

PATIENT

Fizzy Purdy

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

50 pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Jennifer Makem

INVOICE

14257

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- Hx: Not sedated
- - Hx of ITP in 2022, tx with pred and cyclosporine. Patient was weaned off both medications with no recurrence.
- - Recent hx of weight loss noted by owner with no other obvious clin signs
- - Bloodwork was performed and azotemia and proteinuria was noted. Patient here today for further workup.
- Diagnostics
- - Bloodwork 2/25/26: CBC WNL. Chem - SDMA 24 (0-14), Creat 2.0 (0.5-1.5), BUN 36 (9-31), Amylase 1,525 (337-1,469), CK 202 (10-200). T4 normal. 4dx neg x4.
- - UA: USG 1.035, 3+ protein, quiet sediment
- - UPC: 1.27
- - Blood Pressure: 150 mm HG systolic
- - Resting Cortisol: 2.49

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

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (5.77 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 (4.49 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

Left adrenal gland is normal in size (0.38 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

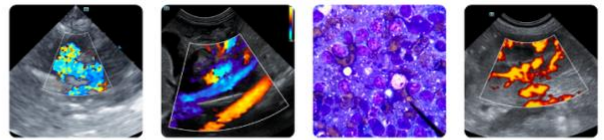
Right adrenal gland is normal in size (0.87 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measured 2.6 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



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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

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

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

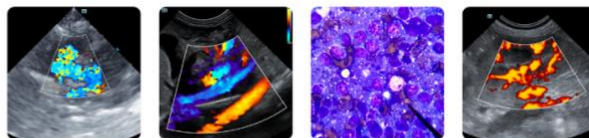
There is not a definitive ultrasonographically visible intra-abdominal explanation for patient's reported laboratory changes. Given the history of thrombocytopenia, combined with the mild splenomegaly, etc., a comprehensive infectious disease evaluation, including testing for leptospirosis, is recommended if not already evaluated.

Given the mildly low baseline cortisol, a full ACTH stimulation test is also recommended.

A urine culture could be considered.

Fine needle aspirates of the spleen could be considered if the patient's coagulation status is appropriate.

Further diagnostic and treatment recommendations depend in part on above, but may involve



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beginning medical management for early or emerging proteinuric chronic kidney disease.

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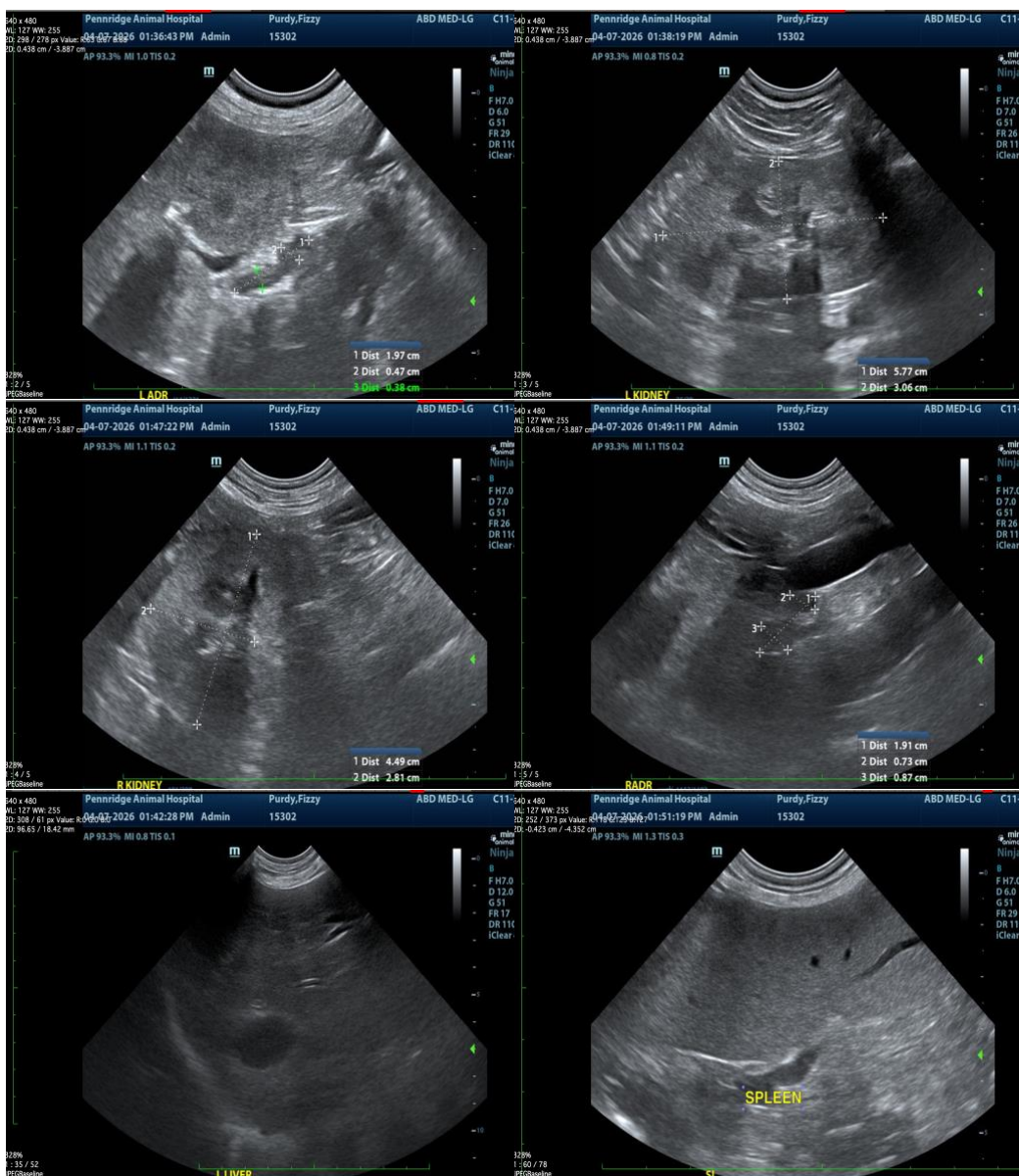
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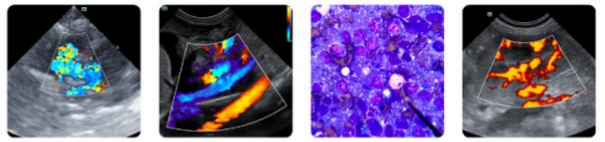
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM



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info@sonopath.com

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