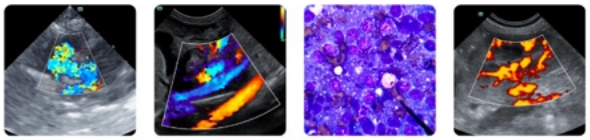


PATIENT

Gunner Cibene

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

10 years

WEIGHT

98 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Kelly Hill

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Hill

INVOICE

78378

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Presented for running into the home this AM and collapsing suddenly. Has been lethargic for 2d, occasional v+ for last week or so. Hx of lar par.
Abnormal PE/Chem/CBC/UA Results: Hct 22% Neuts 33.36 Monos 1.32 Eos 2.57

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

Diagnostic images and cine clips of the left kidney were not provided for review; therefore, the left kidney cannot be evaluated.

The right kidney is normal in shape and size, measuring 8.57×5.12 cm, with a cortical thickness of 1.03 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Splenic thickness is 1.83 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

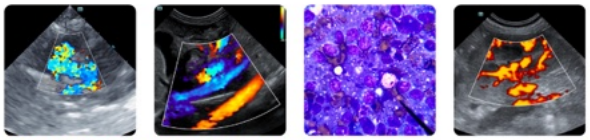
Liver

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

Gastrointestinal tract

The stomach contains a small amount of ingesta. Gastric wall thickness measures 3.60 mm and normal wall layering is preserved.



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The pyloric wall measures 4.92 mm. The duodenal wall measures 4.35 mm. The jejunal wall measures 3.81 mm. No sonographic evidence of gastrointestinal inflammation, obstruction, ileus, or foreign material is identified.

The colonic wall measures 1.44 mm and contains formed fecal material within the descending colon.

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

- No significant abdominal abnormality is identified to explain the patient's acute collapse, lethargy, vomiting, and moderate anemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of hemoperitoneum, splenic mass, hepatic mass, abdominal effusion, gastrointestinal obstruction, or other significant intra-abdominal pathology is identified on the submitted study.

Given the degree of anemia and the absence of a sonographic explanation, non-abdominal causes should be strongly considered. The concurrent marked neutrophilia further supports the presence of an active systemic inflammatory, infectious, stress-related, or less likely neoplastic process, although a source is not identified on the submitted abdominal examination. Differential considerations for the anemia include regenerative or non-regenerative anemia, immune-mediated hemolytic disease, occult gastrointestinal blood loss, bone marrow disease, and less likely hemorrhage from a site not identified on the submitted examination.

Cardiovascular causes of collapse should also be considered, particularly given the absence of significant abdominal abnormalities.

The left kidney could not be evaluated due to the absence of diagnostic images and cine clips.

Recommendations

- Serial PCV/TS measurements, reticulocyte count, and blood smear review are recommended to further characterize the anemia.
- Complete ultrasonographic evaluation of the left kidney and the adrenal glands.
- If not already performed, thoracic imaging and cardiovascular evaluation (including ECG and echocardiography) should be considered given the history of acute collapse and the absence of a sonographic abdominal explanation.

