

PATIENT

Bronny Strebel

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

9 Years 8 Months

WEIGHT

72.4 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Jenni Tudini,
MRCVS, SDEP Cert
(abdo)

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Dr. Sara Huckabone

INVOICE

12154

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Patient has developed an acute anemia with no active regeneration at this time. There is also a subtle thrombocytopenia present. Approximately 5 days into symptoms developing so could be a little early to be reflected. Patient lethargic and hyporexic, No C/S/V/D, no PU/PD, mild pyrexia present. No pertinent history otherwise

Abnormal PE/Chem/CBC/UA Results: P/e: unremarkable other than splenomegaly appreciated, mild pyrexia (102.4F), all LN's are WNL - CBC: HCT 11/03 - 36.8%, 11/06 - 20.5% Hemoglobin 11/03: 2 (13.1-20.5) 11/06: 8.1 (13.1-20.5) Reticulocytes: 11/03: 115.3 (10-110) 11/06: 111.4 Mild monocytosis, eosinopenia 11/03 - Platelets WNL, 11/06 - 95 (146-484) Biochem: unremarkable 4Dx: NEG x 4 Path review of CBC: Slight lymphopenia with borderline/minimal neutrophilia and monocytosis. Mild anemia with a slight regenerative response. No obvious thrombon abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.08 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.40 cm width at the caudal pole.

The region of the **left adrenal gland** imaged no evident pathology.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Liver



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The **liver** was uniformly swollen with mild, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder revealed a minor amount of biliary sand.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Some hyperechoic changes consistent with lipid plaques (not overtly pathological).

ULTRASONOGRAPHIC FINDINGS

- Age-related pancreatic changes.
- Hyperplastic spleen likely owing to the anemic state.
- Vacuolar hepatopathy pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be justified. CBC path review +/- bone marrow aspirate is indicated. Cannot rule out GI blood loss yet structurally, GI tract was unremarkable.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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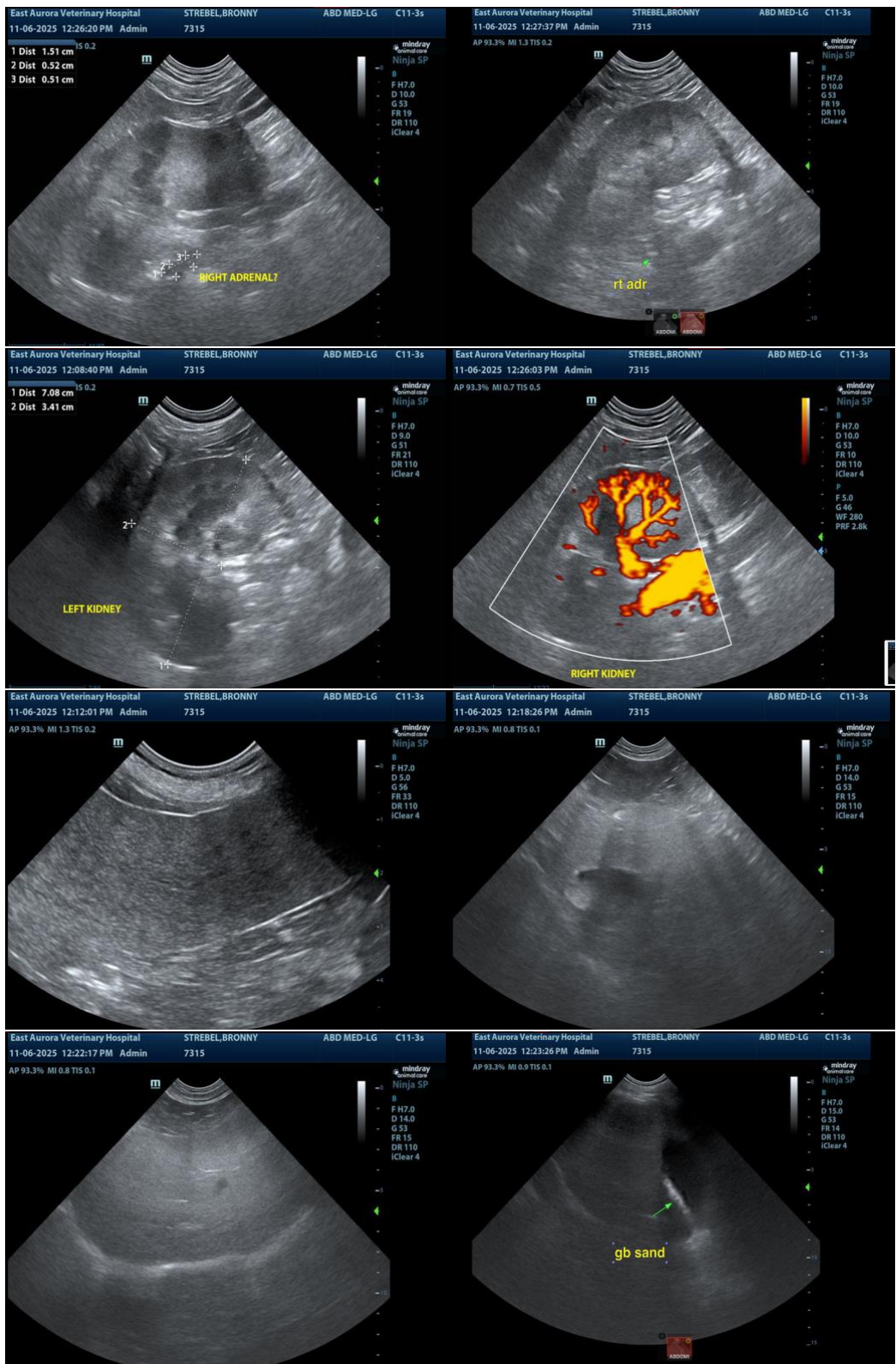
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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