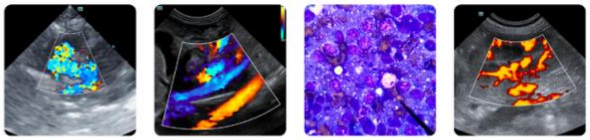


PATIENT

Maggie Wilk

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

24.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

12526

DATE

12/02/25

PRESENTING CLINICAL SIGNS

Diarrhea and lethargy for 5 days, worsening since outpatient treatment 11/30 progressing to very frequent, mucoid, blood tinged and orange - Not vomiting, is eating - Facial swelling and vomiting on 11/20, treated with diphenhydramine and maropitant PE: Mucous membranes pink/tacky to dry, prolonged skin tent Muscle wasting over dorsum and hindlimbs Mild pain on abdominal palpation Passing hemorrhagic mucoid stool progressing to liquid orange diarrhea

Abnormal PE/Chem/CBC/UA Results: 11/30/25 Chem15: Total protein 8.4 H, Globulin 4.6 H, ALT 173 H, ALP 626 H Catalyst pancreatic lipase: 51 12/2/25 EPOC: pH 7.339 L, BE -5.2 L (mild metabolic acidosis), Sodium 139 L, Hct 56 H PCV/TS: 55%/8.6 CBC: Reticulocytes 8.3 L, Lymphocytes 0.91K L, Eosinophils 0.05K L Blood pressure: 120/87 (mean 94) Imagyst fecal: Negative UA pending

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 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.

Normal size and margination was 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 6.4 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland presented with subjective borderline to mild subnormal size, symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole.

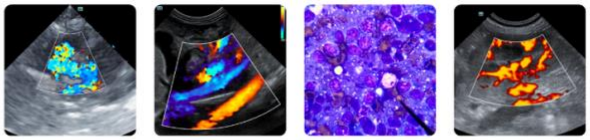
The right adrenal gland was not definitively visualized.

Spleen

The spleen presented with a mildly expansive mid to caudal nonhomogenous splenic mass measuring approximately 2.6 cm in diameter. The mass did not distort the splenic capsule. Subjective probable concurrent areas of medial capsule fibrosis to medial parenchyma myelolipomas.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing chyme with no signs of ileus, 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. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.48 cm width.

Normal visible colon wall layers were present with semi formed to soft fecal matter and lumen gas in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective minor increased peripancreatic omental echogenicity.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract/colon with semi formed to soft fecal matter.
- Heterogeneous pancreas with subjective mild peripancreatic hyperechoic omentum.
- Hepatopathy.
- Minor gallbladder debris.
- Small to mildly expansive splenic mass.
- Mild chronic renal changes.
- Subjective borderline to mild subnormal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for nonstructural or occult disease as a contributing factor to the gastrointestinal signs is warranted. Assuming normal clotting status and using a 25-gauge needle, small splenic mass and screening hepatic FNA cytology could be considered for further clarification. Mild pancreatitis is suspected if cranial abdomen/subxiphoid discomfort on palpation in conjunction with cPL. Assuming no pathology on three view chest radiographs and normal clotting status, diagnostic and prophylactic splenectomy with concurrent hepatic and gastrointestinal biopsies could be considered. Dietary trial, gastroprotectants, empirical deworming, supportive care for possible mild pancreatitis with clinical and sonographic monitoring of the splenic mass would be a more conservative approach.

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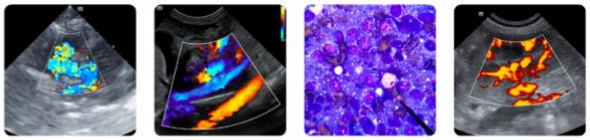

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Educational Teleconsultation Services™

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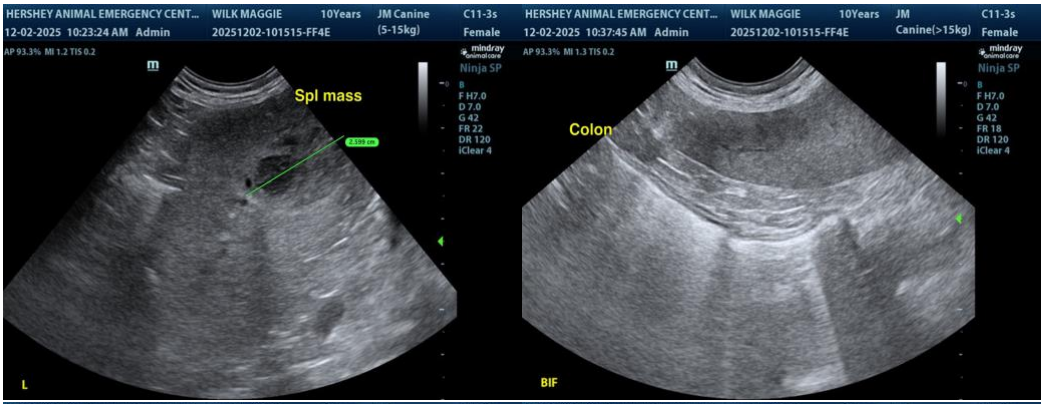

