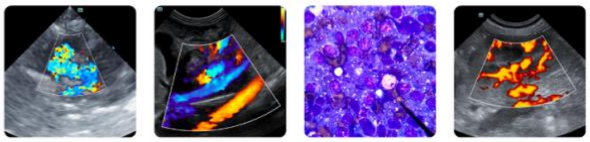

PATIENT

Moose Einertson

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

6

WEIGHT

28

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

M Santiago

HOSPITAL NAME

Dr Klein

REFERRING VET

Alison AH

INVOICE

22378

DATE

1-5-2026

PRESENTING CLINICAL SIGNS

History: This is a 6-year-old MC Cocker Spaniel who presented for the first time to us with a 5-day history of lethargy and weakness. The dog is anemic; CBC shows a non-regenerative anemia of 13% and normal total protein. Markedly elevated neutrophils (47k), normal platelets and chem WNL albeit slightly elevated Alt/Alk Phos. History of elevated temperature, today 102.4 (was 104.8). My hunch is IMHA but I don't see any clumping on my inhouse slide agglutination test but I do see spheroctyes. Bilirubin in the urine and BW on previous BW panels several days ago and lepto neg on urine PCR. Sorry for the nonspecific details but these are the general details of the case. Thank you, Alex K. 917-520-7318

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic-to-hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

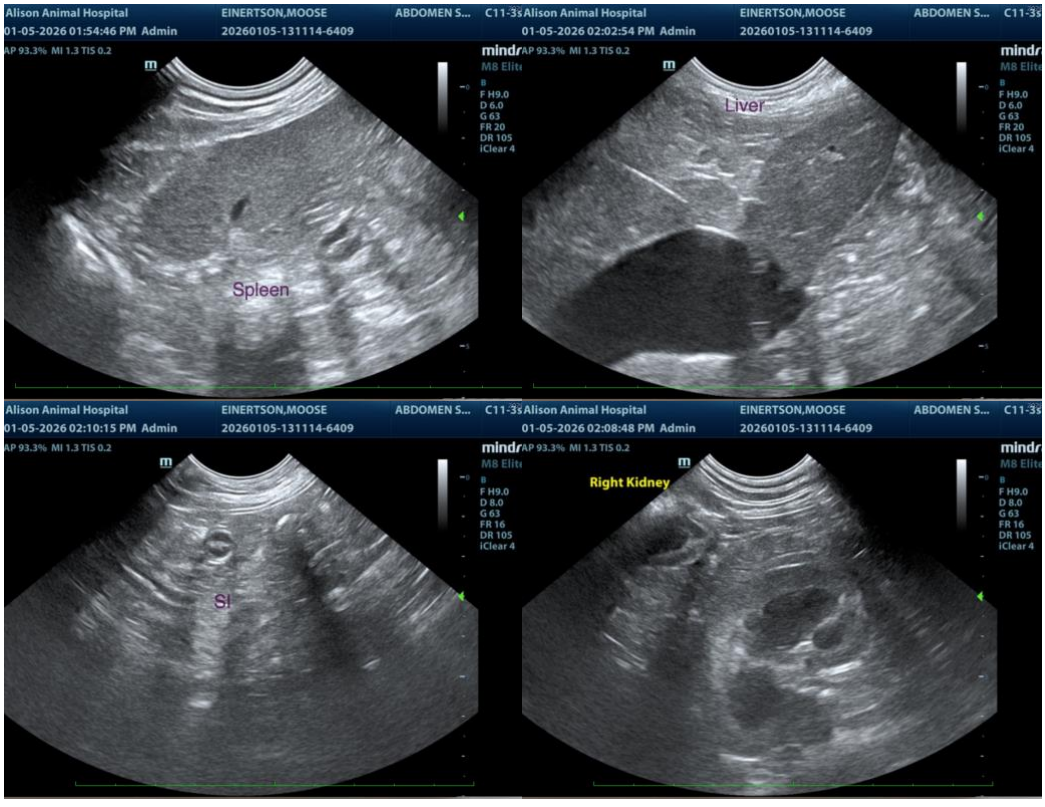
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

*An obvious cause for the patient's anemia is not definitively identified in this study. Considerations include autoimmune disease, tick-borne illness, occult neoplasia, bone marrow disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A CBC with clinical pathology review is recommended.
- Three-view thoracic radiographs should be considered to assess for occult pathology in the chest
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease).
- If the anemia remains nonregenerative, consider a bone marrow aspirate.
- While awaiting test results, supportive care (including blood transfusions as needed) should be initiated.



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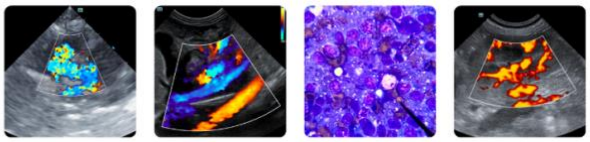

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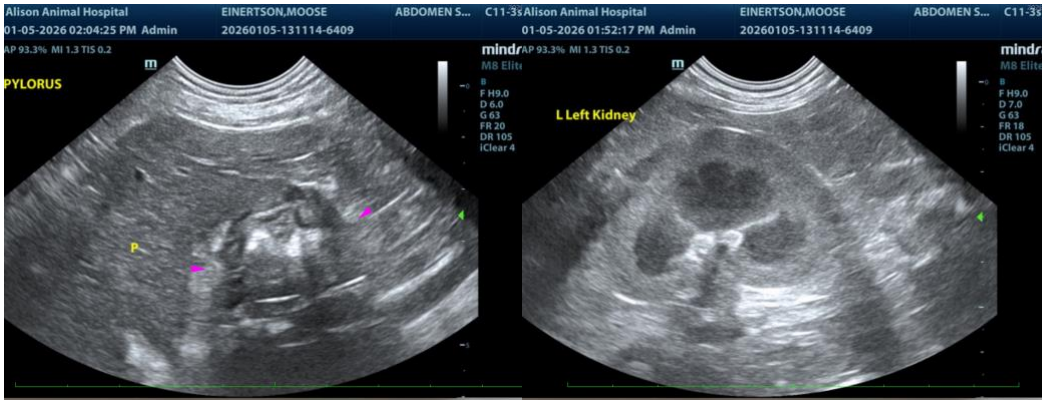

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com