



PATIENT

Oreo Shevock

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

20 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lauren Keibler

INVOICE

13633

DATE

02/06/26

PRESENTING CLINICAL SIGNS

- Patient presenting for a history of 10 days of inappetence. Will accept treats/hand feeding but has not eaten a full meal. No vomiting/diarrhea.
- Was recently found to be
- mildly anemic at referring vet- anemia is progressed today.
- PE: Dehydration: 6-8% Mild decreased skin turgor; Dry mucous membranes
- Oral Cavity: Mucous membranes pale pink/tacky, CRT 2-3s, moderate dental disease
- Integument: Normal skin/haircoat, no evidence of ectoparasites, multiple SC masses
- L SQ mass left axilla
- Very large, semi firm, fixed mass R latoventral chest
- Soft, fixed mass R flank caudal to lg. mass
- Lymphatics: Subjective submandibular lymphadenopathy, moderate right popliteal enlargement

Abnormal PE/Chem/CBC/UA Results: 2/2/2026 Metro Pet Vet Manheim Pike CBC: HCT 37.1, HGB 37.1, MCH 20.8, ABS EOS 110, ABS MONOS 950 CHEM17/LYTES: ALKP 169, CK 232 T4: WNL 4DX: Neg 2/3/2026 Metro Pet Vet Urinalysis (Free catch) : BIL 2+, KET TRACE, PRO 1+, PH 6.0, USG 1.052 UPC: U PROT 51.0 mg/dL, CREA 273.8 mg/dL, PRO/CREA 0.2 Fecal: Negative Ear cytology: AD- yeast +1, AS- WNL 2/6/2026 HAEC CBC: RBC 5.25, HCT 29.5, HGB 10.7, MCV 56.2, MCH 20.4, MPV 20.3 Rads Thorax -Trachea and mainstem bronchi, Cardiovascular structures& Pulmonary parenchyma is normal. Normal mediastinum - Included osseous structures are normal. Abd -Spleen is mild diffusely enlarged with smooth margins. - Stomach is small containing gas stippled soft tissue/fluid opaque material. Pyloric antrum focally fills with gas on left lateral view.

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 residual prostate appeared normal and free of pathology.

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 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 6.1 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size while the right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.85 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the caudal pole.



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The left adrenal gland revealed a noncapsule deforming mildly nonhomogenous hyperechoic small nonmineralized caudal pole nodule measuring 0.56 cm in diameter.

Spleen

The spleen was subjective mildly enlarged with mild splenic folding and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent congealed 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. Mild nonshadowing gastric ingesta was present, consistent with food echogenicity.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No significant or swollen mesenteric lymphadenopathy, omental masses or peritoneal effusion was present.

Homogenous to mild nonhomogenous extra-abdominal to subcutaneous mass was present in the cranial abdomen, consistent with a large lipoma.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with folding- hyperplasia or hematopoiesis secondary to anemia, splenitis, occult splenic neoplasia thought less likely.
- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta- most consistent with food echogenicity.
- Normal liver with mild parenchymal remodeling.
- Mild congealed nonorganized gallbladder debris.
- Age-related renal changes.
- Mildly enlarged nodular left adrenal gland- hyperplasia or adenomatous change favored. Minor potential for emerging left adrenal tumor.



