



## PATIENT

Nama Widmer

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed female

## AGE

10 years

## WEIGHT

40 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Carney

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Boe

## INVOICE

74856

## DATE

4/27/26

## PRESENTING CLINICAL SIGNS

History: Few days shaking, ADR, history of tick born disease (owner cannot remember which one, no records), decreased appetite. Not on any meds or preventatives. Diet of mostly grass per owner...  
Abnormal PE/Chem/CBC/UA Results: Blood work WNL 4dx: Anaplasma positive

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The wall at the cranial pole appears mildly thickened (4.20 mm) and irregular. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of neoplastic changes.

The left kidney is normal in shape and size, measuring 5.61×3.22 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 5.97×3.18 cm, with a cortical thickness of 0.54 cm in the sagittal plane. In both kidneys, the cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

Not visualized.

### Spleen

Splenic thickness is 2.35 cm. The parenchyma is isoechoic relative to the liver and demonstrates a coarse echotexture. The splenic capsule is smooth and regular.

### Liver

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

The small portion of the gallbladder visualized appears normal.

### Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.45 mm and preserved wall layering. The pylorus is not clearly visualized. Jejunum: 3.54 mm. Ileum: 2.64 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon: 1.04 mm, containing minimal luminal content.



## PATIENT

Nama Widmer

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed female

## AGE

10 years

## WEIGHT

40 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Carney

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Boe

## INVOICE

74856

## DATE

4/27/26

## Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

## Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Mild splenomegaly with coarse echotexture.
- Focal cranial urinary bladder wall thickening and irregularity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is mildly enlarged with a coarse echotexture. In the context of Anaplasma seropositivity and compatible clinical signs, this most likely represents a reactive splenopathy associated with systemic inflammatory or infectious disease. Tick-borne diseases commonly produce subtle splenic changes, including mild enlargement and altered echotexture. There are no focal lesions to suggest primary splenic pathology.

The bladder wall thickness of 4.20 mm is increased compared to expected values for a normally distended bladder (typically  $\leq 2-3$  mm). Although the bladder is adequately distended, the focal nature and irregularity of the thickening support a true mural abnormality rather than artifact. In the absence of uroliths or a discrete mass, this is most consistent with early or mild focal cystitis; less commonly, focal polypoid cystitis could present similarly.

### Recommendations

- Given the positive 4DX and clinical signs, initiation of appropriate antimicrobial therapy should be considered if not already started, with clinical monitoring.
- Platelet count review (or monitor) is advisable, as thrombocytopenia may be intermittent in Anaplasma infections.
- Although the urinary bladder findings may be incidental, correlation with clinical signs is recommended; if lower urinary tract signs are present, urinalysis and urine culture are advised.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



**PATIENT**

Nama Widmer

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

**IMAGING  
PERFORMED BY**

Dr. Carney

**HOSPITAL NAME**

Smithfield AH

**REFERRING VET**

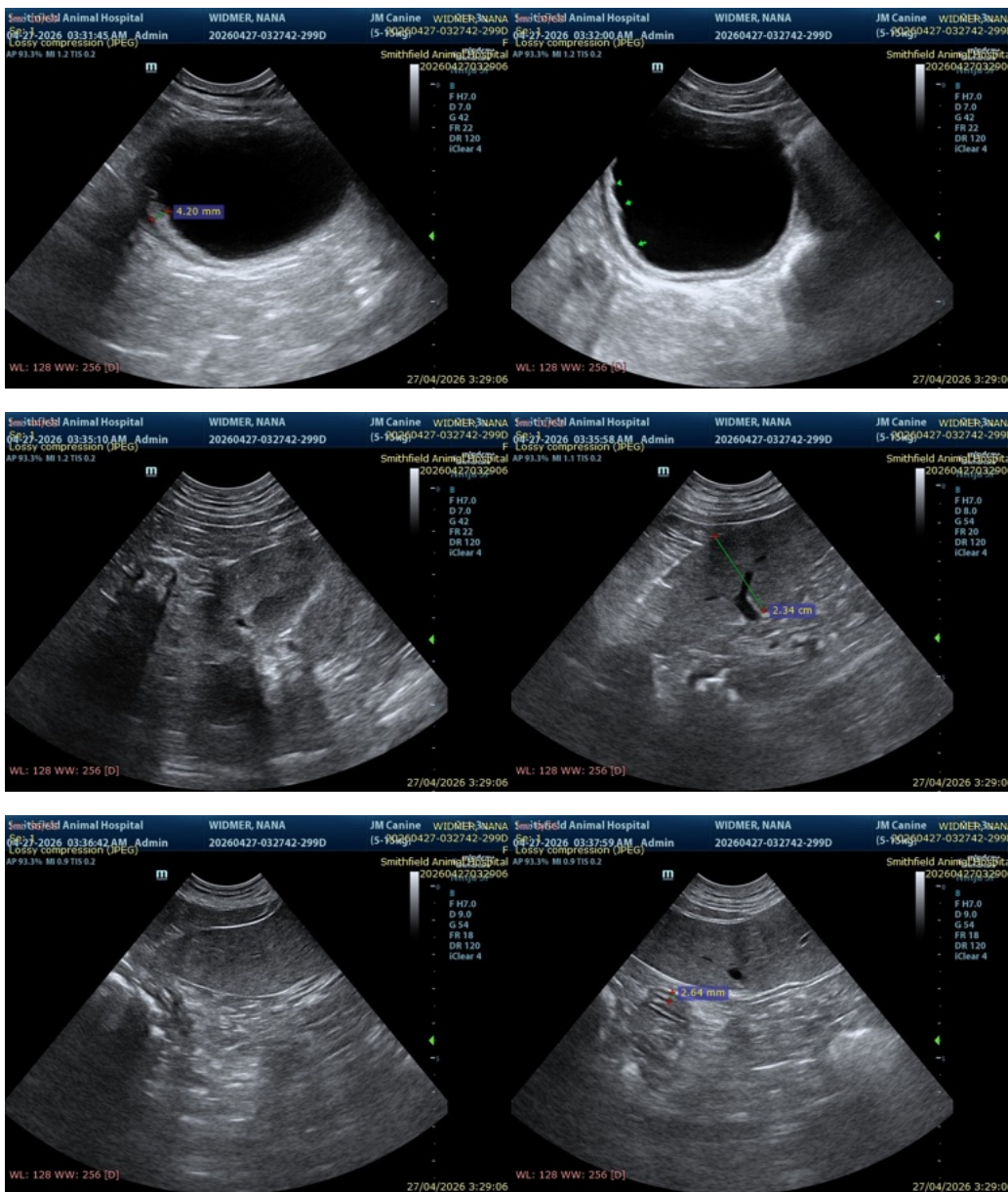
Dr. Boe

**INVOICE**

74856

**DATE**

4/27/26





## PATIENT

Nama Widmer

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed female

## AGE

10 years

## WEIGHT

40 lbs

## INTERPRETED BY

Alicia Angosto Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Carney

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Boe

## INVOICE

74856

## DATE

4/27/26



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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

[info@SonoPath.com](mailto:info@SonoPath.com)