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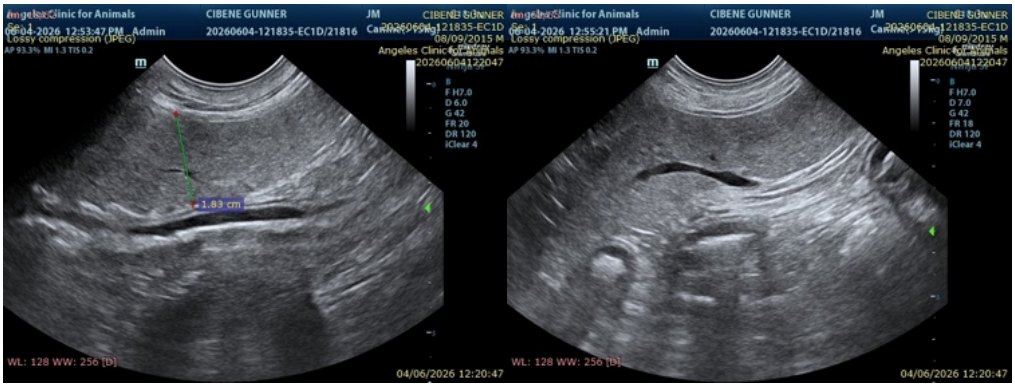
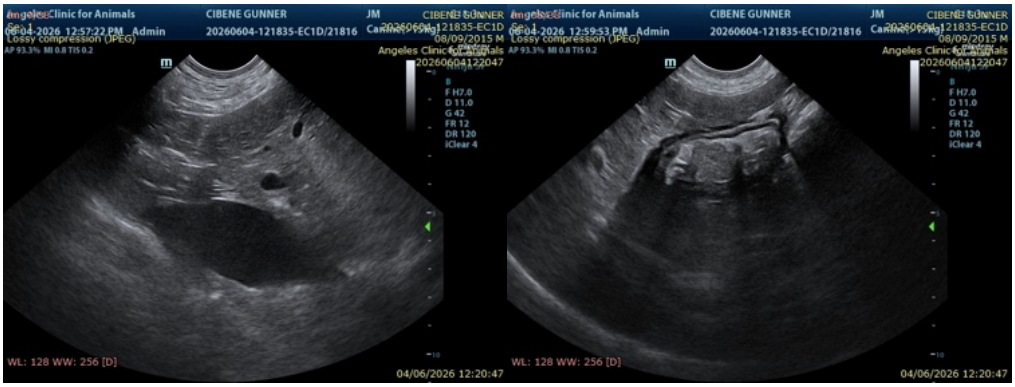
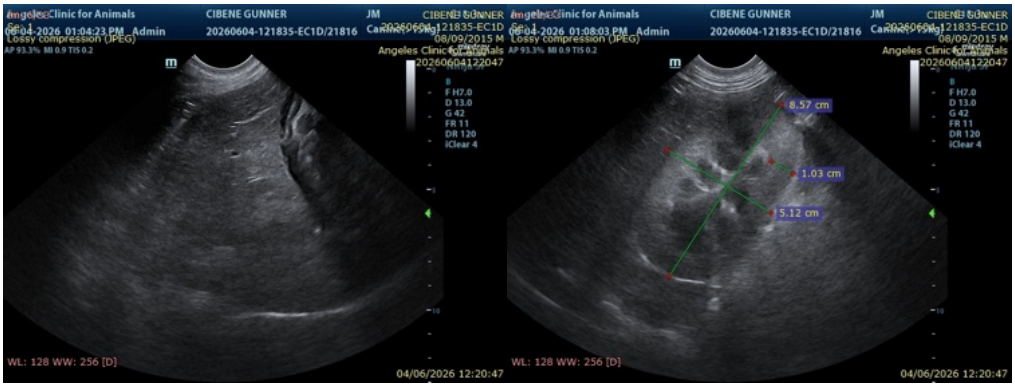
- Assessment for occult gastrointestinal blood loss may be considered if clinically indicated.

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







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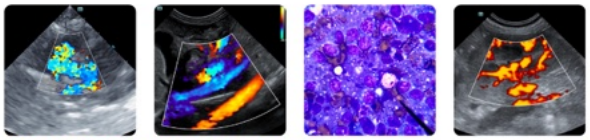

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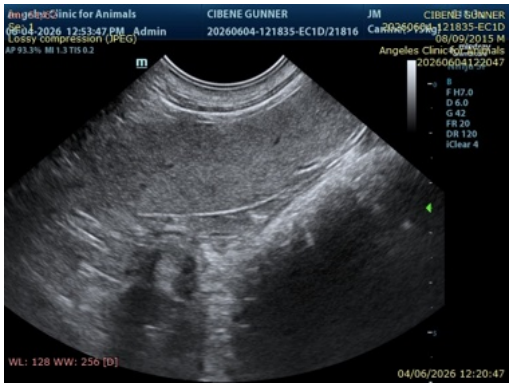

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com