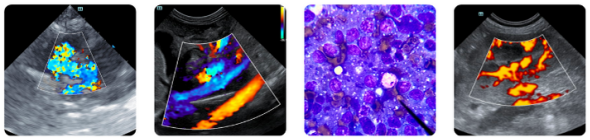


PATIENT

Tenby McCune

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

FS

AGE

9 years 5 months

WEIGHT

45.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

10823

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

Regenerative anemia and hypoalbuminemia on screening wellness labs. Weight loss. History: Presented for wellness exam 11/4/25. Only concern noted was malodorous urine. History of Addison's. At end of treatment for UTI. History of prophylactic gastropexy. Noted weight loss. Current weight 45.4#. Previous weight August of 2025 was 48.6#. Current medications: Just finished Enroquin course for UTI Prednisone 5 mg PO q24h and Percorten Butorphanol to facilitate imaging.

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, comfortable on abdominal palpation, moderate dental tartar, peripheral LNs normal, normal stool on rectal exam, new dermal/round mass on medial left elbow measuring about 0.5cm Lab work: senior labs 11/4/25 Albumin low 2.5 Sodium high at 155 Hematocrit low 32 MCV normal 73 White blood cell high 19.9 Neutrophils high 14,527 Monocytes high 995 Thyroid normal 1.9 USG 1.017 No bacteria or white blood cells noted Urine culture positive for E. coli Accu Plex all negative FNA of new mass on left foreleg pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenals are difficult to fully visualize in these images, and what is visible, the caudal pole of the right adrenal gland measuring 0.41 cm in size, is small/flat. This finding is consistent with patient's history of Addison's disease.

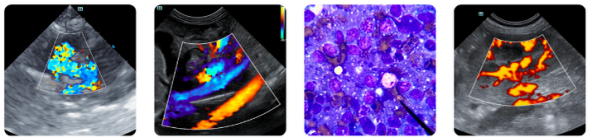
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's not a definitive ultrasonographically visible explanation in these images at this time for patient's reported regenerative anemia and/or hypoalbuminemia. Given that combination of findings however, hemorrhage is a concern. Gastrointestinal hemorrhage can't be definitively ruled out and/or hemorrhage outside the abdomen. Having said that, hemolysis is another differential for regenerative anemia, in which case the hypoalbuminemia could be decreased production or loss from another mechanism. While continuing the workup/evaluation, empirical deworming with a 5 – day course of Panacur could be considered, as could empirical antacid therapy +/- adjusting or tweaking the prednisone dose based on patient's clinical status.

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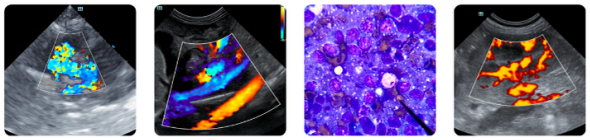

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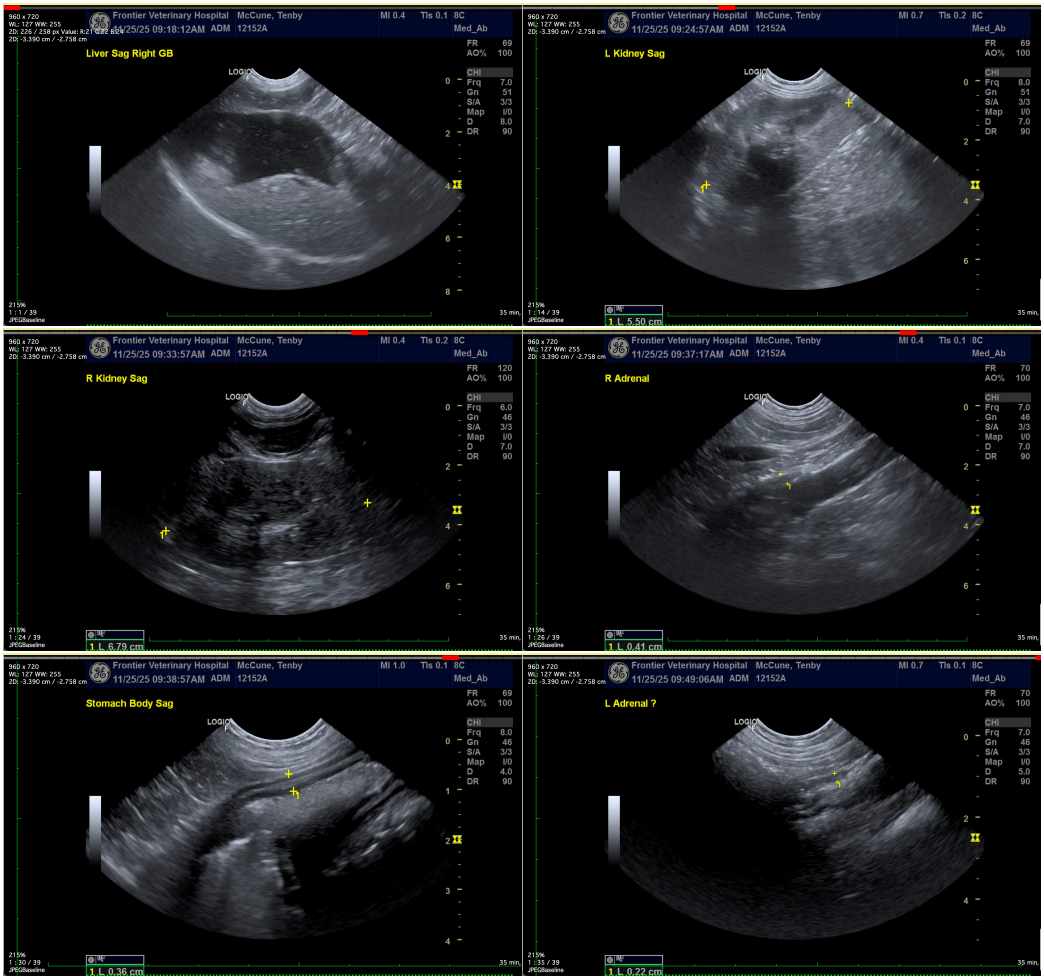

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com