



## PATIENT

Luna Garrison

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

58 pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Johnathan Moss

## HOSPITAL NAME

Harvest Hills  
Veterinary Hospital

## REFERRING VET

Dr. Johnathan Moss

## INVOICE

13843

## DATE

02/17/26

## PRESENTING CLINICAL SIGNS

- pt presented for blood in stool on 2/11/26. Had been having blood in stool previous and suspected was anal glands but on exam anal glands were normal and has frank and possibly mild digested blood in stool.
- Stated pt on doxy and 1.5mg/kg of pred and rechecked CBC on 2/13 with no appreciable change.
- recheck on 2/16 saw no change.

Abnormal PE/Chem/CBC/UA Results: pt is BAR, eating and drinking well, no lethargy. possible few petechia in mouth. no other symptoms other than blood in stool BW attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

Left kidney is normal in size (6.0 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.

Right kidney is normal in size (5.9 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 areas of the adrenal glands are imaged without evident adrenal land pathology.

### *Spleen*

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. The spleen measured 1.7 cm thick at the hilus.

### *Liver*

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 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*



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with echogenic intraluminal contents that demonstrate acoustic shadow. No visible evidence of obstruction is noted in these images at this time.

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The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. 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.

## BREED

Pitbull Mix

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

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### *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.

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### *Free Abdomen*

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

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There is no apparent pathologic lymphadenopathy noted in these images.

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## ULTRASONOGRAPHIC FINDINGS

- Mucosal speckling- Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- The gastric contents could represent normal ingesta/gas as this appears to be a postprandial study. However, given the shadowing, non-obstructive foreign material can't be definitively ruled out. This finding should be interpreted in combination with clinical signs and potentially with recheck imaging following an additional 12 to 24 hours of fasting.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's not a definitive ultrasonographically visible intra-abdominal explanation for patient's reported thrombocytopenia. Differentials still include infectious disease, autoimmune disease, neoplastic disease not visible within the abdomen, bone marrow disease, etc. Therefore, if not recently evaluated, 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.

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Ultimately, bone marrow sampling may be indicated.

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In the meantime, if this is believed to be an autoimmune process, then immunosuppression may be warranted, either in the form of a full immunosuppressive dose of prednisone and/or combination of multiple immunosuppressants. Full consultation with and/or referral to a veterinary internist could be considered.



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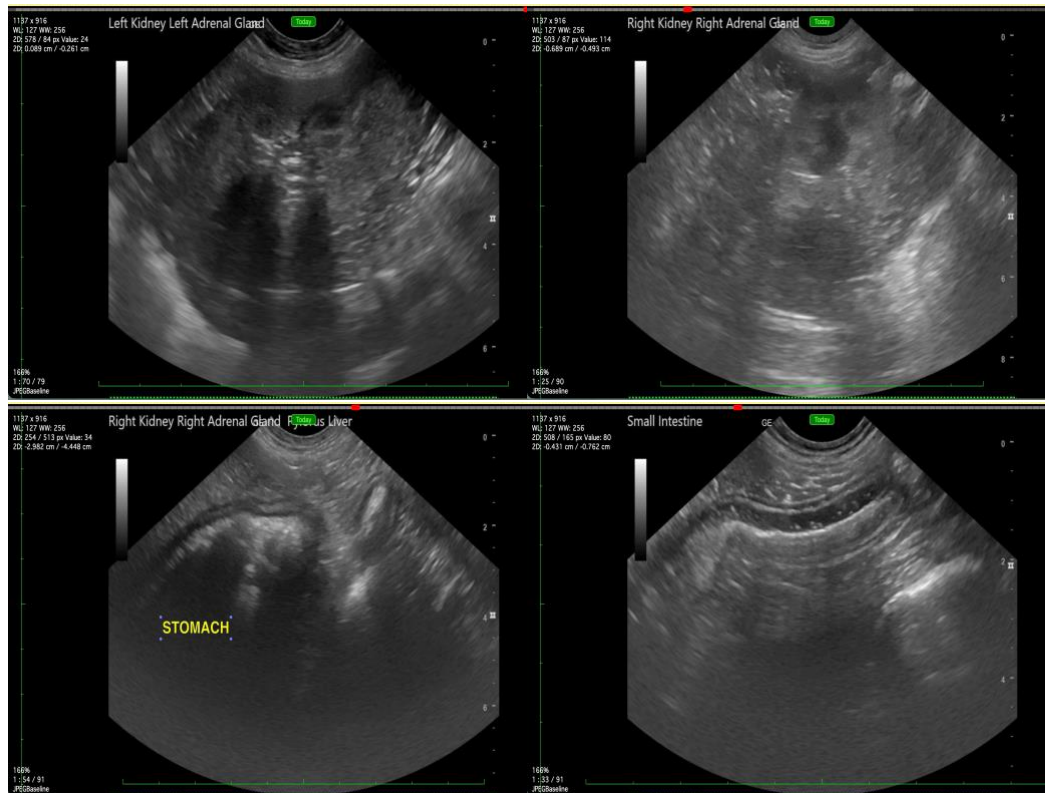
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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