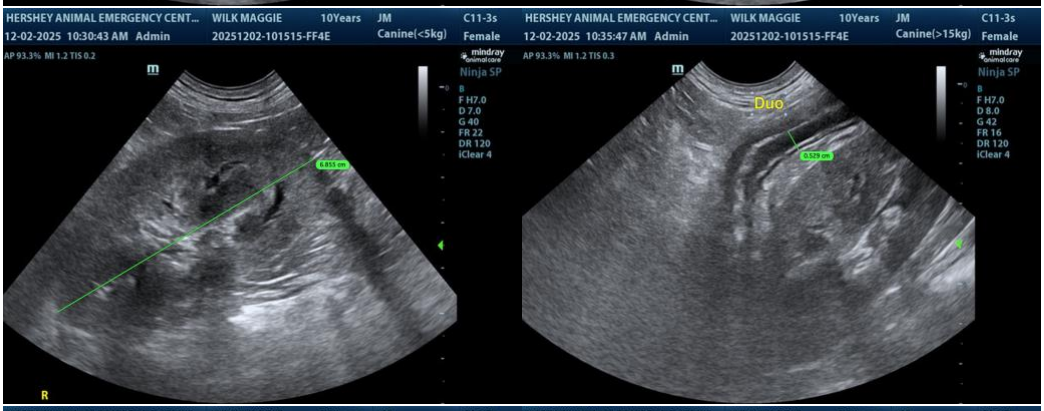

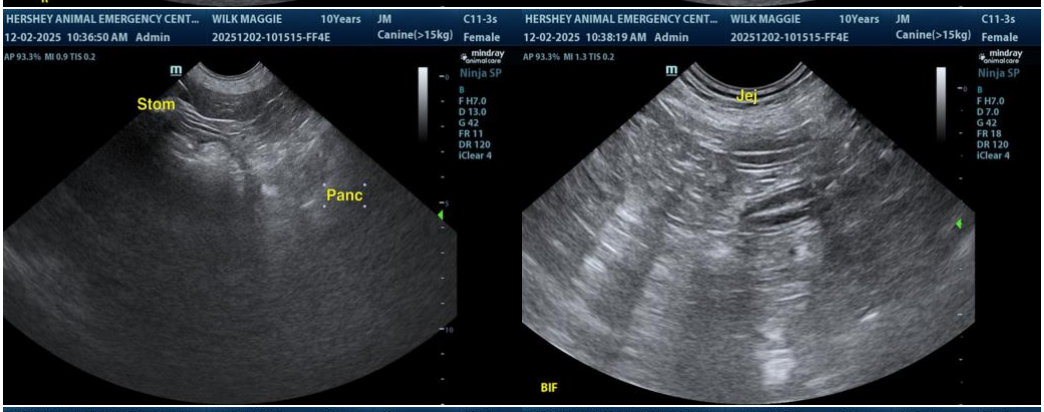

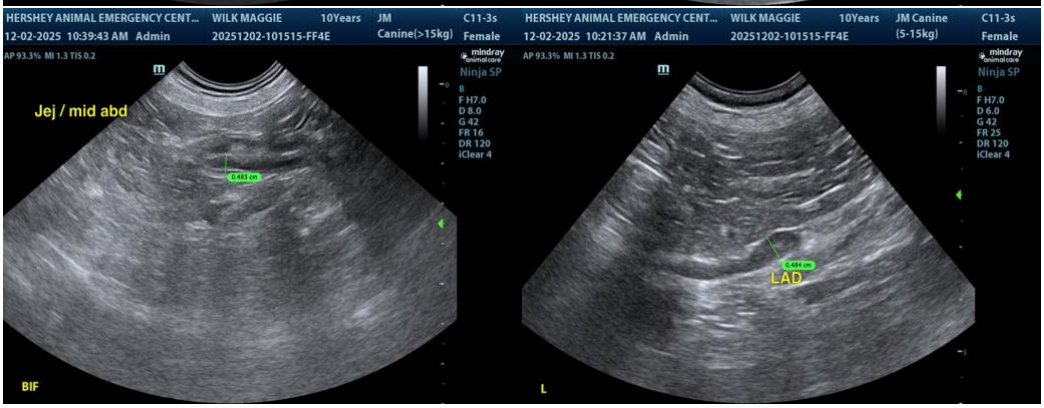

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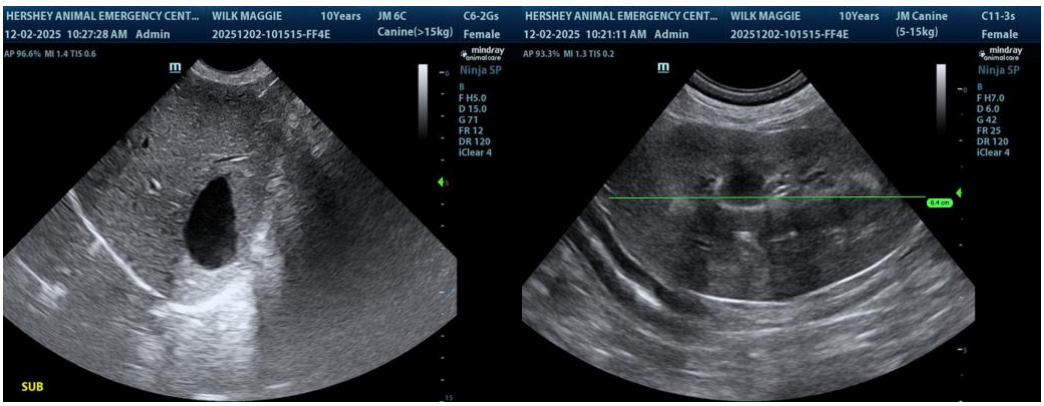

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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