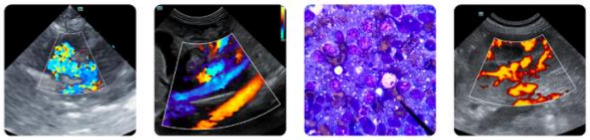


PATIENT

Autumn Semuta

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

28.5 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Emergency Animal Center

REFERRING VET

Dr. Brittany Lang

INVOICE

13075

DATE

01/10/2026

PRESENTING CLINICAL SIGNS

Pt presented 1/4 for acute anorexia, lethargy, pain when jumping and transient RF limb. Pt febrile (103.3F). D/c rads at that time. Bloodwork showed inflammatory/stress leuk with mild ALP elevation. CPL elevated. 4dx negative. Pt treated OP for pancreatitis. Pt has not been normal since. Presented 1/9 for generalized pain, RF intermittent lameness, continued hyporexia, lethargy. NS OU, moderate conjunctival hyperemia, mucoid discharge OU moderate tartar/gingival erythema pain on mid to caudal abdominal palpation patient cries when attempting to stand, intermittent RF grade 1/5 lameness, brief exam post ultrasound- warmth and mild swelling LH tarsus region, also feels like small amount of effusion at LH stifle, RF carpus swollen however IV is in that leg. No pain on spinal palpation

Abnormal PE/Chem/CBC/UA Results: 1] Stomach and small intestines may be consistent with gastroenteritis [dietary indiscretion, bacterial, viral, parasitic]. Gastroenteritis secondary to pancreatitis is not excluded. Abdominal ultrasonography may be helpful for further characterization if there is no response to supportive care. There is no current radiographic evidence for pyloric outflow tract obstruction or mechanical small intestinal obstruction. 2] Reduced peritoneal serosal detail most consistent with a small volume peritoneal effusion or peritonitis. CBC: WBC 41.37K (H), Neut 37.81K (H), Mono 1.57K Chem: Glob 4.9 (H), ALP 267 (H) EPOC: pCO2 23.5 (L), Bicarb 15.7 (L), BE -8.6 (L) 4dx :negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

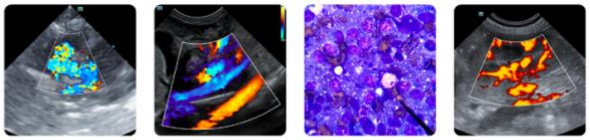
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 4.4 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland measured 3.1 mm at the cranial pole and 4.3 mm at the caudal pole.

Spleen

The splenic parenchyma is diffusely subtly mottled. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.



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The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not seen. The colon measured 1.2 mm.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Subtly mottled spleen which may be an incidental finding but which may also indicate underlying splenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's clinical signs on today's ultrasound.

While the mottling within the spleen may be a normal variant, this appearance can also be seen with infectious diseases that cause splenitis, which would include tick-borne infections. The following next steps are recommended:

- An extended infectious disease panel such as those offered through the NCSU vector-borne disease lab.
- Joint taps would be recommended if feasible
- Three view chest radiographs
- Urine culture
- If empiric treatment is desired, then treatment with an antibiotic such as doxycycline, along with corticosteroid therapy, such as prednisone dosed at 2.0 to 3.0 mg/kg once daily, could be attempted. Gastro protectants would also be recommended if this approach is taken.

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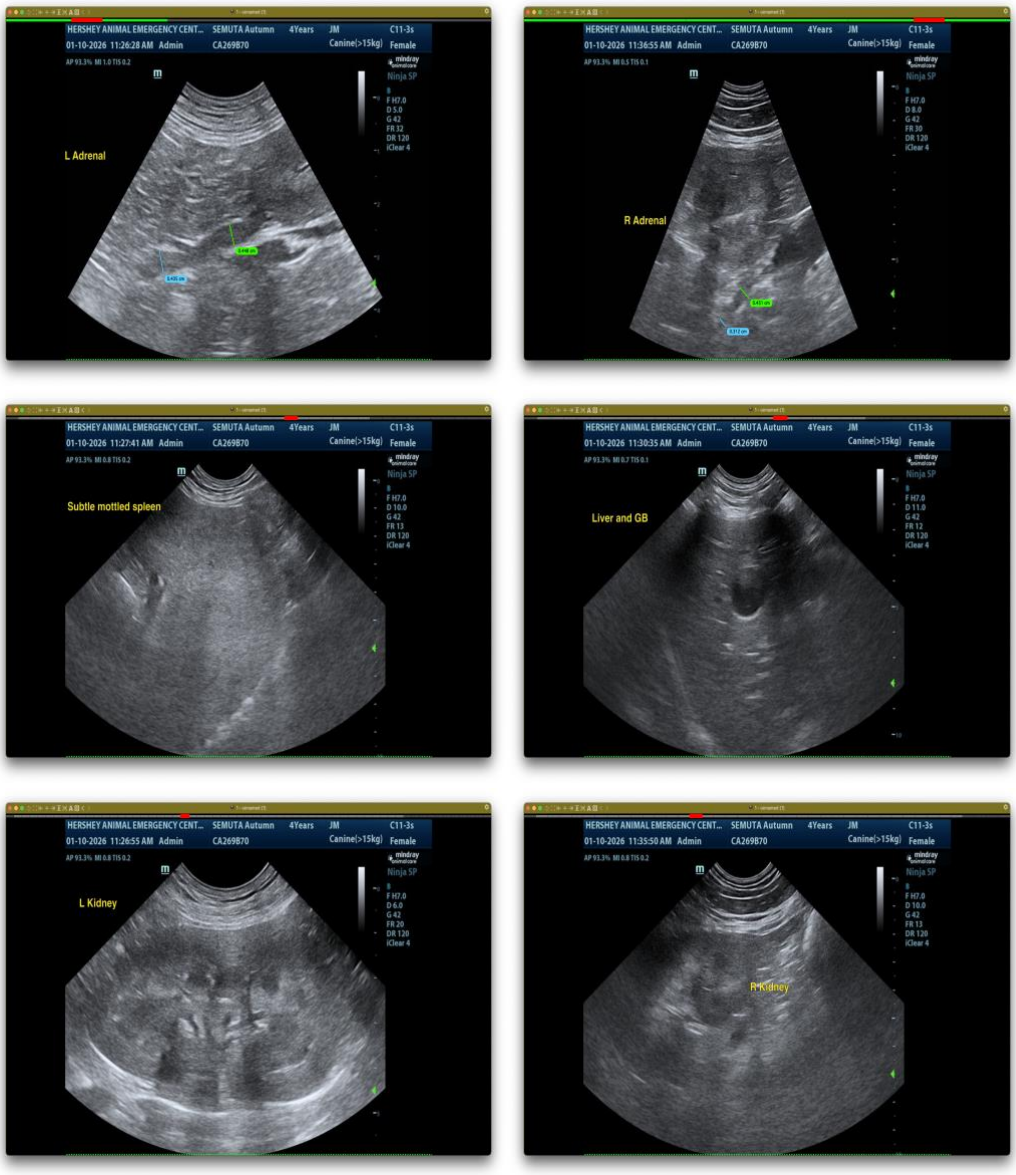

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com

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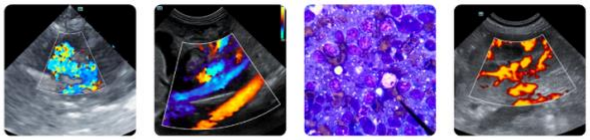

Clinical Sonography & Telecytology
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