



PATIENT

Balto Debernardis

SPECIES

Canine

BREED

Malinois

SEX

MN

AGE

12yr

WEIGHT

42.2kg

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

24380

DATE

04/02/2026

PRESENTING CLINICAL SIGNS

Diarrhea, vomiting bile for a few days. Treated OP 3/31 - SQ fluids, proviable, gabapentin, cerenia and GI biome. Today diarrhea worse, not eating, painful abdomen.

Abnormal PE/Chem/CBC/UA Results: mild dehydration 5-6%, tense and painful in cranial abdomen, rectal: empty, very small amount of blood 4/2: EPOC: Bicarb 14.2 L, TCO₂ 13.6 L, pCO₂ 25 L PCV/TS: 38/8.2 Radiographs: chest unremarkable, normal appearing ingesta in stomach, fluid in intestines, irregular oblong structure in cranioventral abdomen (spleen?) 3/31: CBC: WNL Chem: ALT 161, ALP 1233 (hx elevated liver enzymes) Panc lipase: 226 (equivocal)

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 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 8.7 cm in length. The right kidney measured 9.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left/ right adrenal glands were indistinctly visualized without overt evidence of pathology in the area of the left/ right adrenal glands.

Spleen

The spleen was normal in size with asymmetrical splenic capsule contour and heterogeneous parenchyma exhibiting multifocal variably sized, asymmetrical to coalescing, mildly hyperechoic nodules. No evidence of splenic mass. An example of splenic nodule measured 3 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. An indistinctly marginated non-homogenous left liver mass lesion, potentially measuring 6.6 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed, non-organized debris. No overt gallbladder or peripheral gallbladder inflammation. 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 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 semi formed to soft feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy pattern with indistinct left liver intraparenchymal mass lesion
- Congealed, non-organized gallbladder debris-possible early immature mucocele, not consistent with mature mucocele without evidence of inflammation
- Normal area of pancreas
- Multiple variably sized to coalescing hyperechoic splenic nodules-suspect benign criteria i.e. multiple to coalescing myelolipomas, splenic neoplasia thought less likely
- Bilateral chronic renal changes
- Sonographically unremarkable gastrointestinal tract /colon with mild non-shadowing gastric ingesta and semi-formed to soft fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25ga needle, an FNA cytology of the liver parenchyma and indistinct left liver intraparenchymal mass lesion is warranted for further clarification. No evidence of significant pancreatic or gastrointestinal mural pathology or evidence of gastrointestinal foreign body. Mild to chronic pancreatitis may present sonographically normal and may be suspected given cranial abdomen or subxiphoid discomfort on palpation and equivocal pancreatic lipase level.

Empirical therapy for nonspecific gastroenteritis and mild to chronic pancreatitis with clinical monitoring would be reasonable. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs.



