



## PATIENT

Mr. Mann Ehrlich

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

33.3 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

15374

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

Not eating for 3 days, lethargic, not drinking much, occ vomiting vs regurgitation

Abnormal PE/Chem/CBC/UA Results: cranial abd sl distended and uncomfortable, sl bradycardia, dull, mm pk, sl tacky, CRT <2 rDVM 4/22 Radiographs - decreased detail cranial abd, empty stomach, intestines sl bunched in caudal abd Blood work - WBC 23.98, Lymph 5.81, Mono 6.74, Eos 0.03, Plt 105, TP 8.7, Glob 5.4 cPL - normal rDVM 4/23 CBC - HCT 32.1, WBC 29.37, Neut 13.7, Lymph 5.26, Mono 10.35, Eos 0.03, Plt 101 HAEC CBC - HCT 33, WBC 37.26, Neut 22.9, Mono 8.41, left shift EPOC - Glu 134 PCV/TS - 38/8 BP - 102/73 (78)

## 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.

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. A lateral cortical cyst was present in the right kidney measured 1.0 cm in diameter. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 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 0.70 cm width at the caudal pole.

No obvious pathology in the area of the right adrenal gland.

### Spleen

The spleen presented subjective mild to variably enlarged with maintained symmetrical to rounded splenic contour and primarily homogenous parenchyma, hyperechoic to the liver. A solitary mildly expansive hypoechoic noncapsule deforming splenic nodule was present measuring 1.5 cm in diameter.

### Liver & Gallbladder

The liver presented subjective mildly 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 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 of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of 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 ileus, obstruction or foreign material.

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

## Pancreas

The pancreas was normal in size and contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

A solitary mildly hypoechoic to swollen perisplenic lymph node was present measuring 1.6 cm in diameter. No other visualized overt mesenteric lymphadenopathy. No evidence of effusion.

## ULTRASONOGRAPHIC FINDINGS

- Mild hepatosplenomegaly with mild expansive splenic nodule.
- Normal gastrointestinal tract with mild retained nonshadowing gastric ingesta- consistent with food/chyme echogenicity.
- Mild heterogeneous remodeled pancreas.
- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstructive pattern or mural pathology. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. However, age-related pancreatic changes given normal cPL is suspected. Although non-specific with sampling required for further clarification, concern for emerging to occult hepatosplenic neoplasia and perisplenic metastatic lymphadenopathy is warranted.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic parenchyma and splenic nodule FNA cytology is recommended for further assessment. CBC pathology review +/- infectious disease serology, pending hepatosplenic sampling, may be considered. Gastrointestinal support is recommended. Three view chest radiographs are indicated, if not done.



