PATIENT

Khaki Aimar

SPECIES

Canine

BREED

Maltipoo

SEX

Female Spayed

AGE

05/1//2013

WEIGHT

4.46kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Graham

INVOICE

22610

DATE

2-26-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings - MTP Animal Hospital, Feb 25:
How long have you noticed a change? 1 week ago but seemed better. No known trauma.

Diagnostics:
- Radiographs
- CBC: RBC 2.16 m/uL **L**, HGB 5.4 g/dL **L**, HCT 17.32 % **L**, MCV 80 fL **H**, MCV 25.0 pg **H**, PLT 63 K/uL **L**, MPV 14.6 **H**
- Chem: ALB 2.0 g/dL **L**, TBIL 0.7 mg/dL

VEG, 9.16.2025

History: Patient presents for urticaria and facial swelling. Patient seen by rDVM today, received rabies 1 year around 2pm. Around 6pm, patient very itchy and hives started. No vomiting. No previous medical concerns, UTD on parasite prevention and vaccinations. No current medications.

The O brought Khaki into the primary for lethargy and back left knee pain. The O stated that for a week Khaki hasn't been acting normal and been lethargic, usually a very active dog but hasn't been very active the O states. The O stated that when Khaki was at the primary there was congestion in the lungs, concern with the red blood cell count, weight loss, and a fever. Khaki was seen at VEG last year for the back left knee and a allergic reaction to a rabies vaccine, the O stated that Khaki was given Prednisone there.

utd on vaccines/preventive
eating/drinking/urinating wnl
not on any medications/supplements

Abnormal lab-work values: CBC: RBC 2.10 M/uL **L**, HCT 17 % **L**, HGB 5.3 g/dL **L**, MCV 81.0 fL **H**, MCHC 31.2 g/dL **L**, RDW 22.1 % **H**, RETIC 121.0 K/uL **H**, PLT 106 K/uL **L**, PDW --.--, MPV 18.6 fL **H** CHEM: CA 7.5 mg/dL **L**, ALB 2.1 g/dL **L**, Chol 108 mg/dL **L**

Radiographic Findings
– Mild nonobstructive gastric luminal soft tissue, given the absence of vomiting this is most consistent with normal ingesta. No evidence of peritoneal fluid, masses or organomegaly is demonstrated.
– Normal thorax without evidence of cardiovascular disease, pneumonia or thoracic neoplasia.
– Mild bilateral renal collecting system mineral (e.g. dystrophic diverticular mineral or small nephroliths).

Specialist: Dr. John Dwan, DACVR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.08 cm in length) with a normal shape, architecture and smooth

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peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. Several small, nonobstructive nephroliths are visualized. There is no evidence of or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.42 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.64 cm at cranial pole) (0.44 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.39 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

A small amount of anechoic free fluid is observed.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

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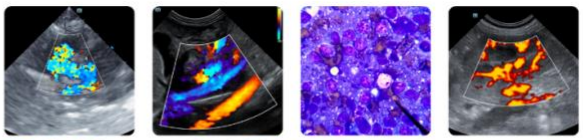

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Primary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

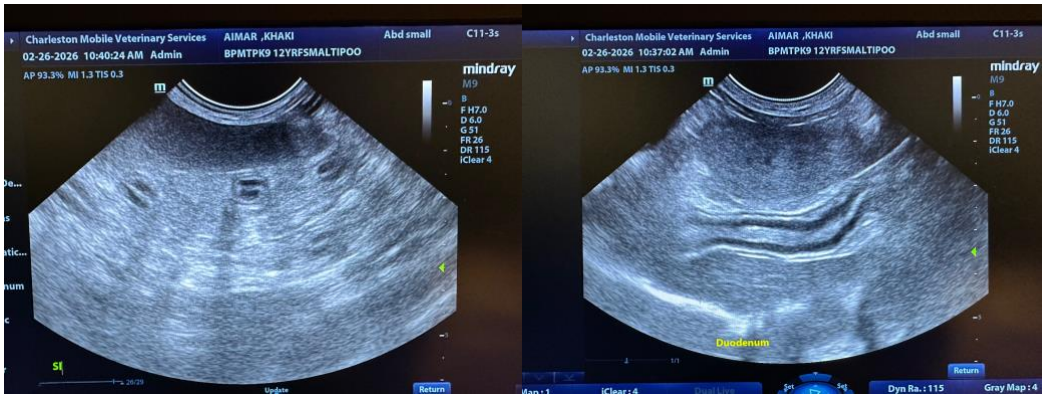
- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis and trace right pyelectasia.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's anemia is not identified in this study. Given the anemia is regenerative, top considerations include blood loss and hemolysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a CBC with clinical pathology review, along with a slide agglutination test.
- Three-view thoracic radiographs are also recommended (if not already performed).
- 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)
- Depending on the results of the above diagnostics further work-up (i.e., upper GI endoscopy) may be indicated.



