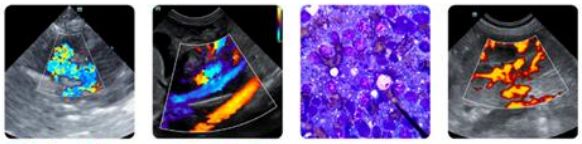


PATIENT

Bonney Riecken

SPECIES

Canine

BREED

English Shepherd

SEX

FS

AGE

11yr

WEIGHT

25.4kg

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
24469

DATE
04/12/2026

PRESENTING CLINICAL SIGNS

- Last 10 days appetite has been decreased and she has been drinking more water than normal.
- TPLO, tail amp and pancreatitis last year
- PE:lens opacities OU
- MM light pink/moist, CRT <2s, moderate tartar/gingival erythema
- Reactive but compliant on abdominal exam with no abnormalities or pain on palpation
- 5-6%, tacky mm +/- some change in skin turgor
- BCS 6/9
- Abnormal PE/Chem/CBC/UA Results: CBC - MCV 60.4 (L), Lymph 0.99 (L), Mono 1.24 (H) Chem 15 - ALP 281 (H), T. Bili 1.6 (H), ALT 7886 (H) Pancreatic Lipase - 85 (n) 4dx snap - Anaplasma positive EPOC - pCO2 27.9 (L), TCO2 16.9 (L), BE -7.0 (L) UA - SG 1.028, pH 6.0, Bilirubin 3, WBC 7/HPF, Suspect rod and cocci bacturia Urine bacterial confirmation test - none detected x2 Lepto Witness - Negative Abd/chest rads - Mild amount of gastrointestinal contents. Otherwise, normal radiographic study of the abdomen. Mild generalized bronchointerstitial lung pattern. Minimal bilateral chronic coxarthrosis. Minimal chronic degenerative changes of the vertebral column at the level of L3-4. Lepto PCR - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or 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 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 caudolateral cortical infarct. The left kidney measured 6.1 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

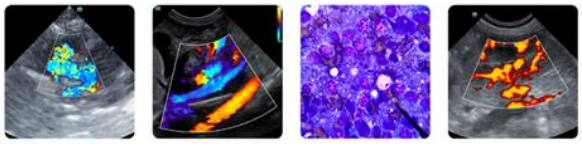
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 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 0.52 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder



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The liver presented 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Normal gallbladder
- Sonographically normal gastrointestinal tract
- Normal adrenal glands
- Age related kidneys with left kidney cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given severe ALT elevated, nonspecific hepatitis (viral, bacterial, Lepto, toxin, other) is favored with vacuolar / nonobstructive cholestatic hepatopathy, hepatotoxicosis (copper), occult neoplasia all potentials. Ultrasound guided FNA of the liver assuming normal coagulation parameters is recommended. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver and coverage for nonspecific hepatitis may prove beneficial . Correlate with pending Leptospirosis titers / PCR. Core or surgical biopsy likely required for definitive diagnosis. No evidence of a shunt or adrenal disease as a contributing factor. Assessment of systemic BP given left kidney infarct and gastrointestinal support is suggested.

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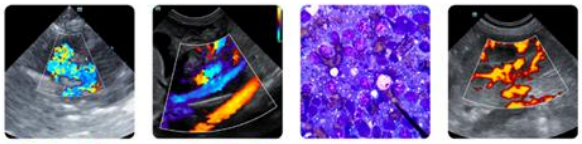

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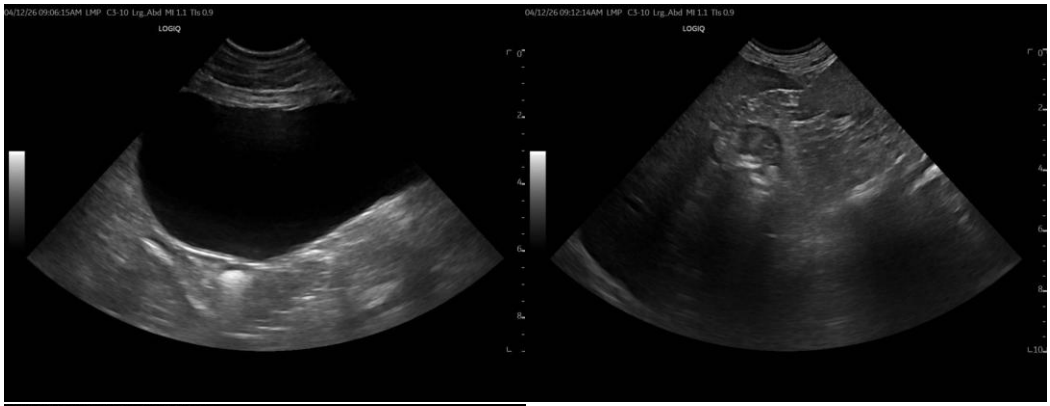

