



PATIENT

Gracie Demodena

SPECIES

Canine

BREED

Keeshond

SEX

Spayed Female

AGE

10 Years

WEIGHT

26.4 kg

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. Shally Gastelu

INVOICE

73922

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Pt has been off for a couple weeks. 3/22 labored breathing and lethargic. Seen at PETS and diagnosed with Thrombocytopenia with Anemia. Transferred for blood transfusion and AUS.

PE: Nasal: bilateral bloody discharge. Oral Cavity: pale mm, tacky, petechiation noted.

Respiratory: increased RR/RE with increased BV sounds, no crackles or wheezes noted. Abdominal: tender on palpation with organomegaly noted

Abnormal PE/Chem/CBC/UA Results: PETS Diagnostics 3/23/26 Radiographs: radio-opaque material in the stomach, concern for cranial organomegaly CBC: RBC (1.13) HCT (9.2) HGB (2.6) MCV (81.4) MCHC (28.3) RDW (32.6) Reticulocytes (195.5) Reticulocyte hgb (19.9) Eos (0.00) Platelets (0) Plateletcrit (0) CHEM: Phos (5.8) TP (3.9) Albumin (1.9) Glucose (159) Cholesterol (94) ALP (176) BUN (38.6) Ca (8.2) AST (72) K (3.4) AG (30) Lactate (7.9) BUN (33) Glucose (136) 4DX: negative BP: 150mmHg Admitting diagnostics: PCV/TP: 9/5 (12am) 16/5 (2am) EPOC: BUN (32) HCT (13) iCa (1.02) pH (7.463) AFAST/TFAST: no effusion noted, splenomegaly, dirty shadowing in stomach Imagyst Blood smear: 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 changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 7.1 cm. Right kidney measured 7.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.68 cm at the caudal pole. Right measured 0.57 cm at the caudal pole.

Spleen

The spleen was subjectively borderline to mildly enlarged. It 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

The liver was subjectively normal in size, structure, and contour. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen was non-distended, containing a mild to moderate amount of irregular, strongly shadowing content, measuring approximately 3-4 cm in diameter. The strongly shadowing content appeared to extend into the pyloric outflow without overt evidence of extension into the duodenum.

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 overt lymphadenopathy or peritoneal effusion was present.

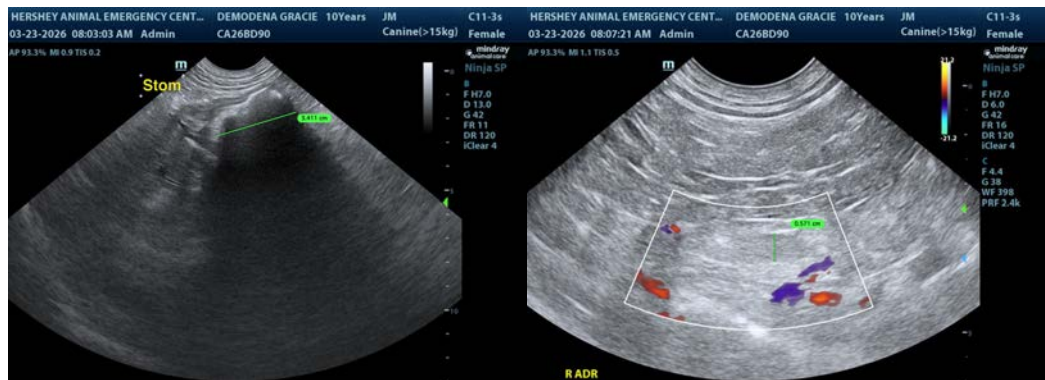
ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing, irregular gastric content – consistent with foreign material.
- Normal empty small intestine.
- Borderline/mild splenomegaly – most suggestive of benign criteria i.e., hyperplasia or hematopoiesis, given the anemia. Occult splenic neoplasia is considered unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly radiopaque material in the stomach concerning for metallic opacity may be a potential primary contributing factor to the anemia/thrombocytopenia without overt evidence of intraabdominal pathology such as neoplastic criteria. Assessment for evidence of hemolysis and correlation with clotting status, given petechiation and bloody nasal discharge, is recommended.

