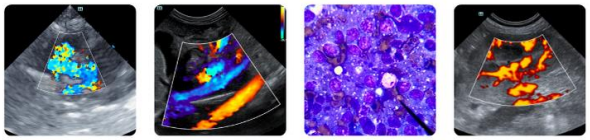


PATIENT

Curly Diebler

SPECIES

Canine

BREED

Poodle Mix

SEX

MC

AGE

3y

WEIGHT

24.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10390

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Transfer from rDVM 11/19. Patient had a darker in color stool last week. Prior to the weekend patient woke O up in the middle of the night to go outside and ate a large amount of grass - vomited up grass shortly after. Patient's stool has gotten darker in color and softer over the weekend. Patient is more lethargic and not himself as week progresses. Patient was seen at rdvm yesterday and sent home with medication, rechecked at rdvm today and advised to transfer to HAEC. RDVM Diagnostics: 11/19 @ 1PM - CBC: severe thrombocytopenia (0k), hypochromic, normocytic, regenerative anemia (HCT 30.8, MCHC 29.2, MCV 71), inflammatory leukogram (WBC 37.51, neutrophilia with left shift (25), lymphocytosis (7.91), monocytosis (4.31)) 11/18 @ 2:30 PM CBC: severe thrombocytopenia (0k), hypochromic, normocytic, regenerative anemia (HCT 33.3, MCHC 30, MCV 70), inflammatory leukogram (WBC 23, neutrophilia (16.52), monocytosis (1.93)) Chem: ALP<10, cholesterol 95, amylase 1556 4DX negative single lateral radiographs: gas distended intestines per rDVM. Oral Cavity: Mucous membranes pale pink/tacky, CRT <2s, mild tartar/gingival erythema, sublingual clear. No gingival bleeding noted. Abdominal: Tense and uncomfortable on abdominal palpation Integument: Marked petechiation of ventral abdomen with ecchymosis. Petechiation of ear pinnae AU. Rectal: dark red to black melena, soft stool single lat rad: gas distended intestines per rDVM.

Abnormal PE/Chem/CBC/UA Results: RDVM Dx: 11/19 @ 1PM CBC: severe thrombocytopenia (0k), hypochromic, normocytic, regenerative anemia (HCT 30.8, MCHC 29.2, MCV 71), inflammatory leukogram (WBC 37.51, neutrophilia with left shift (25), lymphocytosis (7.91), monocytosis (4.31)) At HAEC: Chem: chol(105) PT/PTT WNL CBC: severe thrombocytopenia (<50k), moderate microcytic, hypochromic, regenerative anemia (HCT 25%, MCV 69.9, MCHC 30.1, reticulocytes 454) inflam leukogram (WBC 39, neut(30.27), imm neut (1.26), mono (5.07), eos (0.04) Lepto witness test - negative 11/20 11am Dx: EPOC: HCT 25 (L) PCV/TS: 30/6 CBC: RBC 3.81 (L), HCT 26.8 (L), Hgb 8.4 (L), Retic 371.9 (H), Retic hgb 20.8 (H), WBC 24.74 (H), Neut 19.46 (H), Im neut 0.7, Monos 2.98 (H), Eos 0.04 (L), Plt <50K

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

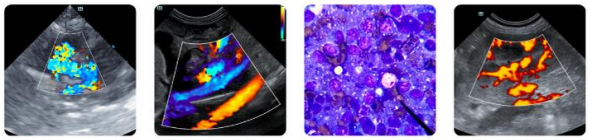
Urinary System

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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation. There is no evidence of distal aortic thrombus.

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 5.2 cm in length. The right kidney measured 6.2 cm in length.



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Adrenal Glands

The left adrenal gland exhibited subjective borderline subnormal size, symmetric contour, and homogeneous parenchyma, measuring 0.48 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was subjectively mildly enlarged with symmetrical capsule contour maintained. The spleen presented heterogeneous parenchyma exhibiting subtle micronodular parenchyma changes. There were no visualized splenic masses or nodules. Normal vascularity was noted.

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 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 a variably thickened wall exhibiting intact to sectorial indistinct mural detail. The stomach contained a moderate amount of variably echogenic to progressive shadowing ingesta extending into the pyloric outflow. The ventral gastric body wall width measured 0.55 cm in width. The ventral pylorus wall width measured 1.2 cm wall width. There was no overt obstructive pyloric mural pathology.

