



PATIENT

Bentley Deiderick

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

3yr

WEIGHT

28kg

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

23207

DATE

12/10/2025

PRESENTING CLINICAL SIGNS

-Hyporexia: eating approximately 1 meal/day for past 3–4 days. -Dietary changes: refusing kibble, will eat ground beef, chicken, rice. -Vomited doxycycline yesterday; has refused all doses since. -Pale mucous membranes first noted yesterday. -Previously positive Lyme test; historical presumed Lyme disease. -Doxycycline therapy initiated last Wednesday for presumed Lyme. No prior leptospirosis vaccination. No history of cough, sneeze, diarrhea. No fever documented at initial visit. Current medications: Doxycycline initiated last Wednesday; discontinued after vomiting and refusal of further doses.

Abnormal PE/Chem/CBC/UA Results: Febrile 103.9 Eyes: s: mild auricular icterus Oral Cavity: Pale and slightly tacky mucous membranes Respiratory: mildly increased respiratory rate, no respiratory distress Abd: Cranial to mid organomegaly, non-painful on palpation CBC: HCT 23.7%, retic 61.5K, WBC 4.06K L, neut. 2.18K Lymph 0.86K L, plt 93K L Chemistry: ALP 997 H, ALT 233 H, tbili 2.8 H, TP 5.7 PCV/TS: 20%/6 (icteric serum) Saline agglutination test: negative SNAP leptospirosis test: negative Pancreatic lipase: <30

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 mild non-dependent particulate sediment. No evidence of 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 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 6.8 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited generalized splenomegaly with splenic folding and symmetrical mildly rounded contour. Mild heterogeneous splenic parenchyma was present. No visualized masses or nodules were present. Adequate splenic vascularity without evidence of splenic thrombus.

Liver/Gallbladder

The liver exhibited generalized hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture.



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Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with mild prominent hyperechoic walls and anechoic bile. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Subjective mild hypoechoic duodenum mucosa with mild non-obstructive duodenal ileus was present. No evidence of mechanical small intestinal obstructive pattern to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Enlarged swollen hypoechoic cranial abdomen to hepatic lymph nodes were present. An example measured 6.2 cm x 2.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged hypoechoic liver-consistent with acute hepatopathy, hepatitis (viral, bacterial, leptospirosis, toxin) non-cardiogenic congestion, vacuolar changes, occult neoplasia possible
- Enlarged mild non-homogenous folded spleen-sedation, hyperplasia, hematopoiesis, inflammation, neoplasia possible
- Non-distended gallbladder with possible chronic cholecystitis
- Hypoechoic swollen cranial abdomen / hepatic lymphadenopathy-hyperplasia, lymphadenitis, neoplastic lymphadenopathy possible
- Subjective mild gastroduodenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of peritonitis, post-hepatic obstruction or sonographically active pancreatitis. Assuming normal clotting status and using 25 gauge needle, hepatosplenic and if accessible, lymph node FNA cytology recommended for further clarification. Leptospirosis titer / PCR warranted if neoplasia is ruled out.

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Pending sampling considered essential for further clarification, empirical therapy for non-specific hepatitis, including gastrointestinal support would be reasonable.

