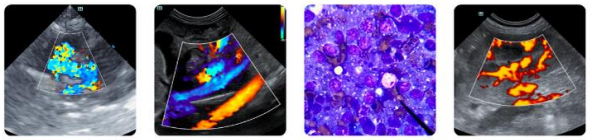


PATIENT

Shelby Fleming

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

SF

AGE

9 years

WEIGHT

8.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane, DVM (Internal Med)

INVOICE

10336

DATE

11/12/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate mild anemia, mild fever, positive for anaplasma and lyme. Anemia - unknown origin (possible Anaplasma vs other). Is eating/drinking at home and intermittently limping. Mild fever on presentation to the ER. Sent from pDVM to the ER for anemia - was mild in August and then more recent bloodwork @ pDVM showed PCV of 24. Did test Lyme and Anaplasma positive (not treated)

Abnormal PE/Chem/CBC/UA Results: ER Diagnostic: - PCV/TS: 34% / 7.0 - CBC: Hct 39%, Plts 318-n, Hgb 11.5 L, MCV 80 H, normocytic, normochromic. -Chem: Alb 3.3-n, AST 10 L, normal ALT/ALP, Normal renal values, remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

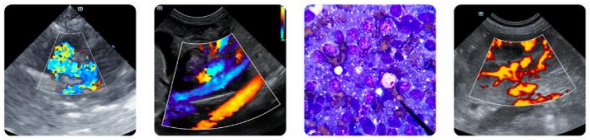
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole. The right adrenal gland measured 0.47 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting primarily homogeneous parenchyma. A solitary, nondisruptive, hypoechoic nodule was noted in the mid-cranial spleen, measuring 0.63 cm diameter. The nodule did not distort the splenic capsule. There is no evidence of additional splenic nodules or masses.

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. The hepatic and portal vasculature were



PATIENT

Shelby Fleming

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

SF

AGE

9 years

WEIGHT

8.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane, DVM (Internal Med)

INVOICE

10336

DATE

11/12/25

normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

Pancreas

The parenchyma of the right pancreatic limb was normal in size and contour with mildly hyperechoic parenchyma compared to adjacent nonreactive or inflamed omentum. There was no evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Solitary nondisruptive splenic nodule - hyperplasia or hematopoiesis favored, mild potential for emerging nodular neoplasia or tumor
- Possible mild chronic pancreatitis / fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening splenic parenchyma and nodule FNA cytology are warranted for further clarification. Sonographic monitoring of the splenic nodule for evidence of persistence or progression with initial recheck in 4 weeks would be a more conservative approach.

Aside from the splenic nodule, there is no obvious evidence of abdominal pathology as a contributing factor to the anemia. A spec cPL could be considered if clinical signs consistent with chronic pancreatitis are noted.