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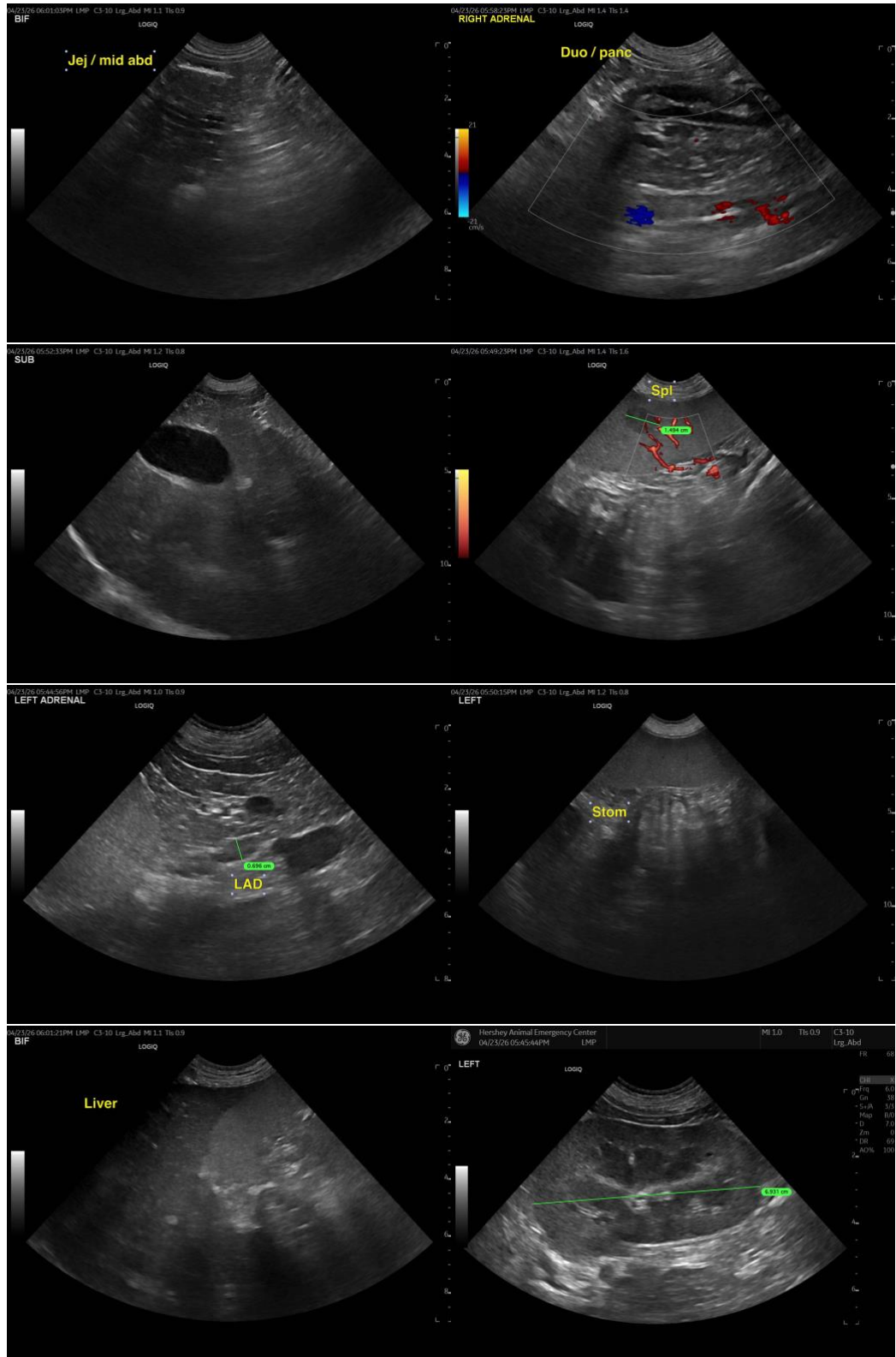
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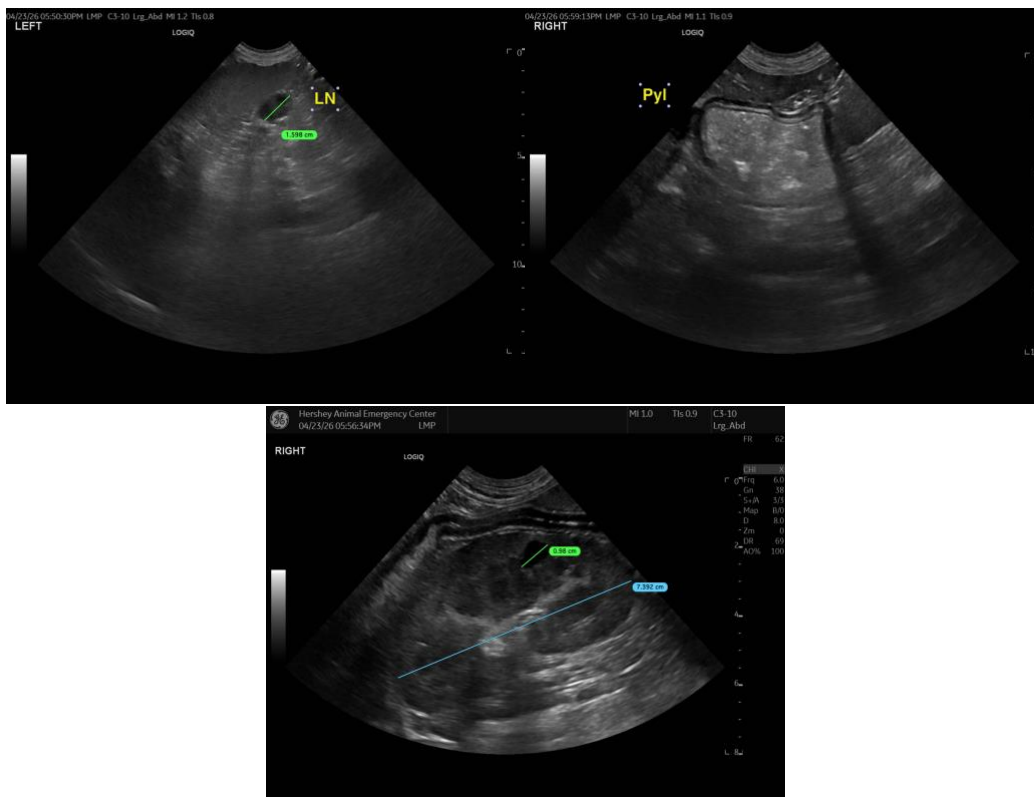
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)