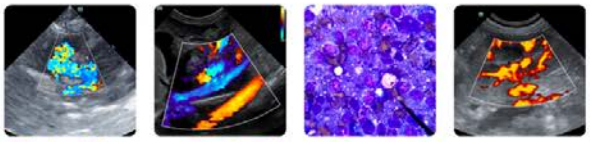

PATIENT

Burbon McKurdy

SPECIES

Canine

BREED

Irish Setter

SEX

Neutered Male

AGE

9

WEIGHT

35.2 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Jackson

INVOICE

71848

DATE

11/16/25

PRESENTING CLINICAL SIGNS

Acute onset of lethargy, weakness, pale gums, and inappetence. Visited urgent care today Symptoms: Lethargy, weakness, pale gums, inappetence, adipsia, increased respiratory effort with abdominal breathing. Urgent care visit today: bloodwork showed anemia (low red blood cells, high reticulocytes, normal platelets, slightly elevated white blood cells). Abdominal radiographs and brief ultrasound were inconclusive.

Abnormal PE/Chem/CBC/UA Results: See attached CBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The kidneys measure 7.5 cm each.

Adrenal Glands

The adrenal glands are not discretely visualized, but the left splenorenal and right hepatorenal quadrants are unremarkable and free of overt masses or evidence of vascular invasion.

Spleen

The spleen measures 1.5 cm at the hilus. It is slightly prominent with a slightly mottled or heterogeneous reticular parenchymal pattern. The capsule is smooth with no significant irregularity. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There are several hyperechoic, mildly shadowing choleliths within the gallbladder lumen. The neck and cystic duct are patent and unremarkable. The common bile duct is normal. There is no evidence of intra- or extra-hepatic biliary dilation.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

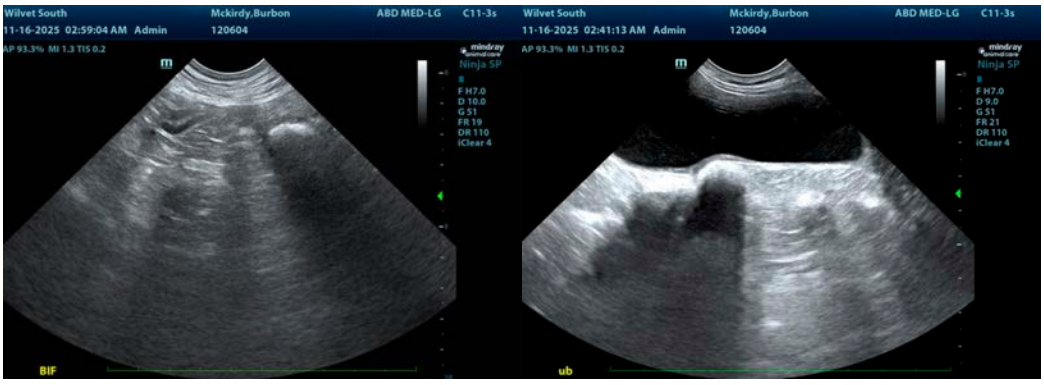
- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- The choleliths noted within the gallbladder lumen are likely incidental at this time.
- There is no underlying etiology of the reported anemia noted on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

CBC with pathology review of a blood smear by a pathologist is recommended. Chemistry panel is indicated to further evaluate for other evidence of immune mediated hemolytic anemia or other causes of a regenerative anemia.

The normal appearance of the gastrointestinal tract does not excluded gastrointestinal ulceration or GI blood loss as a potential cause of the reported clinical signs.



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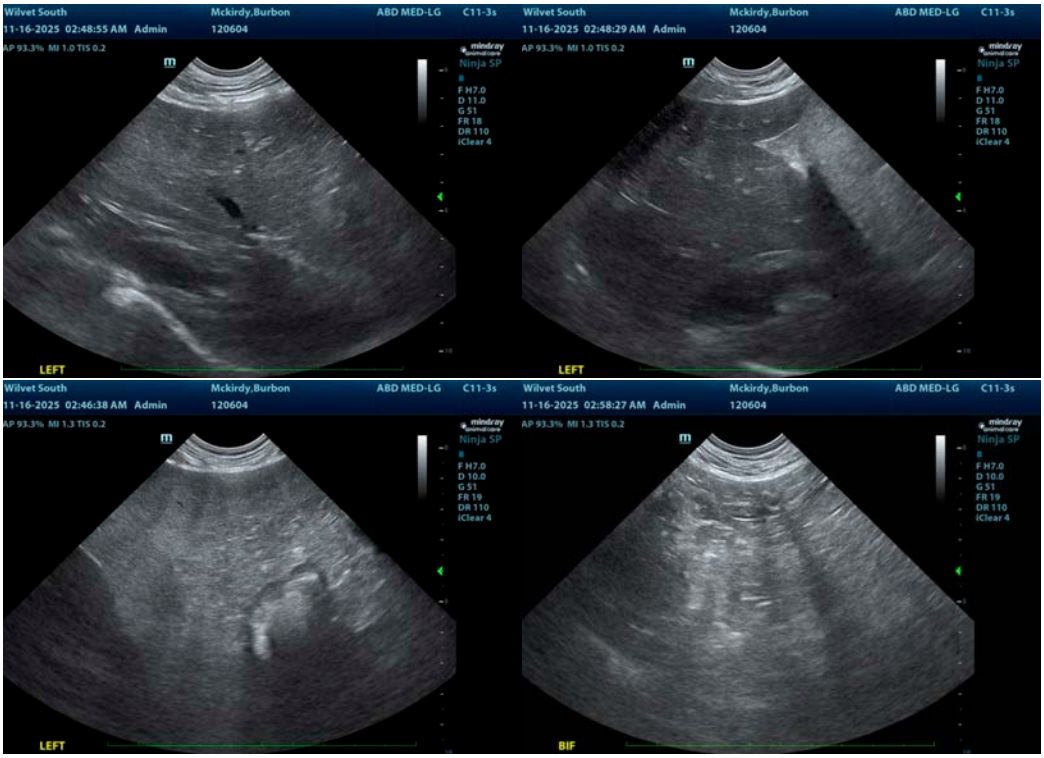

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com