occult gastrointestinal neoplasia thought less likely. Gastrointestinal support pending additional diagnostics with clinical monitoring is indicated.



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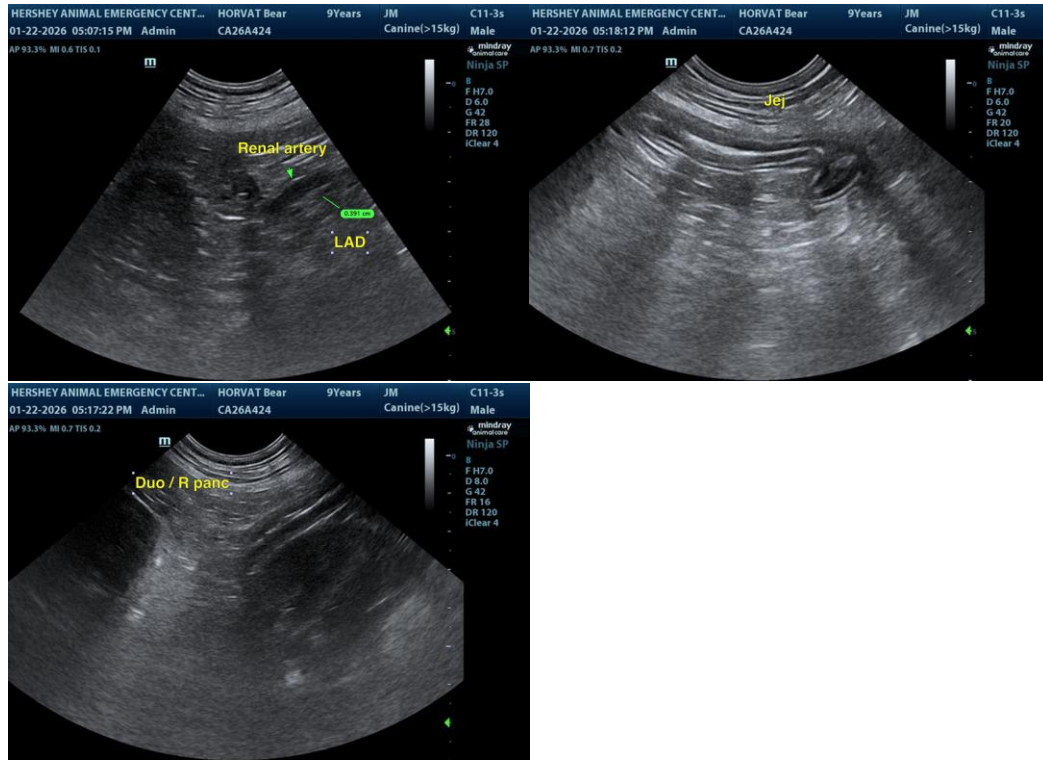
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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