

PATIENT

Ezra Becker

SPECIES

Canine

BREED

Karakacan

SEX

Intact Male

AGE

4 Years

WEIGHT

53.6 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. Sarah Moser

INVOICE

15373

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Working dog - lives outdoor w/ sheep. Onset yesterday afternoon when client's wife noticed patient not eating. Lethargic, not himself. No vomiting or diarrhea. Still drinking water. Last bowel movement yesterday. Hypersalivation with viscous quality. First episode of this nature in 5 years. No new environmental changes or dietary introductions. Not typically one to get into inappropriate items

Abdomen: painful abd, cranial organomegaly suspected - spleen? liver? rDVM lateral rad - increased soft tissue density cranial abd and poor detail, stomach empty w/ mild gastric distension CBC - HCT 26.5, Retic 115.8, WBC 33.68, Neut 26.65, Mono 4.96, Eos 0.01 Chem - Glob 4.6, ALT 156 EPOC - HCT 30, pH 7.304 BP - 139/80 (96)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.6 cm in diameter.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.8 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

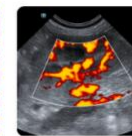
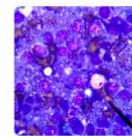
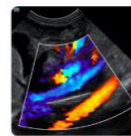
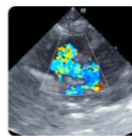
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.63 cm width at the caudal pole.

Spleen

The spleen revealed marked splenomegaly exhibiting splenic folding. The mid to caudal spleen exhibited asymmetrical margination with hypoechoic lacy parenchyma. Maintained homogenous parenchyma in the subjective mid to cranial spleen. Power doppler assessment of the splenic hilus revealed indistinct to suspect diminished splenic hilus blood flow.

Liver & Gallbladder



PATIENT

Ezra Becker

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.

SPECIES

Canine

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

BREED

Karakacan

Gastrointestinal

The stomach was nondistended containing lumen gas and possible shadowing content without overt obstruction to the pyloric outflow.

SEX

Intact Male

The visualized segments of small intestine exhibited intact wall layering and maintained wall layer ratio with overall empty intestinal lumen with segmental gas.

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

AGE

4 Years

Pancreas

The pancreas was not definitively visualized owing to increased omental artifact and overlaying splenomegaly.

WEIGHT

53.6 kg

Free Abdomen

Perisplenic to mid abdomen hyperechoic omentum with mild/moderate volume of effusion. No obvious visualized significant or swollen mesenteric lymphadenopathy.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked splenomegaly with folding, evidence of partial splenic torsion.
- Associated perisplenic to mid abdomen hyperechoic omentum.
- Mild/moderate volume of peritoneal effusion.
- Sonographically unremarkable liver.
- Nondistended stomach with lumen gas and possible shadowing content, overtly normal empty visualized small intestine.

IMAGING PERFORMED BY

Lindsay Powell CVT

Secondary Findings

- Benign prostatic hyperplasia pattern.

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Sarah Moser

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

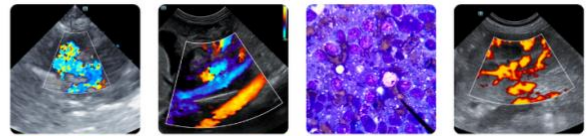
15373

If possible, coagulation profile to assess for potential hypercoagulable state is recommended. Potential for sectorial to diffuse splenic neoplastic criteria as well as non-obstructive gastric foreign body are not definitively excluded.

DATE

04/23/26

Assuming no pathology on three view chest radiographs, laparotomy with expectation toward splenectomy and gross inspection of the gastrointestinal tract +/- gastrotomy if clinically indicated is recommended.



