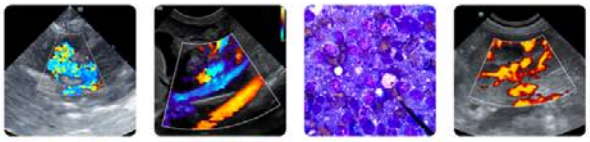


PATIENT

Stevie Pearsall

SPECIES

Canine

BREED

German Sheperd x

SEX

Spayed Female

AGE

7 Years 9 Months

WEIGHT

78 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency AH of Crystal Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

72319

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Problem List: Inappetance Vomiting Hematuria reported Hematochezia reported Blood tinged nasal discharge Thrombocytopenia Azotemia Hypokalemia Cystitis Mass in bladder, suspect blood clot Assessment: Azotemia r/o AKI, pyelonephritis, leptospirosis, AoCKD, CKD, coagulopathy, toxin, other Thrombocytopenia r/o consumptive vs. immune-mediated vs. coagulopathy Hematuria r/o coaguloapthy, UTI, cystolithiasis, neoplasia other Vomiting r/o gastroenteritis, pancreatitis, parasitism, secondary to azotemia, other

Abnormal PE/Chem/CBC/UA Results: CBC: PLT 42k; otherwise NSF - PCV/TS: 58%/6.8g/dL, straw serum - Blood smear: Platelet count 3-5/hpf, no clumps noted at the feathered edge - Chem/lytes: BUN 86.4, Crea 4.4, Glu 140, K 3.1; otherwise WNL - aFAST: No pleural or pericardial effusion or b-lines noted. No GB edema, no peritoneal effusion. Bladder intact, however bladder wall severely thickened with very small amount of anechoic urine. There is hyperechoic mass within the bladder however it is mobile, suspect possible clot.

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 (6.8 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 (6.6 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 caudal pole of the left adrenal gland is normal in size (0.90 cm), shape and overall architecture, echogenicity and echotexture. The cranial pole is unable to be well visualized. Visible surrounding vasculature appears normal.

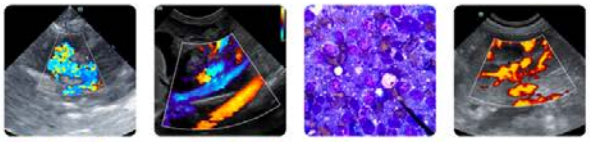
The right adrenal gland is unable to be well visualized.

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.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

A mild amount of free fluid is noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- This is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported thrombocytopenia, azotemia, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported azotemia, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Given the concurrent thrombocytopenia, comprehensive infectious disease evaluation including testing for Leptospirosis is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Pending results of above, bone marrow sampling could be considered.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

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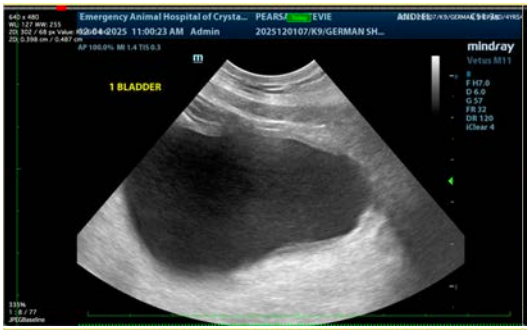

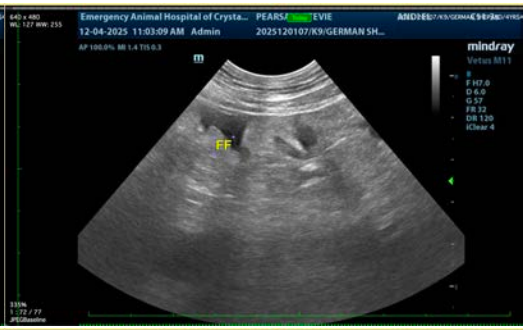

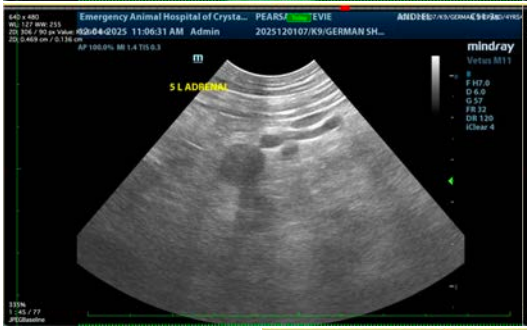

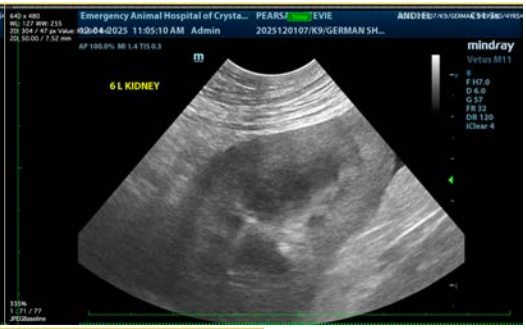

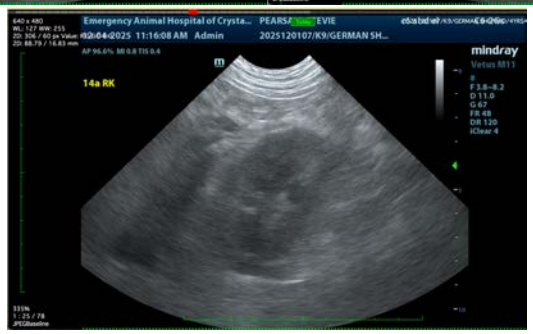

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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