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. The colon was nondistended containing generalized soft fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably thickened stomach containing variably echogenic, progressively shadowing ingesta - gastritis, emerging gastric neoplasia, variably dense food echogenicity, potential for intermixed foreign material
- Sonographically unremarkable small intestine / colon with soft fecal matter
- Nonhomogeneous subtle micronodular splenic parenchyma - hyperplasia, hematopoiesis (given anemia), emerging to occult splenic neoplasia, potentials

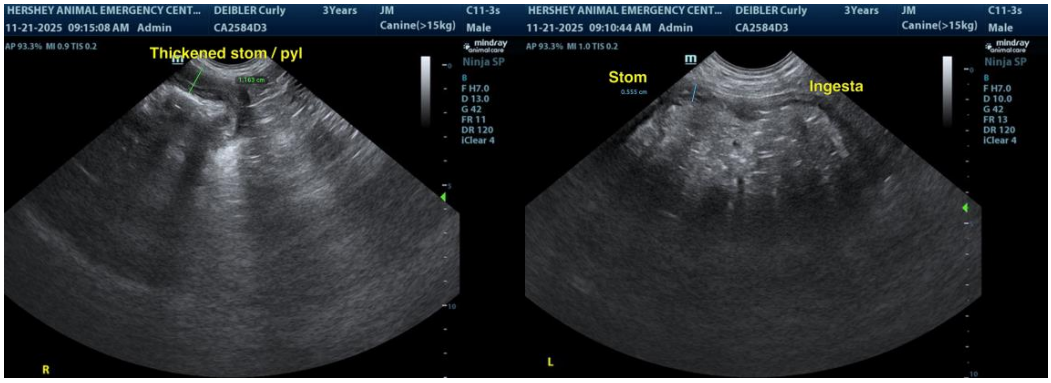
Secondary Findings

- Subjective borderline subnormal left adrenal gland, non-visualized right adrenal gland - nonspecific, possible patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. If reported NPO, documented 12-hour fast and sonographic monitoring for evidence of gastric emptying or retained ingesta is indicated. Alternatively, if available, upper gastrointestinal endoscopy with further assessment of the gastric interior and potential for biopsies, given thickened stomach wall, is recommended.

Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology would be ideal, yet likely precluded at this stage, given thrombocytopenia. CBC pathology review, infectious disease serology, and assessment for autoagglutination is warranted. Empirically, broad-spectrum gastroprotectants, empirical deworming, and screening cortisol level is suggested.



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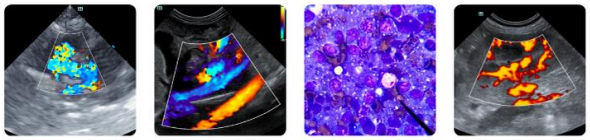

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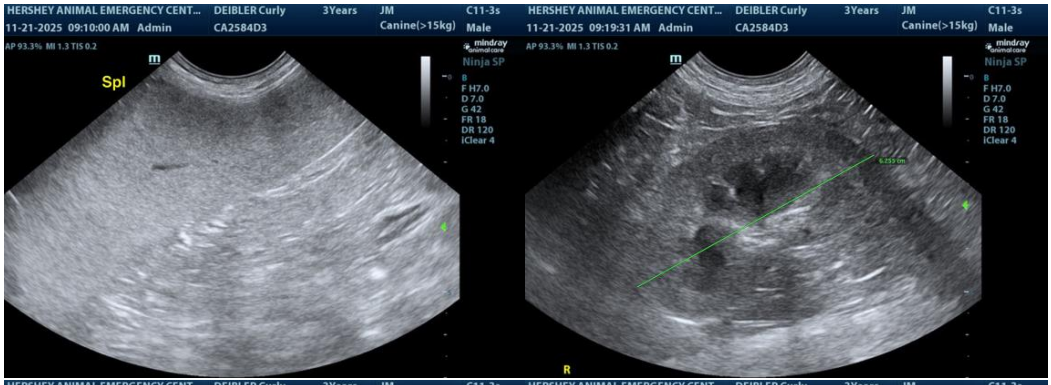