PATIENT

Ezra Becker

SPECIES

Canine

BREED

Karakacan

SEX

Intact Male

AGE

4 Years

WEIGHT

53.6 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

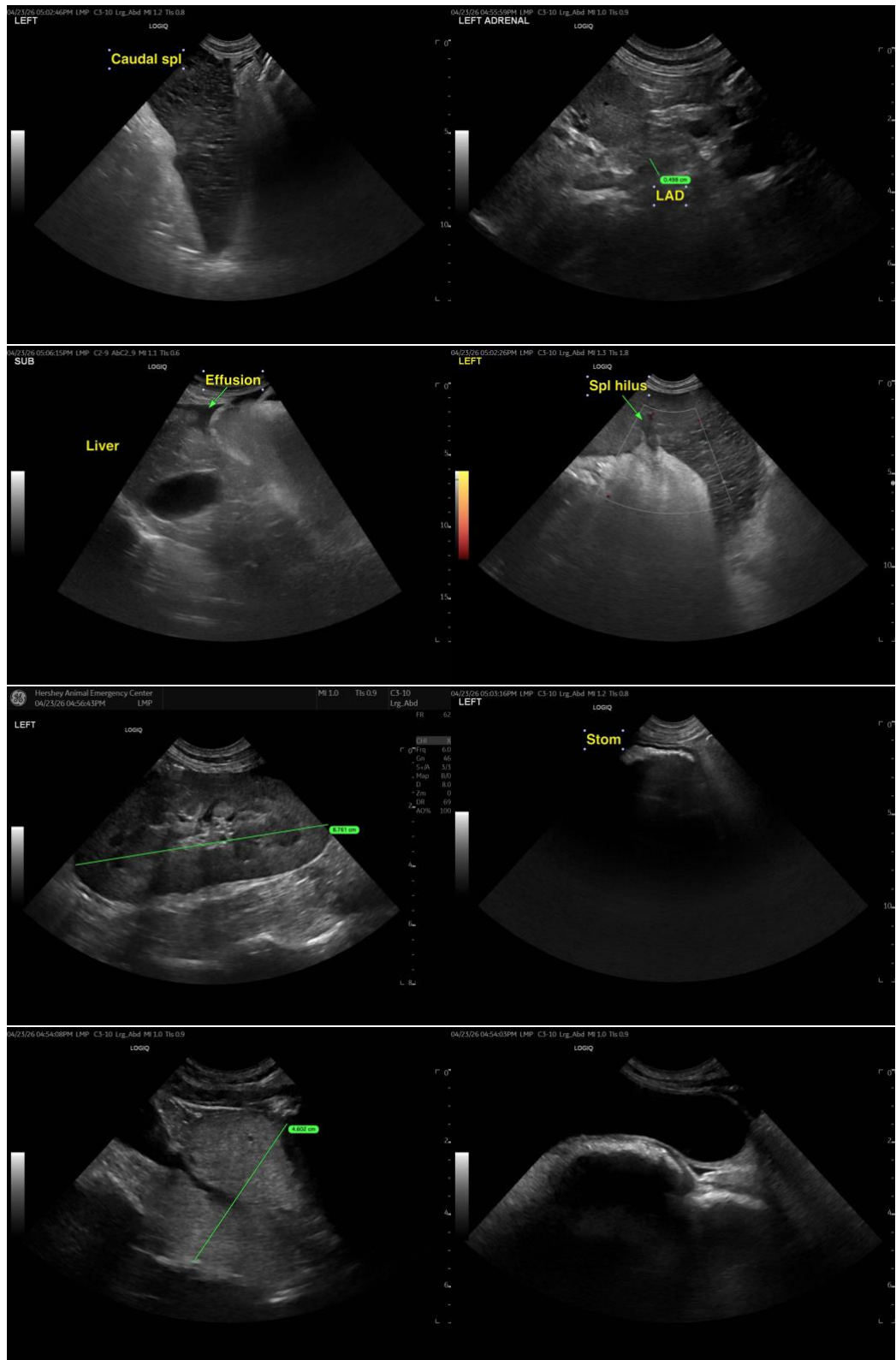
Dr. Sarah Moser

INVOICE

15373

DATE

04/23/26





PATIENT

Ezra Becker

SPECIES

Canine

BREED

Karakacan

SEX

Intact Male

AGE

4 Years

WEIGHT

53.6 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

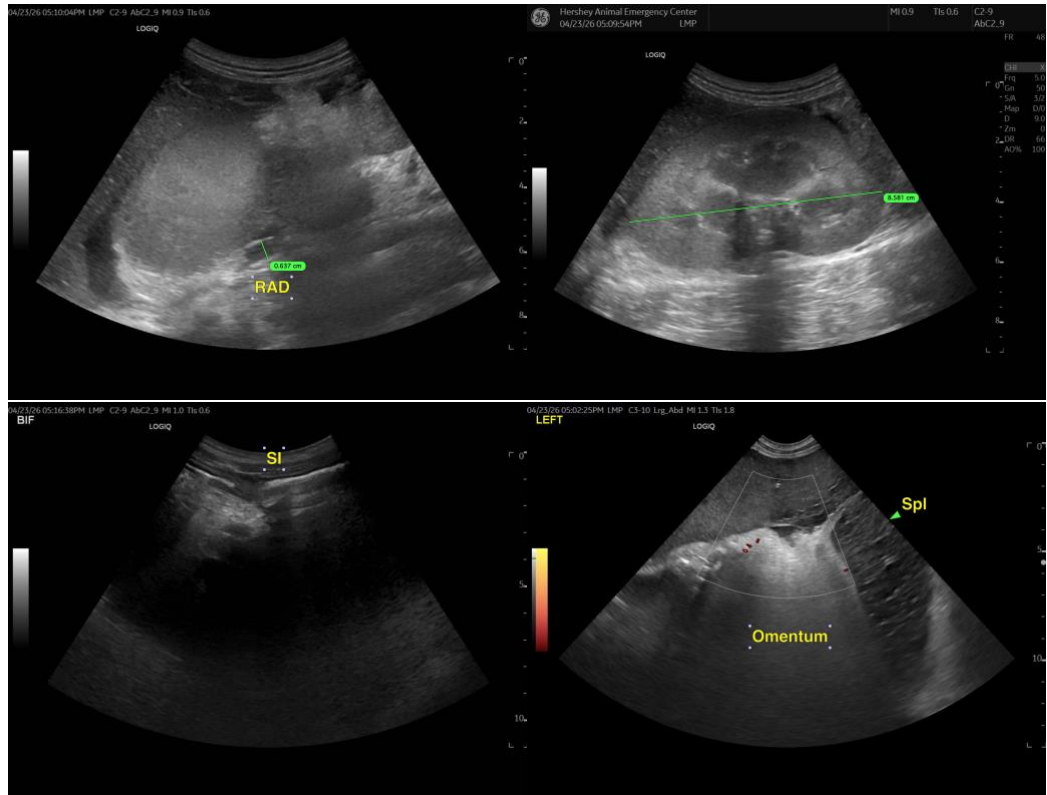
Dr. Sarah Moser

INVOICE

15373

DATE

04/23/26



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