



PATIENT

Jackson Newcomer

SPECIES

Canine

BREED

Lab Retr

SEX

MN

AGE

9yr

WEIGHT

49.7kg

PRESENTING CLINICAL SIGNS

Presents for 4 day history of hindlimb weakness, trouble getting up. One day history of dark urine. History of anal gland mass, anal fissures, arthritis, and other SQ masses PE: Oral Cavity: Mucous membranes pale pink to white/moist, CRT 3s, moderate tartar/gingival erythema, No gingival bleeding noted on exam. Cardiovascular - Sinus arrhythmias, pulses snappy/synchronous Rectal: right anal gland mass approximately 3 cm diameter. normal texture to stool but very dark brown to black concern for melena Integument- Many scattered skin masses palpating soft, smooth, SQ like lipomas varying in sizes from 1 cm diameter to approximately 10 cm diameter. No petechia noted on exam. Musculoskeletal: Choppy gait in hind limbs and difficulty rising from laying down. Intake 11/23 day POCUS: no free fluid in chest or abdomen, urinary bladder concern for mass vs. severe cystitis EPOC: metabolic acidosis (pH 7.260, Bicarb 15.2, TCO2 14.7), hyperlactatemia (6.58), hyperglycemia (126), HCT 33 CBC: HCT 33.1%, reticulocytes 145, leuko (48.06), neut (37), immature neut (2.1), mono (6.23), mod thrombocytopenia (50-100k) Chem: ALT (314), ALP (615), TBili (3.4) UA: Rods and cocci present. Bilirubin (6), Urobilinogen(12) Lepto witness test: negative BP: 133/81 (92)

Abnormal PE/Chem/CBC/UA Results: Rads: Equivocal hepatomegaly poss due to underlying hepatic mass or diffuse hepatic changes, with either benign or malignant etiologies - Unremark. urinary bladder and prostate. - Marked bilateral hip dysplasia. - Narrowing of the trachea at the thoracic inlet could be superimposition with the esophagus or due to redundant trachealis membrane. unremarkable thorax. - Multifocal sq masses along the thoracic and abd wall could represent lipomas Overnight 11/24 PCV/TS: 36%/5.4 icteric EPOC: pO2 178.5 (H) cSO2 99.6 (H) TCO2 16.5 (L) pH 7.354 (L) BE,ECF -8.4 (L) Lactate 4.5 (H) HCT 26 (L) Urinalysis: USG 1.048, pH 7.0, Bld 250, Bili 6, Urobilinogen 8, WBC 7/HPF, RBC 7/HPF, Ca Ox 1-5/HPF Struvite crys 6-20/HPF, Amm Biurate crys >50/HPF, Unclassified crystals 6-20/HPF BP: 2a- 109/57(69)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

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 dependent to non-dependent moderate sediment. No 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.

IMAGING PERFORMED BY

Lindsay Powell, CVT

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 8.2 cm in length. The right kidney measured 9.2 cm in length.

HOSPITAL NAME

Hershey Animal
Emergency Center

The area of the aortic trifurcation was free of pathology.

REFERRING VET

Dr. Shally Gastelu

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.8 cm width in the caudal pole. The right adrenal gland measured 0.7 cm width in the caudal pole.

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Spleen



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The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma and perihilar. An example measured 1.2 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

Subjective generalized hepatomegaly with marked asymmetrical hepatic capsule margination and diffuse non-homogenous nodular hepatic parenchyma. Areas of homogenous nodular hepatic parenchyma was present in the mid liver, an example measured 5.9 cm in diameter. The gallbladder was not definitively visualized potentially owing to subnormal size secondary to gastric ingesta/ chyme or obscured by hepatic parenchymal pathology.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction 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 mechanical/metabolic ileus, obstruction or foreign material.

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

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 was evident.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant pockets of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly exhibiting marked non-homogenous nodular parenchyma and capsule asymmetry- chronic hepatic disease, i.e. chronic to chronic active hepatitis, fibrosis, cirrhosis, vacuolar changes, hepatoma like or regenerative nodules, hepatotoxicosis, i.e. copper, neoplasia with possible combined etiologies, all potentials
- Indistinctly visualized gallbladder - no definitive evidence of post-hepatic obstruction
- Benign splenic nodule -most consistent with benign myelolipoma
- Age-related renal changes
- Normal bilateral adrenal glands
- Scant peritoneal effusion.



