

## PATIENT

Wren Wichrowski

## SPECIES

Canine

## BREED

Wire Haired Vizsla

## SEX

Intact Female

## AGE

7 Months

## WEIGHT

16 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

12670

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

Recently arrived (5 days ago) from Hungary with exposure to a dog confirmed yesterday to have Babesia Due to env exposure (ticks) the breeder sent home with Imidocarb Owner administered Imizol (imidocarb) yesterday morning Clinical signs: 1-2 days of lethargy, hyporexia, pigmenturia (brown to amber) One vomiting episode occurred after the injection.

Abnormal PE/Chem/CBC/UA Results: Pink mm, no evidence of bleeding LH intermittent NWB lameness Reactive to epaxial palpation AU otitis externa EPOC: WNL Chem15: WNL Snap4dx: Negative CBC: Hct 26.1 L, RBC 4.56 L, MCV 57.2 L, Plt 14\* L, WBC 7.53 L, Neu 2.87 L, Lym 1.86, Mon 2.75 H, Eos 0.01 L Plt 50-100 est Urinalysis & Sedivue: cysto, USG >1.050, pH 9.0, protein 500, blood 250 Submitted tick/vector panel: pending Imagyst blood smear: pending Lepto witness: pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Normal size and margination was 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 7.0 cm in length. The right kidney measured 7.6 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.49 cm width at the caudal pole.

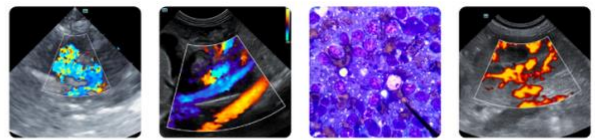
### Spleen

The spleen presented mildly enlarged in size with symmetrical contour maintained and mild heterogeneous to indistinct micronodular parenchyma. Mild cranial medial folding was observed with normal splenic vascularity.

### Liver

The liver was subjective borderline enlarged in size. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without 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 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**

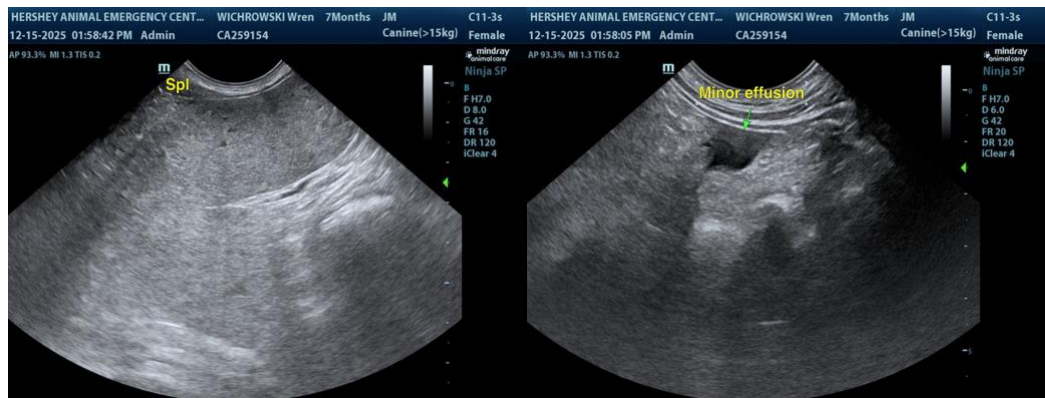
No visualized significant omental lymphadenopathy with minor peritoneal effusion was present.

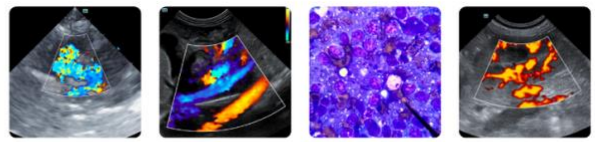
**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly exhibiting mild nonhomogenous subtle micronodular parenchyma and mild splenic folding- lymphoid hyperplasia or hematopoiesis given anemia, sedation, potential for early splenic neoplasia i.e. lymphoma, sarcoma, mass cell neoplasia (all potentials).
- Mild hepatomegaly- suspect secondary to sedation.
- Minor volume peritoneal effusion- physiologic or sedation associated effusion (assuming normal albumin levels) suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology and correlation with effusion analysis is recommended.