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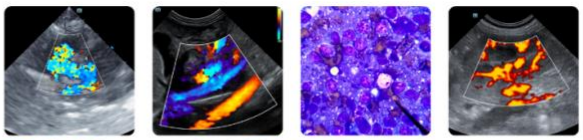

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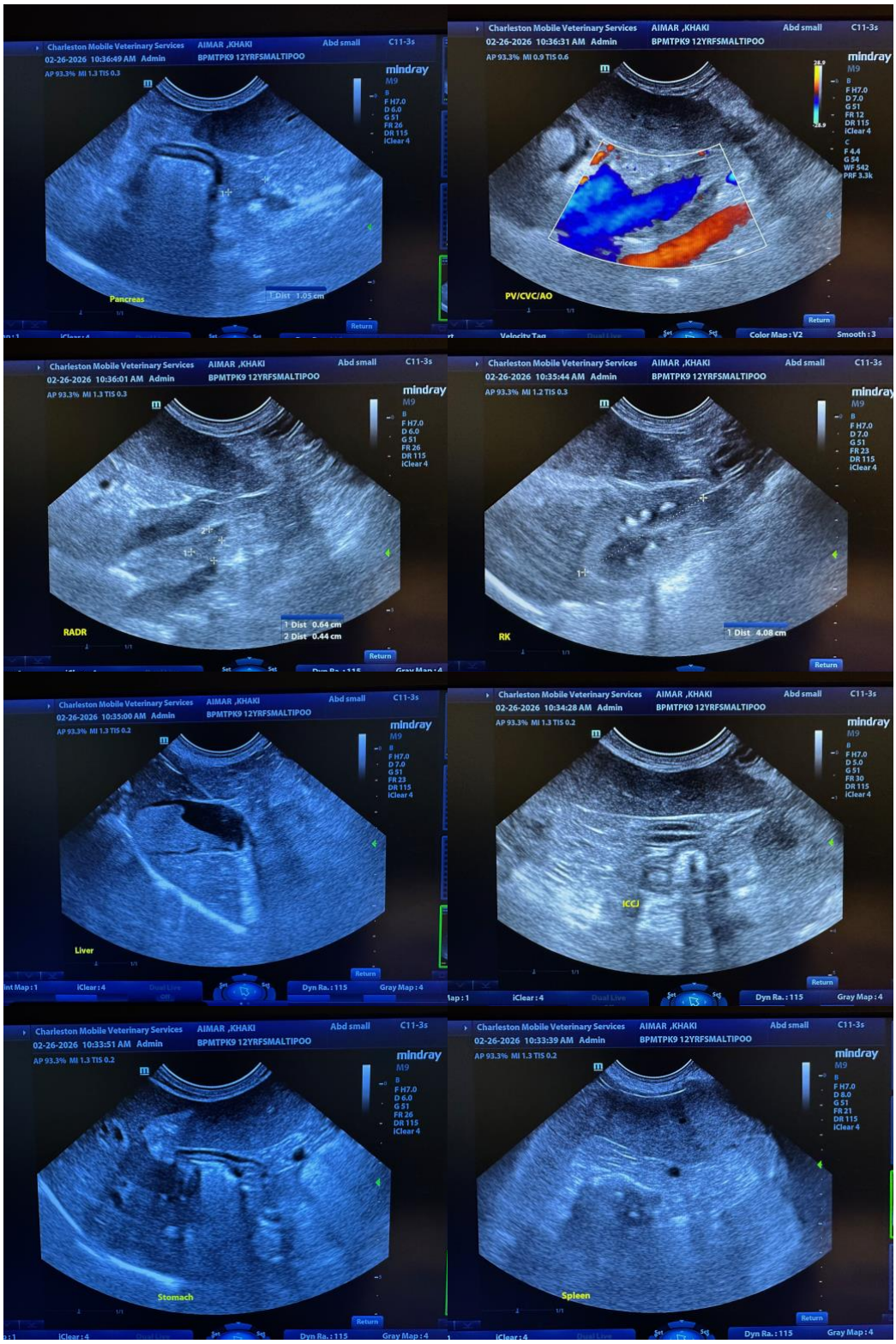