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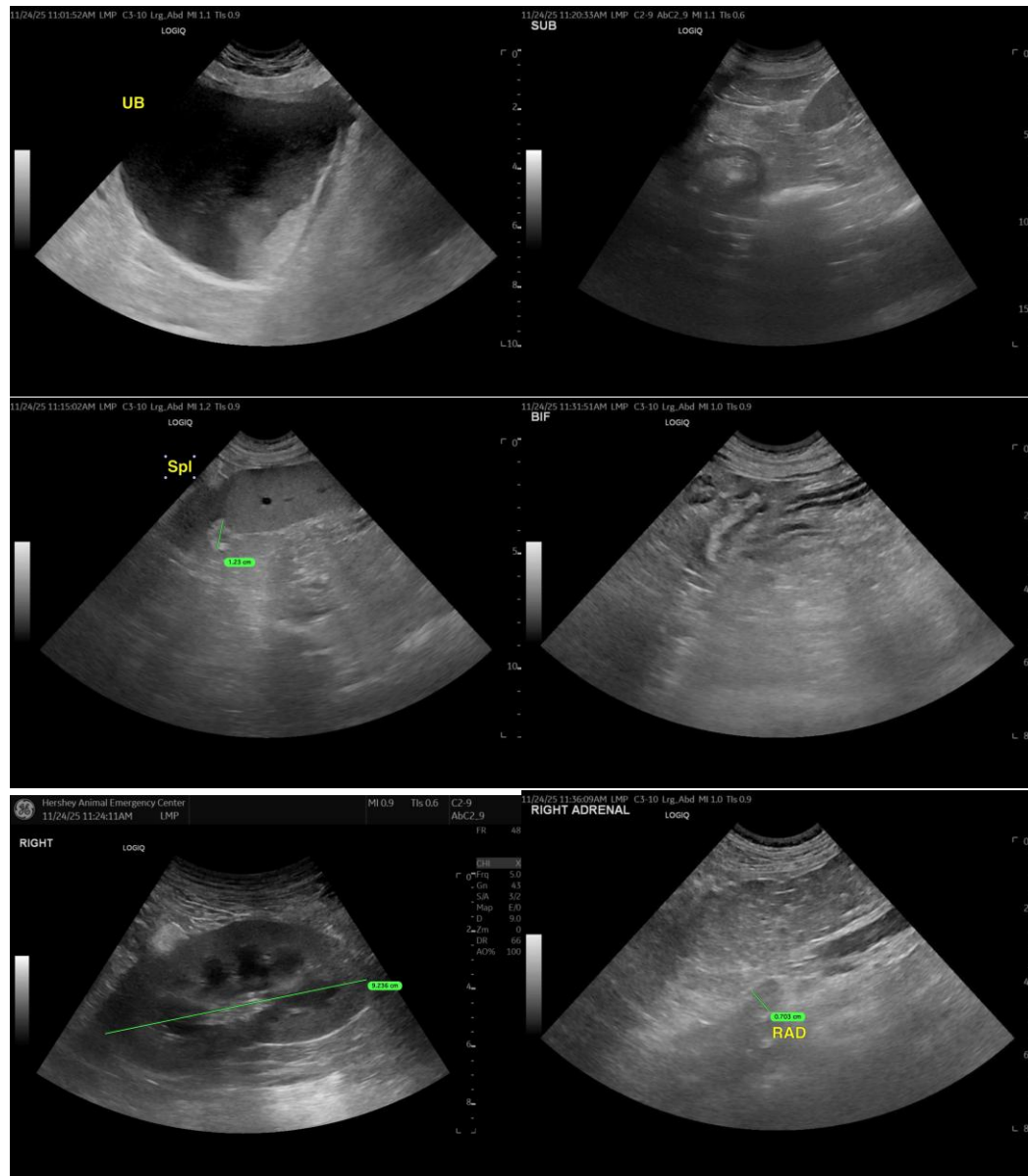
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant hepatic parenchymal pathology is present, although non-specific. Further assessment may include assuming normal clotting status, hepatic FNA cytology and bile acid profile. Definitive diagnosis would require biopsies for histopathology. Hepatic support, monitoring for evidence of clinical hepatopathy or encephalopathy with as needed clinical and sonographic monitoring indicated.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.