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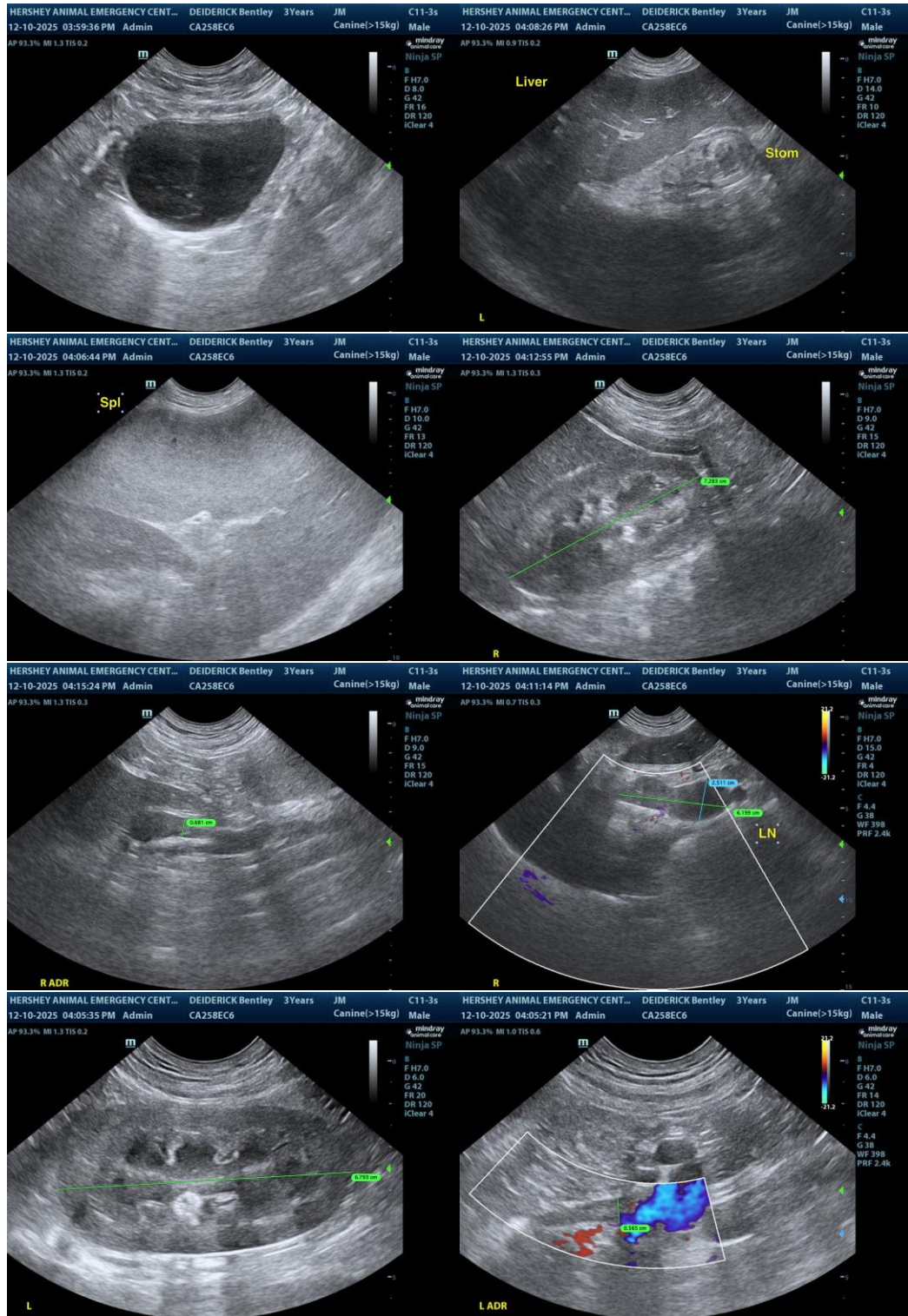
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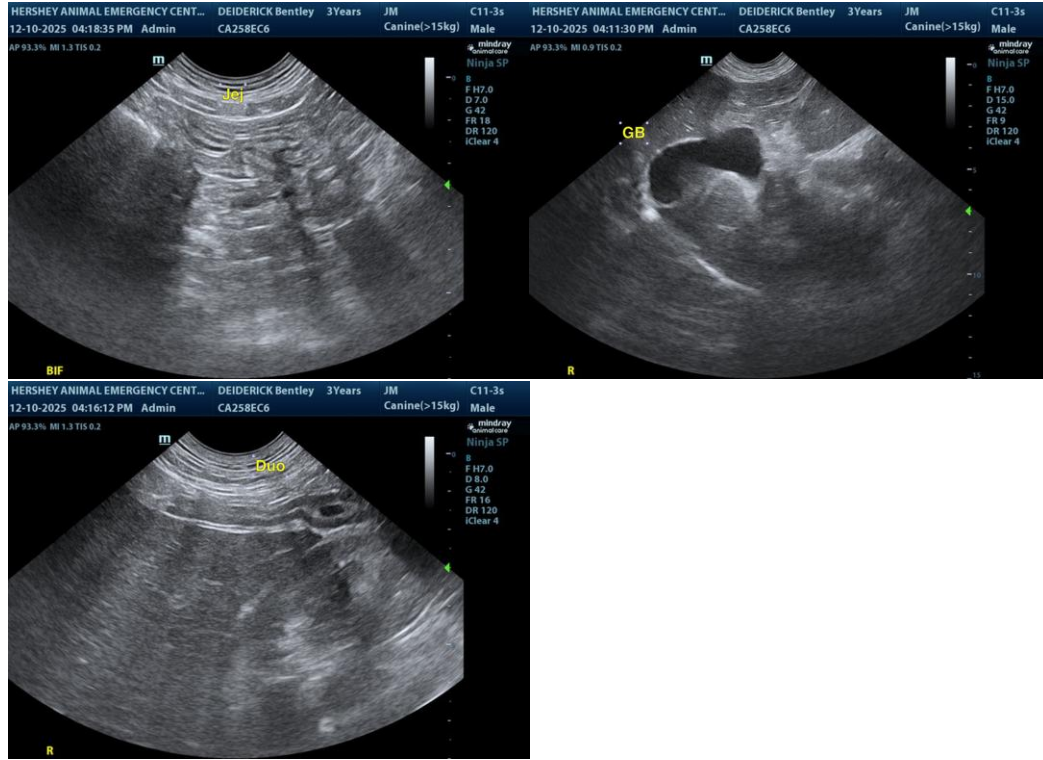
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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