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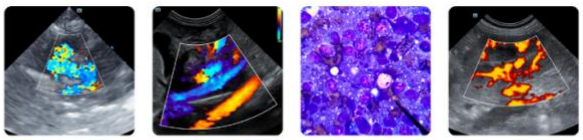

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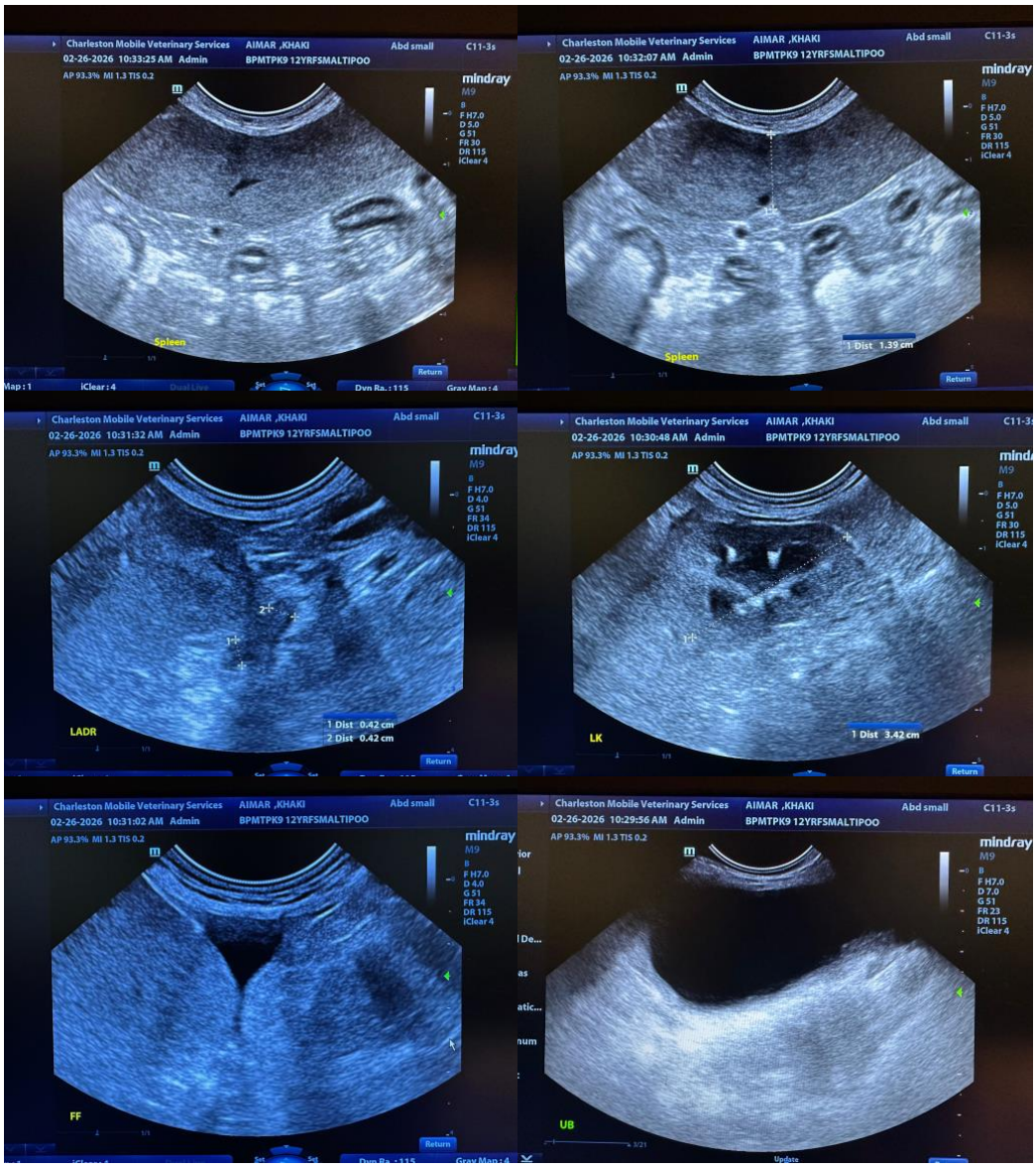

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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