PATIENT

Shelby Fleming

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

SF

AGE

9 years

WEIGHT

8.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

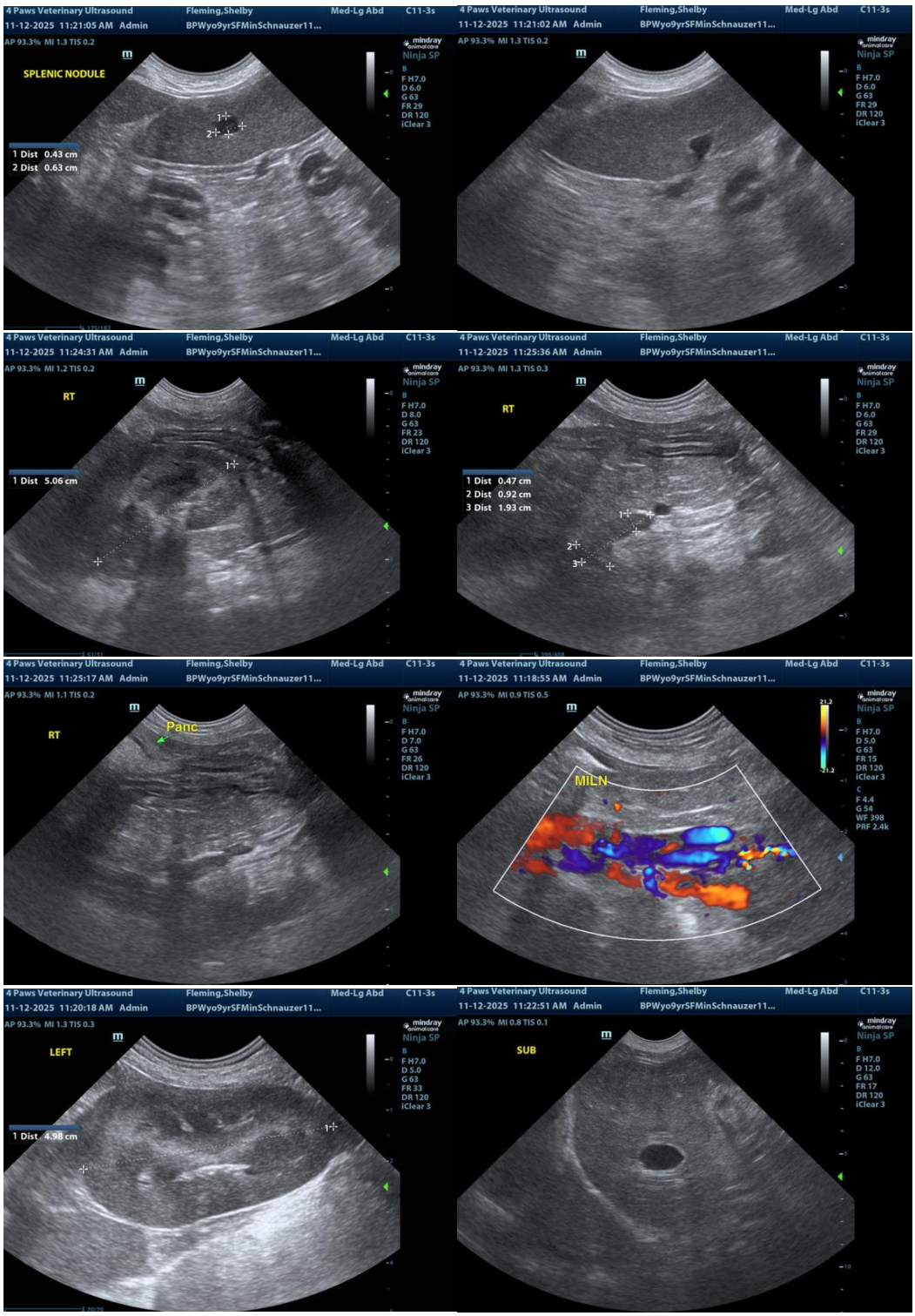
Heatherlynn McFarlane, DVM (Internal Med)

INVOICE

10336

DATE

11/12/25



PATIENT

Shelby Fleming

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

SF

AGE

9 years

WEIGHT

8.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

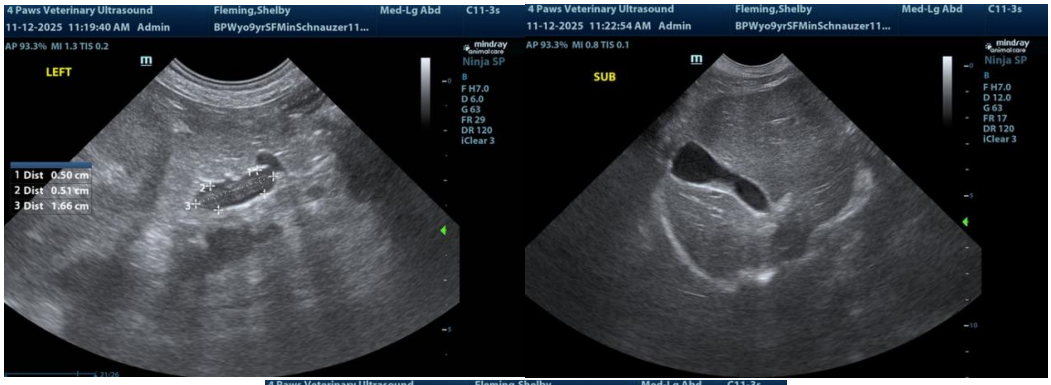
Heatherlynn McFarlane, DVM (Internal Med)

INVOICE

10336

DATE

11/12/25



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com