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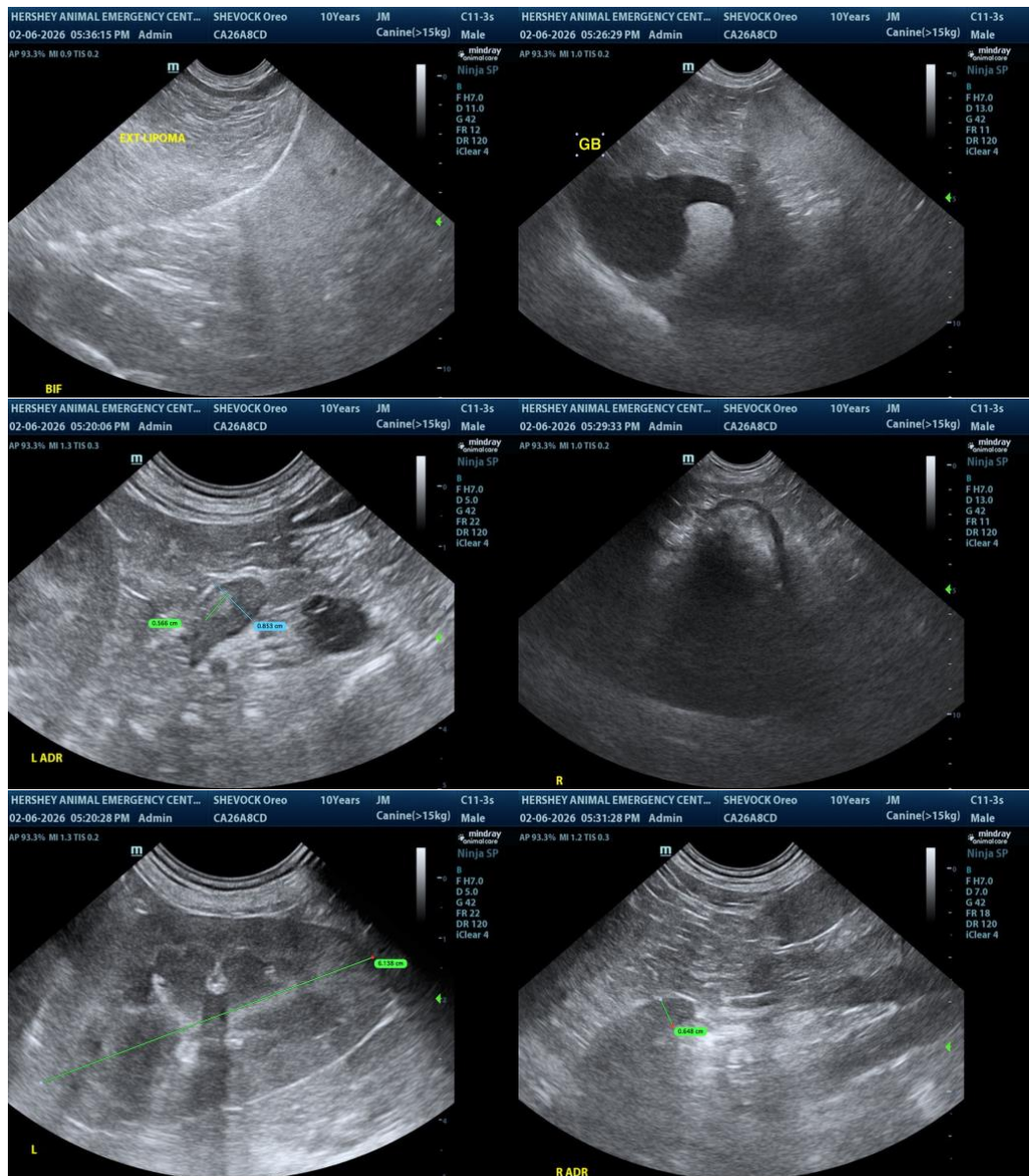
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology such as definitive neoplastic criteria as an obvious contributing factor to the patient's clinical signs and anemia. Assuming normal clotting status and if adequate platelets, screening splenic FNA cytology using 25-gauge needle could be considered for further clarification.

Monitoring of systemic BP for evidence of hypertension given left adrenal nodule as well as sonographic monitoring for evidence of progression is suggested. Gastrointestinal support is indicated. CBC pathology review could be considered.





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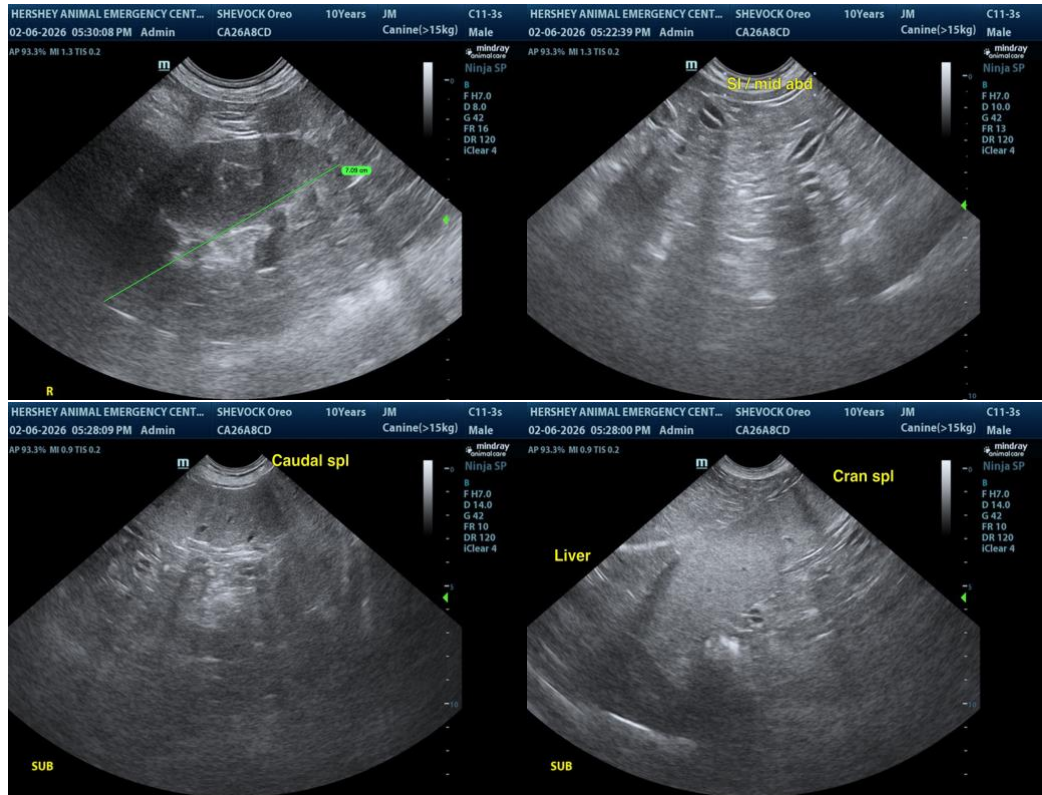
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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