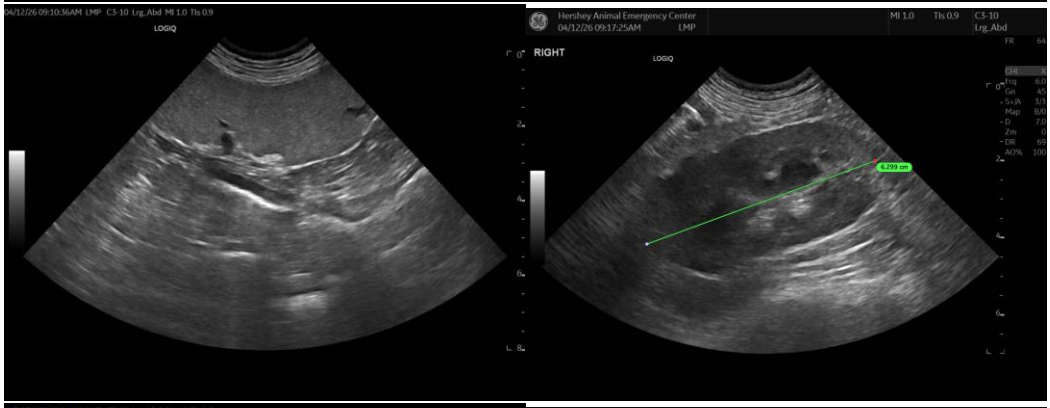

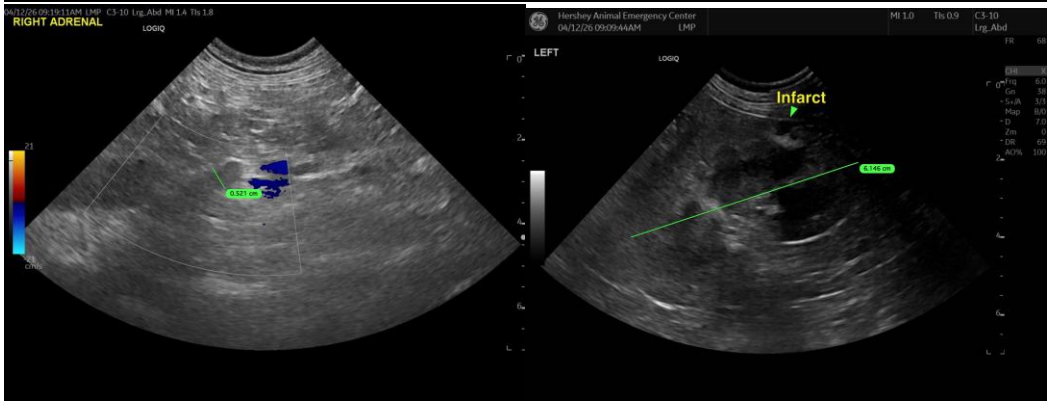

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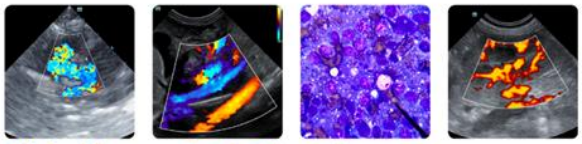

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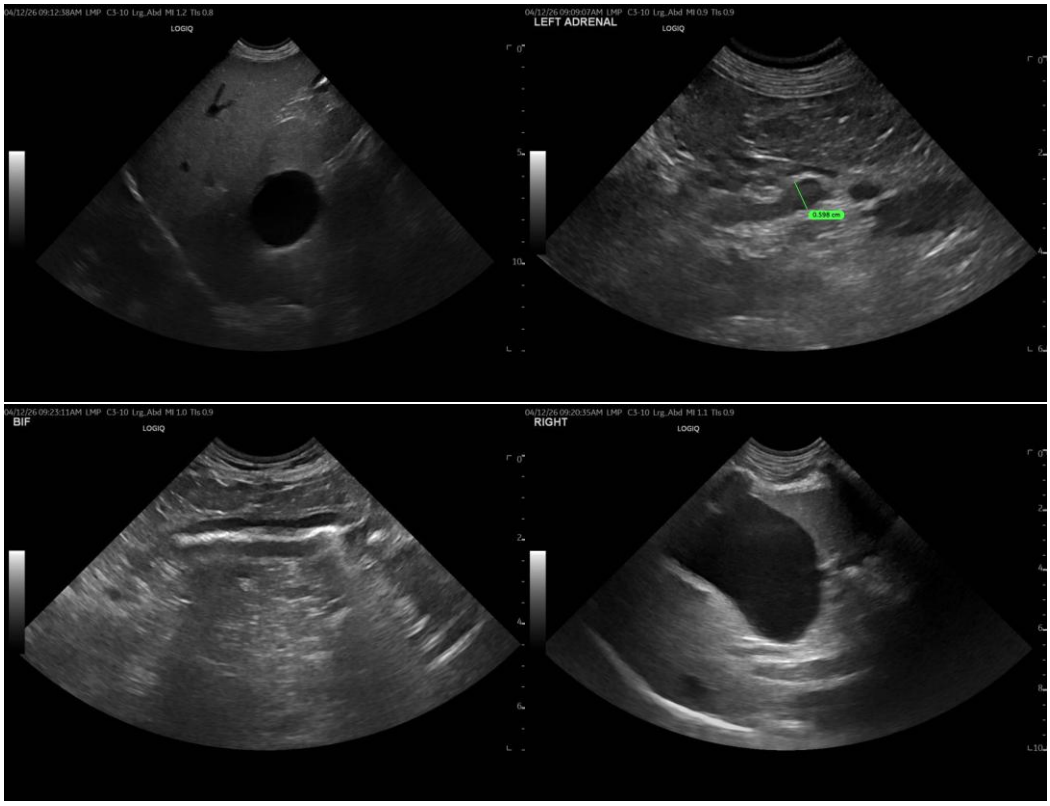

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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