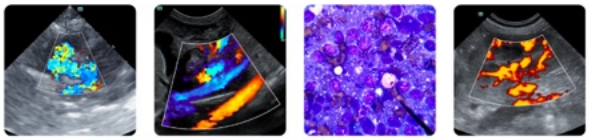


PATIENT

Sammi Palmer

SPECIES

Canine

BREED

Whippet

SEX

Spayed female

AGE

12 years

WEIGHT

21.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

69401

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic screening revealed mild Alk Phos/ALT elevations and inappropriate NRBC numbers. Repeat CBC 1 month later had even higher NRBCs. Chest rads taken and radiology review pending (no masses appreciate, possible cardiac silhouette enlargement but may be normal for sighthound)
Occasional dropped beats/premature beats on cardiac auscultation NRBCs 19/100 WBCs (had been 10/100 WBCs the previous month) HCT 65% ALT 202 Alk Phos 169

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.74 × 2.69 cm. Cortical thickness is 0.37 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 5.05 × 2.42 cm. Cortical thickness is 0.40 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

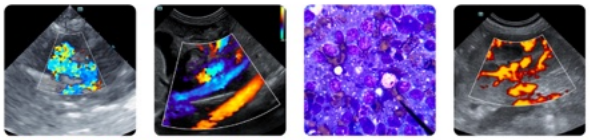
The left adrenal gland measures 0.64 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.68 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

Splenic thickness measures 1.73 cm. The splenic parenchyma appears mildly heterogeneous, with some slightly hypoechoic areas and multiple hyperechoic foci, the largest measuring 4.77×9.12 mm and 8.5 × 9.7 mm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



PATIENT

Sammi Palmer

SPECIES

Canine

BREED

Whippet

SEX

Spayed female

AGE

12 years

WEIGHT

21.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

69401

DATE

12/17/25

The gallbladder lumen is moderately distended. The gallbladder wall is thin and contains a 3.67 mm polypoid lesion. The contents are primarily anechoic, with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with normal mural thickness (2.10 mm) and preserved wall layering. The pylorus measures 4.40 mm. Duodenum: 1.78 mm. Jejunum: 2.26 mm. Ileum: 2.02 mm. Normal wall layering is preserved. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.95 mm and is markedly empty, containing a small amount of semi-liquid material.

Pancreas

Pancreatic thickness ranges from 6.29 to 7.52 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild splenic parenchymal heterogeneity with multiple hyperechoic foci and subtle, ill-defined mildly hypoechoic areas.

SECONDARY FINDINGS

- Small gallbladder wall polypoid lesion (3.67 mm) with mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen demonstrates mild parenchymal heterogeneity characterized by multiple hyperechoic foci, most consistent with benign changes such as myelolipomas or Bates bodies. Additionally, there are subtle, ill-defined mildly hypoechoic areas within the splenic parenchyma, which may represent nodular hyperplasia or, in the appropriate clinical context, extramedullary hematopoiesis (given the presence of persistent nucleated red blood cells and polycythemia).

In the absence of hepatic abnormalities, the mild elevations in ALT and alkaline phosphatase noted on serum biochemistry, could reflect early or mild hepatocellular or metabolic change.

PATIENT

Sammi Palmer

SPECIES

Canine

BREED

Whippet

SEX

Spayed female

AGE

12 years

WEIGHT

21.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

69401

DATE

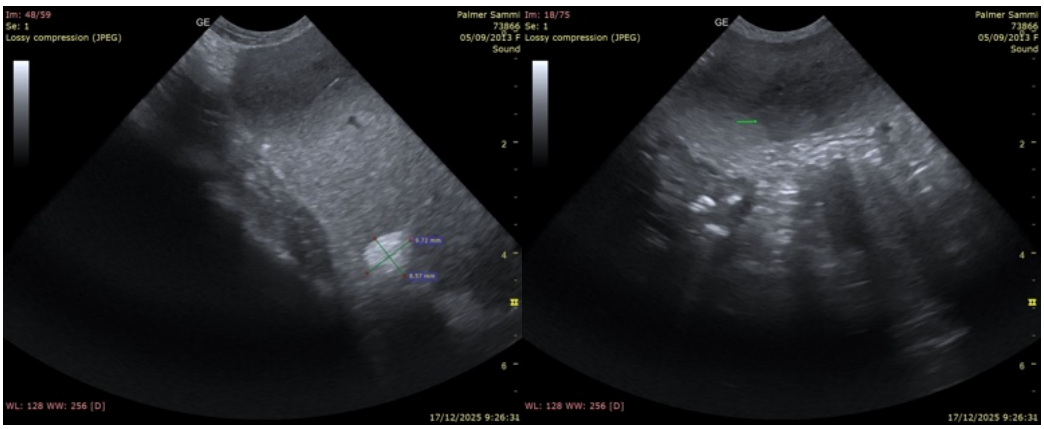
12/17/25

A small polypoid lesion arising from the gallbladder wall, measuring 3.67 mm, is identified in association with a small amount of biliary sludge. This finding is most consistent with a gallbladder polyp or focal mucosal hyperplasia and is considered incidental in the absence of clinical signs referable to biliary disease.