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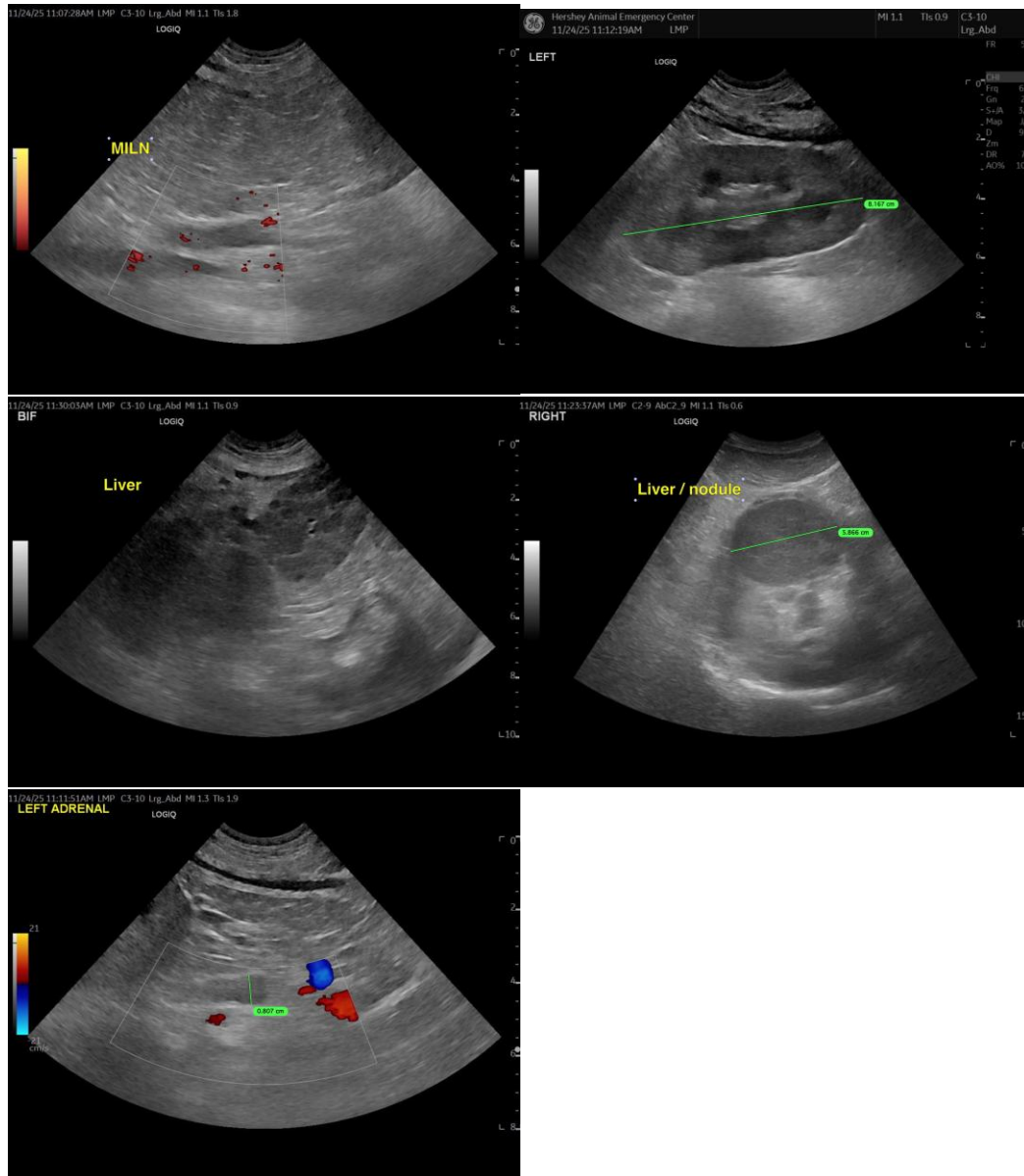
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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