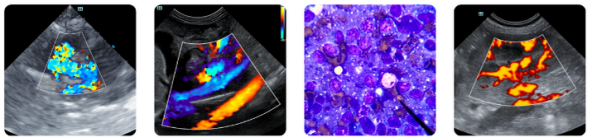


PATIENT

Rupert Thomas

SPECIES

Canine

BREED

Aussie

SEX

NM

AGE

12 years

WEIGHT

44.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Robert Bashkin

INVOICE

11411

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Pt presented yesterday for diarrhea, lethargy, decreased appetite, and not acting himself.
- PE: QAR, pale MM, temp: 103.9*F, tense on abd palpation.
- BW: extreme anemia and elevated WBC, mild elevation in liver values.

Abnormal PE/Chem/CBC/UA Results: Attached most recent BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is only mildly distended/almost empty therefore the urinary bladder wall is unable to be fully assessed for pathology without further distension. Visible contents, however, include primarily anechoic contents as well as some mineral debris settled along the dependent wall. A pile of small cystoliths or one larger discrete cystolith measuring approximately 1.0 cm in diameter, is difficult to differentiate.

The prostate is unable to be well visualized in these images.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Punctate non-obstructive nephroliths are present bilaterally. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 5.5 cm, and the right kidney measures 5.2 cm.

Adrenal Glands

The areas of the adrenal gland are examined without evident adrenal gland pathology.

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.

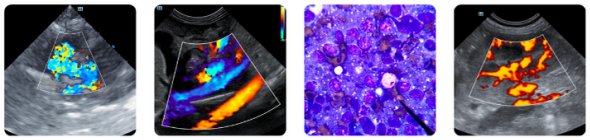
Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



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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.

PRIMARY FINDINGS

- Non-specific hepatopathy – An obvious cause for the moderate liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.

SECONDARY FINDINGS

- Age related kidney changes with punctate non-obstructive nephroliths bilaterally.
- Urinary bladder mineral/cystoliths with difficulty determining size and number.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations regarding the anemia depend largely in part on whether or not it's regenerative or not, with differentials for regenerative anemia including hemorrhage or hemolysis. There's no definitive ultrasonographically visible evidence of intraabdominal hemorrhage. Although, hemorrhage within the GI tract can't be definitively ruled out. The liver changes are of unknown relation to the reported anemia but potentially warrant tissue sampling beginning with fine needle aspirates of the liver if patient's coagulation status is appropriate.

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.

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

No lab work was attached to this submission

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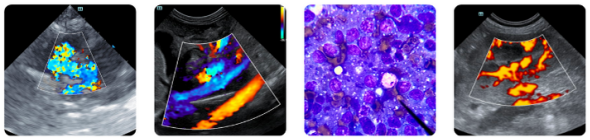

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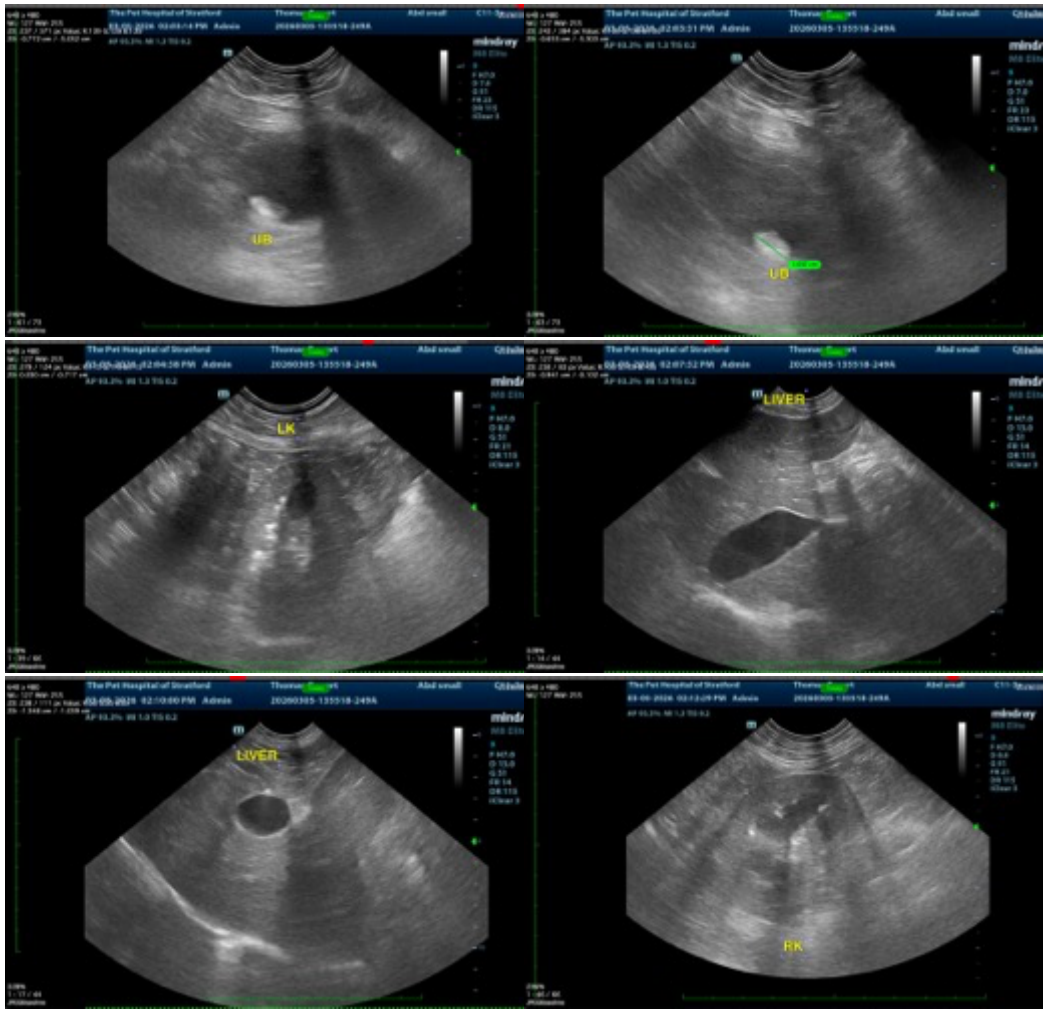

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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