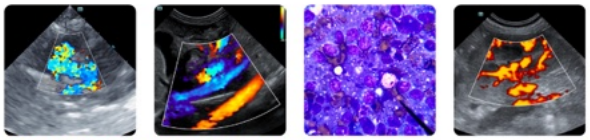


PATIENT

Macy Miller

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

8 years

WEIGHT

12.36 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

71544

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- 8yo FS dachshund - AUS for further evaluation of repeatable anemia on labs after possible syncopal vs seizure event in Jan. P kicked out back legs and seemed out of it and then came back to normal, none since. PE unremarkable except for 5/6 heart murmur and mild pallor. BP was performed in Jan and was 154. Chest/abdominal rads unremarkable. Tick panel pending.
- 2/11/26: CBC: Moderate normocytic, normochromic anemia (27%, prev 29%). Slight rouleaux and polychromasia. Moderate anisocytosis. Chemistry: No remarkable abnormalities 1/20/26: CBC: moderate non-regenerative/mildly regenerative anemia, normal platelets, abnormal metarubricytes - r/o bone marrow, neoplasia, etc Chemistry: mildly decreased cholesterol, no other remarkable abnormalities T4: 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 4.00×2.28 cm in the sagittal plane, with a cortical thickness of 0.33 cm. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 3.86×2.18 cm in the sagittal plane, with a cortical thickness of 0.35 cm. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

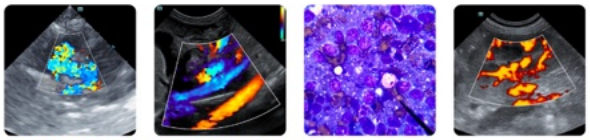
Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows:

The left adrenal gland measures 0.38 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.39 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

Splenic thickness measures 1.23 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

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

The gallbladder lumen is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded with a gas pattern. Gastric wall thickness measures 2.42 mm with preserved wall layering. The pylorus measures 4.71 mm.

The duodenum measures 2.33 mm. The jejunum measures 2.42 mm. Wall layering is preserved throughout the evaluated segments. No ultrasonographic evidence of inflammation, ileus, obstructive pattern, or intraluminal foreign material is identified.

The transverse colon measures 1.03 mm with scant pasty content. The descending colon measures 0.78 mm with formed feces present in the lumen.

Pancreas

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation or mass lesion.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is identified. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation region is normal.

ULTRASONOGRAPHIC FINDINGS

Normal ultrasound examination.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a structurally unremarkable abdominal ultrasound examination. There is no ultrasonographic evidence of splenic, hepatic, gastrointestinal, renal, or nodal pathology to explain persistent moderate anemia. No masses, cavitary lesions, occult hemorrhage, or infiltrative processes are identified.

Given the absence of abdominal structural abnormalities and stable moderate normocytic, normochromic anemia with mild polychromasia, the findings are most consistent with non-abdominal causes of anemia.

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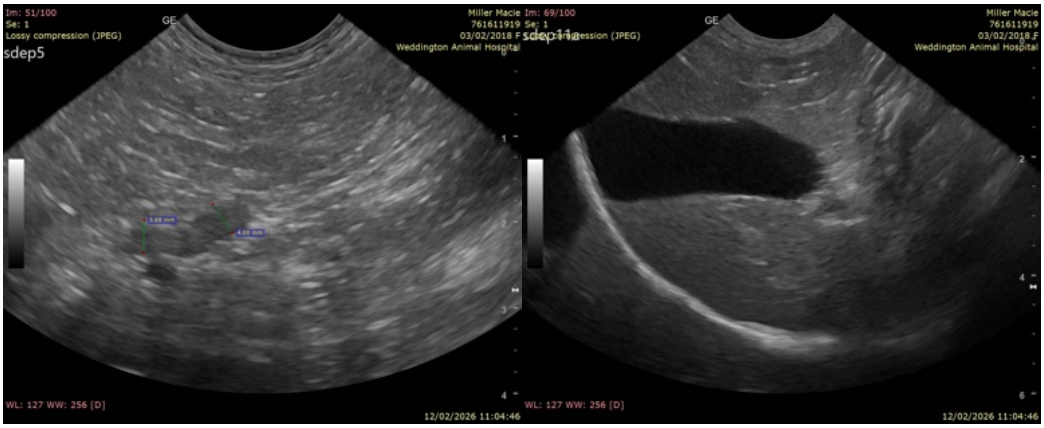
Recommendations

- Given the absence of abdominal pathology, further evaluation of non-abdominal causes of anemia is recommended.
- Reticulocyte count (if not already quantified) to definitively classify regenerative status.
- Blood smear review for spherocytes or other hemolytic features.
- Consider infectious disease testing (tick panel pending).
- Given the 5/6 murmur and syncopal event, cardiology consultation (echocardiography ± Holter monitoring) is strongly recommended to evaluate for structural heart disease, arrhythmia, or possible endocarditis as a chronic inflammatory source.
- If anemia progresses or remains unexplained, bone marrow evaluation may be considered.



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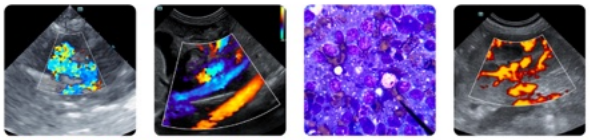

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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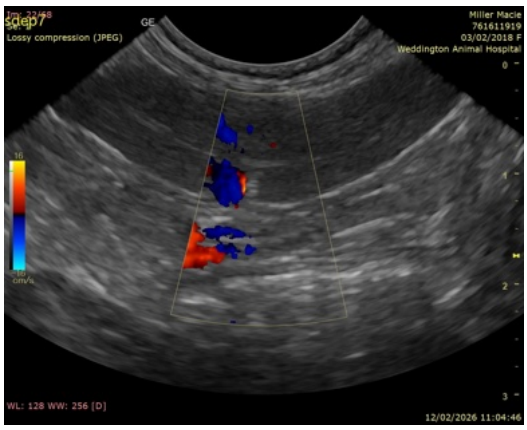

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com