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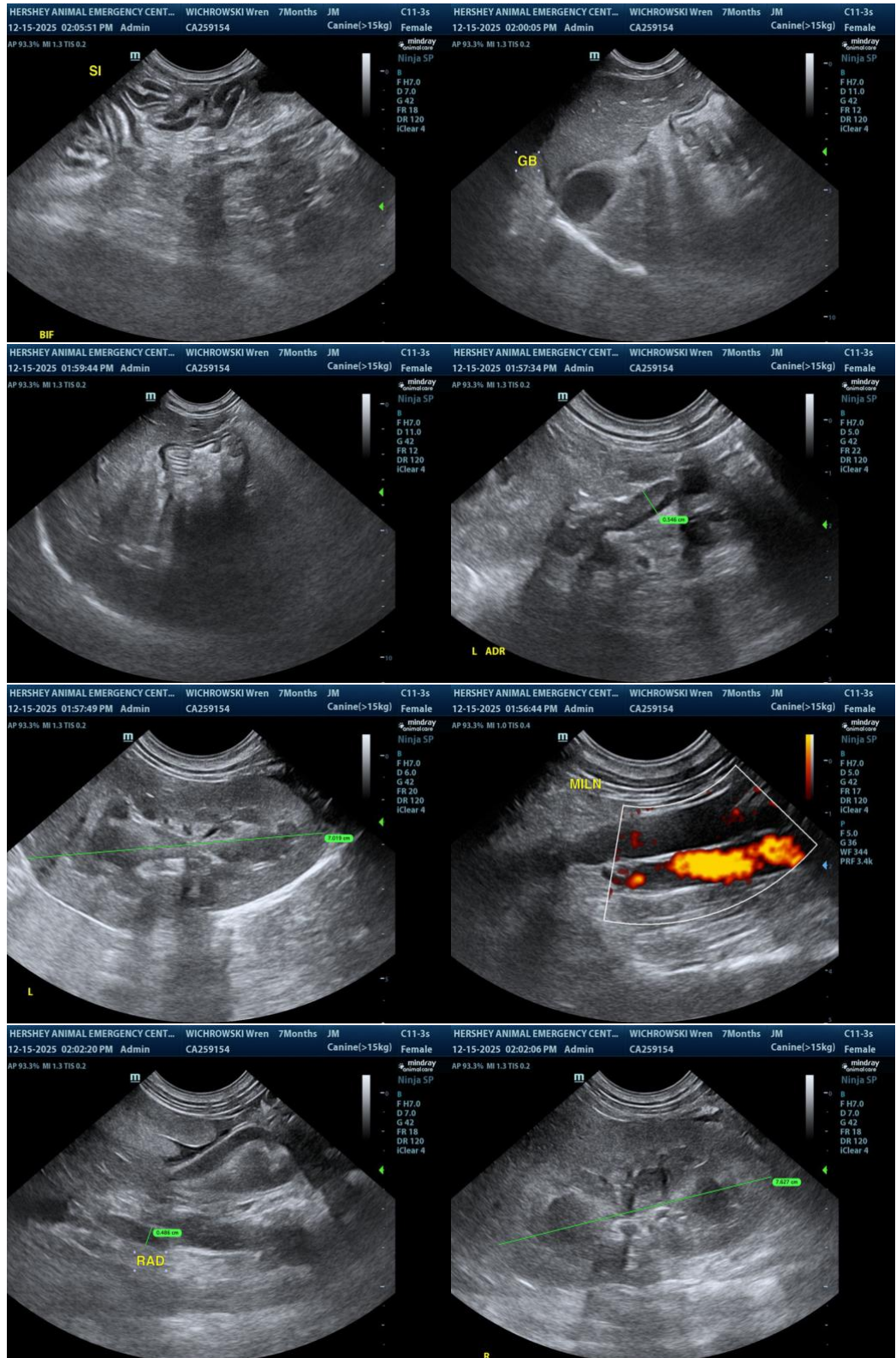
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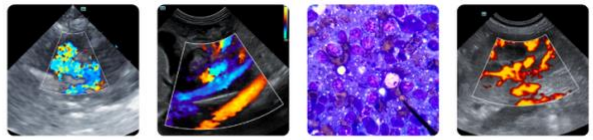
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)