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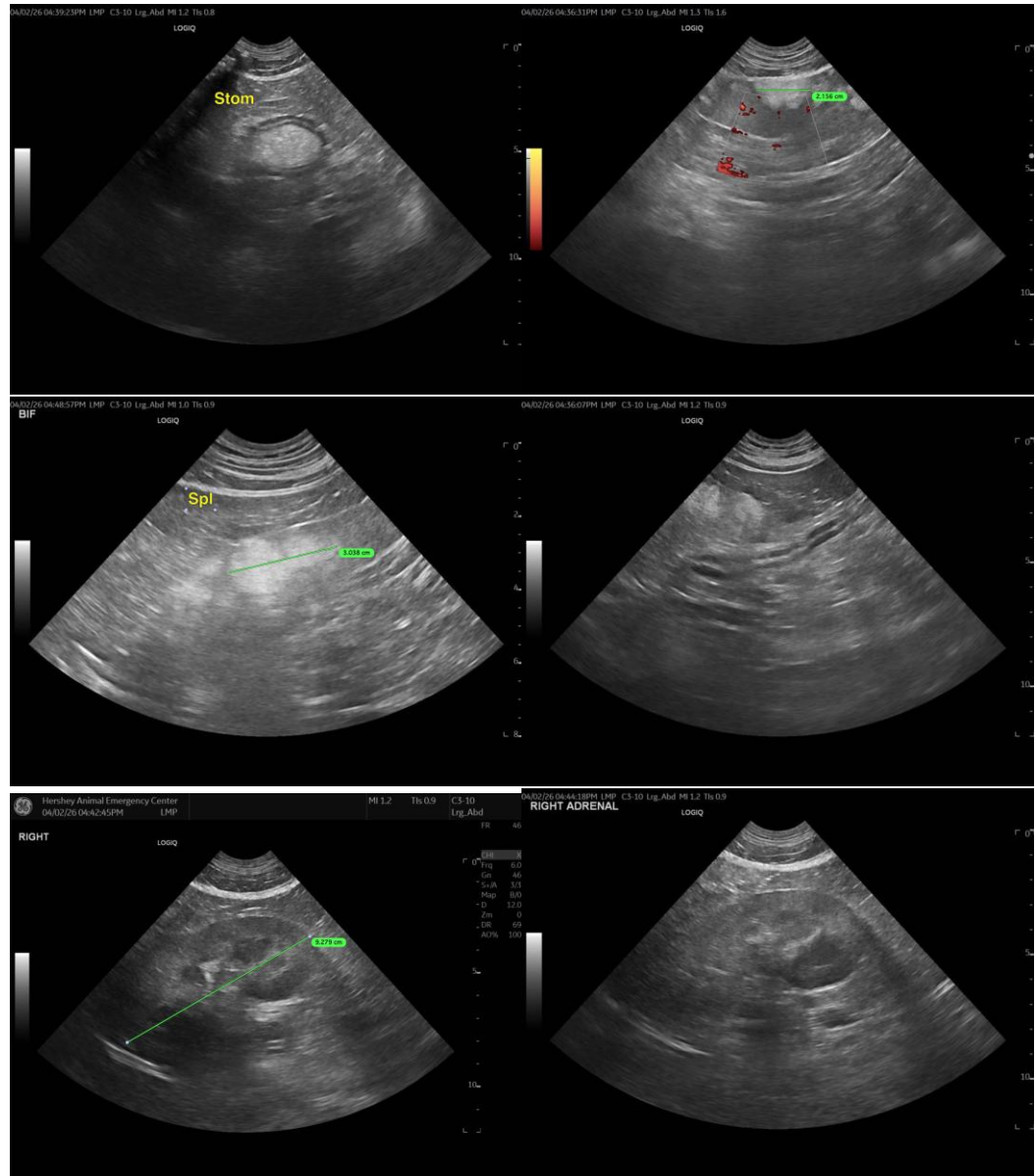
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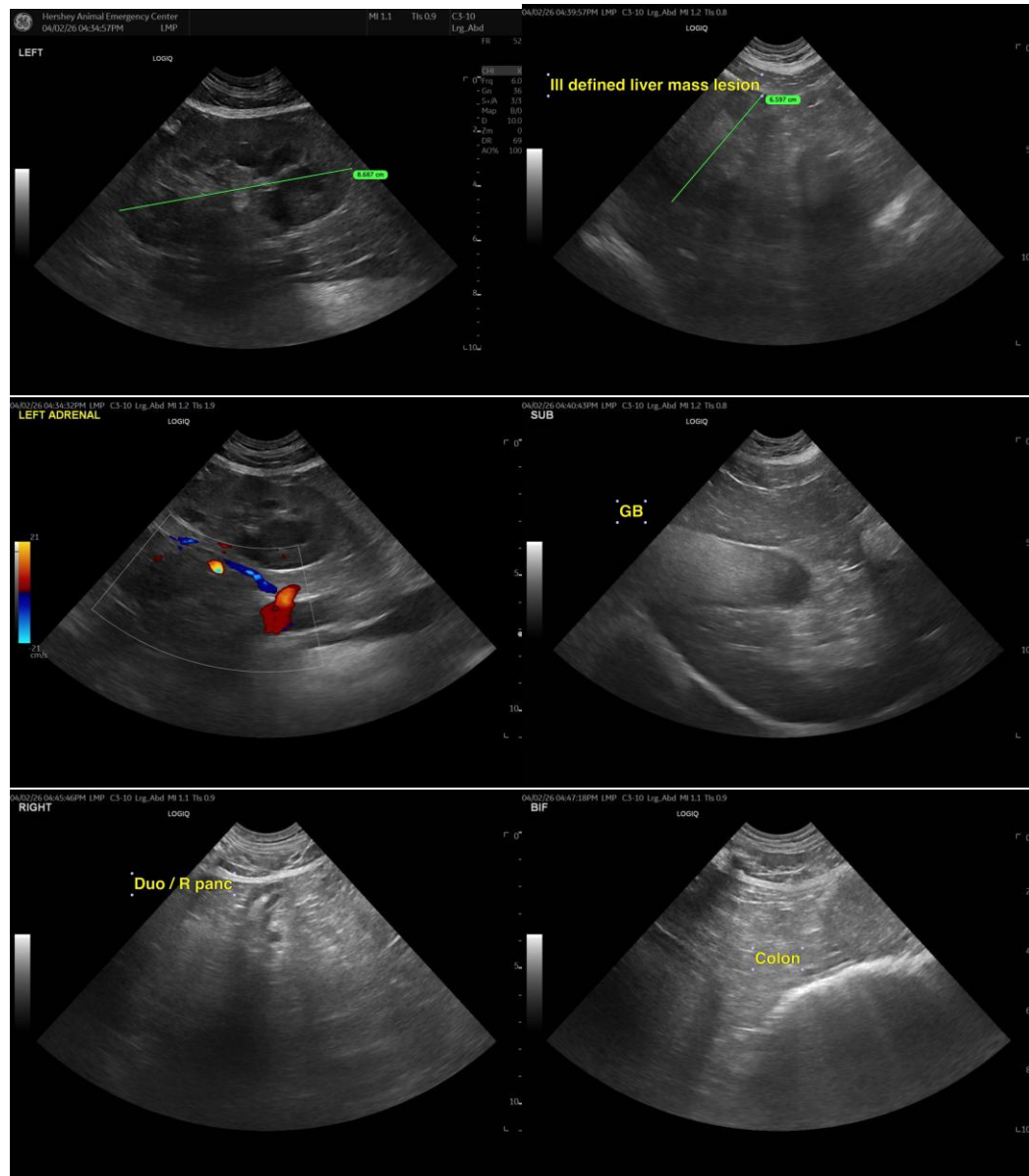
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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