Overall, the abdominal ultrasonographic findings do not adequately explain the patient's persistent hematologic abnormalities, including inappropriate nucleated red blood cells and elevated hematocrit, nor do they indicate a primary abdominal source for these changes. As such, imaging findings raise greater concern for a systemic or extra-abdominal process, such as a primary or secondary bone marrow disorder, chronic hypoxic state, or less likely an early or occult neoplastic or inflammatory condition not detectable by abdominal ultrasound.

Recommendations

- Repeat a complete blood count with manual blood smear review to confirm and further characterize the presence and persistence of nucleated red blood cells and to distinguish between relative and absolute polycythemia.
- Further assess for chronic hypoxia as a potential underlying cause of inappropriate erythropoiesis, including comprehensive cardiac evaluation (echocardiography) and correlation with thoracic imaging findings.
- Consider assessment of oxygenation status (pulse oximetry and/or arterial blood gas analysis), as clinically indicated.
- If hypoxic or cardiopulmonary causes are not identified, consider additional investigation of primary or secondary bone marrow disorders, including serum erythropoietin measurement and bone marrow evaluation, as appropriate.



PATIENT

Sammi Palmer

SPECIES

Canine

BREED

Whippet

SEX

Spayed female

AGE

12 years

WEIGHT

21.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

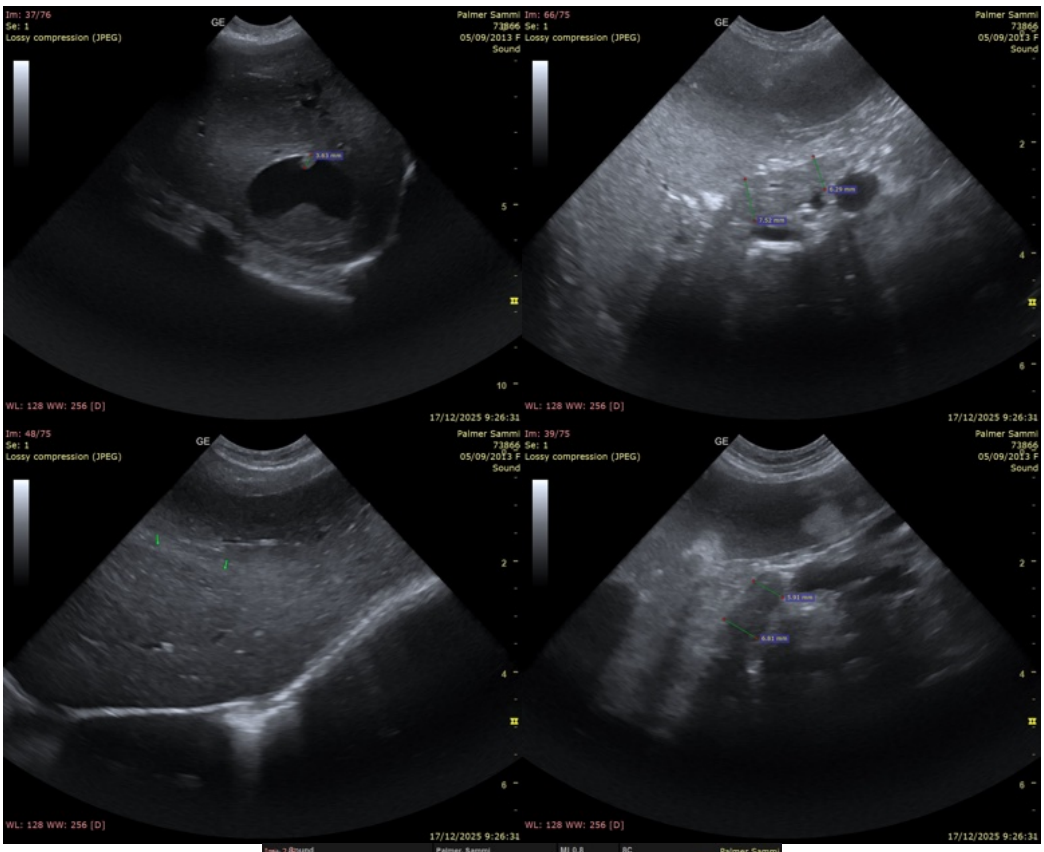
Dr. Jagger

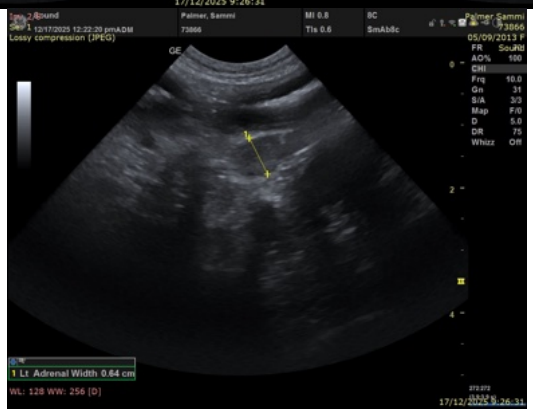
INVOICE

69401

DATE

12/17/25





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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com