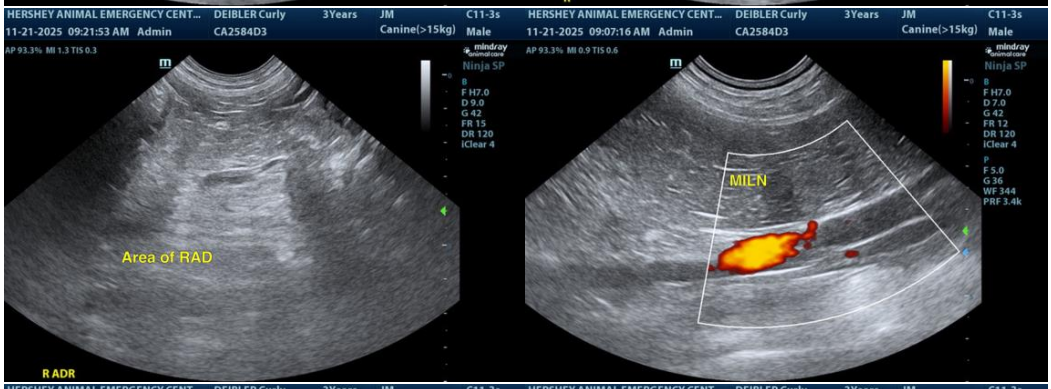

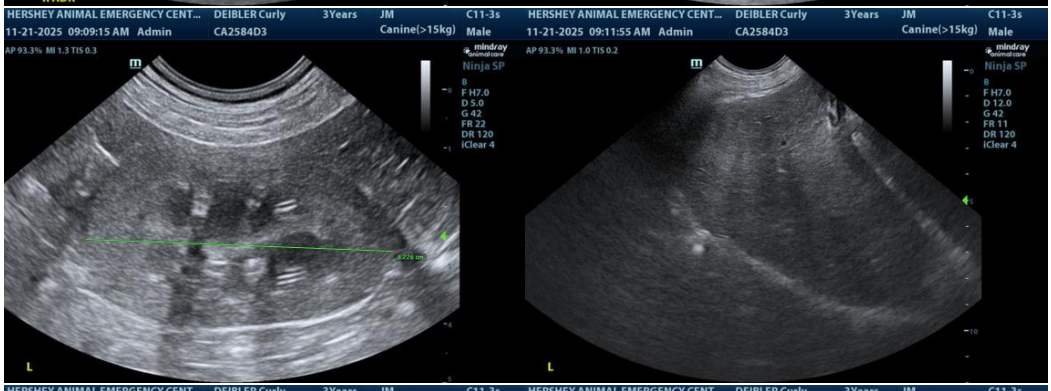

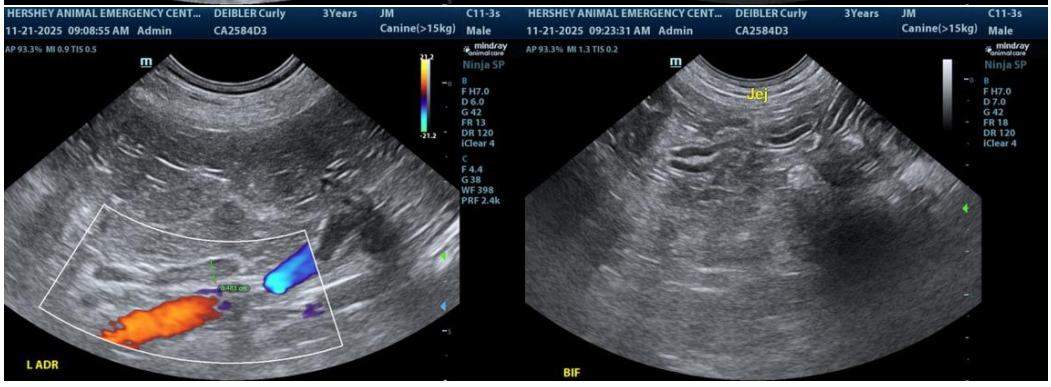

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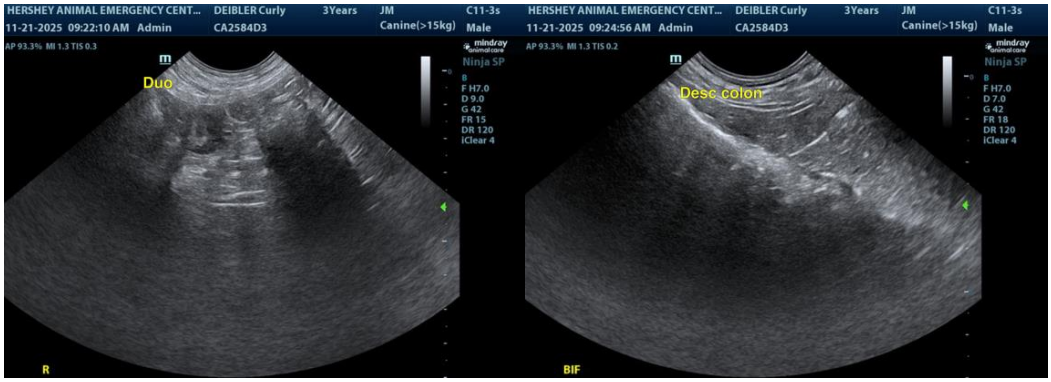

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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