If patient is stable for surgery, laparotomy with gastrotomy is indicated.





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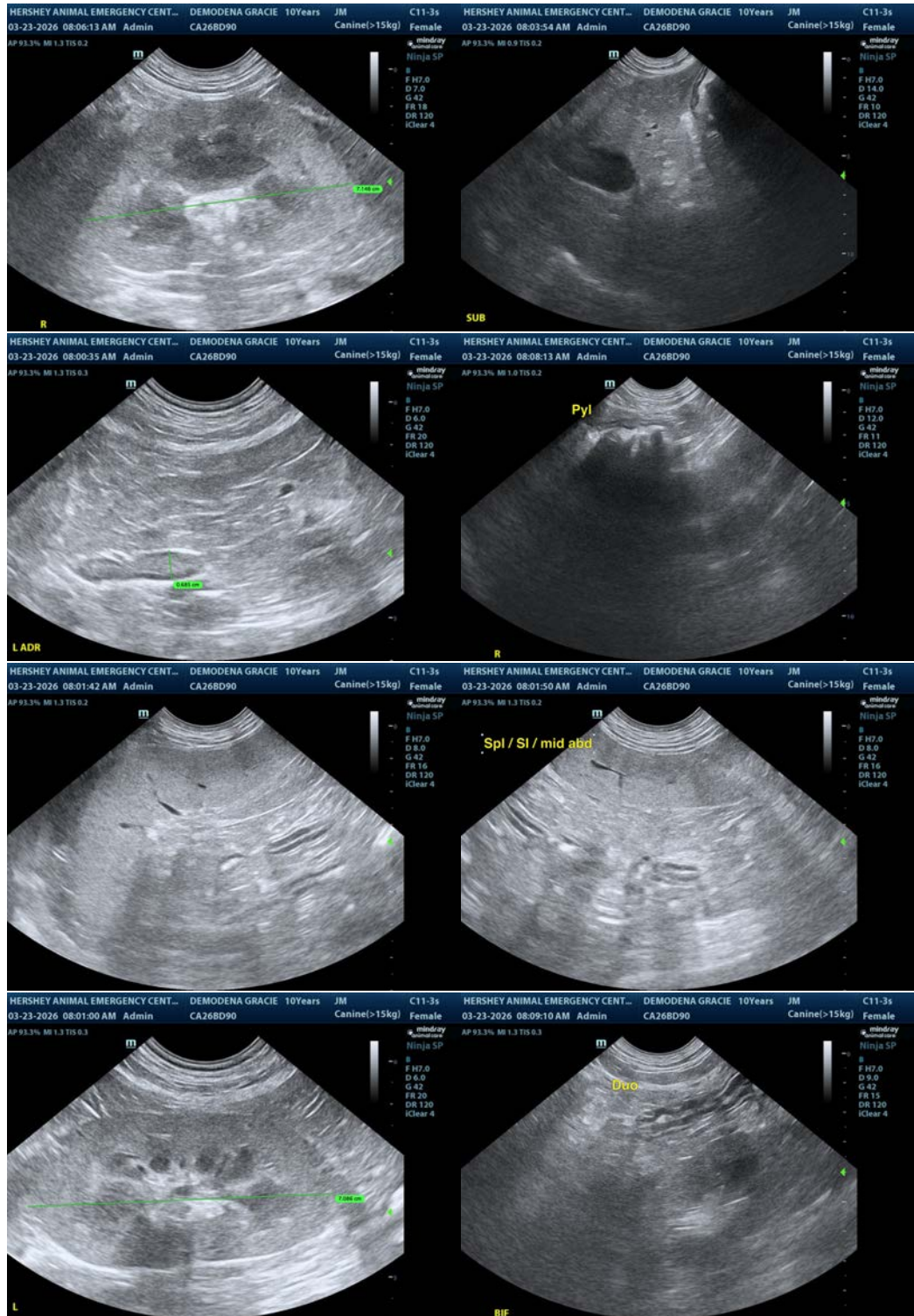
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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