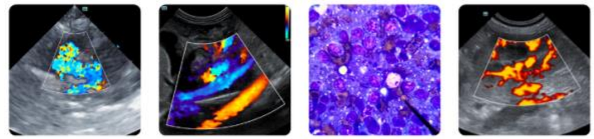


PATIENT

Tessa Dibble

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

23 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. John Hughes DVM

INVOICE

12757

DATE

12/18/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Persistent fever, lethargy. CLINICAL SIGNS: Tessa presented to her rDVM about 10 days ago for fever, lethargy, not eating right, and coughing. She was skunked about two weeks prior to that visit. The cough and appetite have improved, but she is still not right. She came across a dead deer about two weeks ago and may have licked or eaten some of it. She has been eating well until today. The owner reports she has been drinking a lot of water and is very lethargic. She vomited once last night after eating a large number of salmon treats. Her stool is normal. She has lost about 2.5 lbs since September. ***There is a spot on her back that the owner noticed about a week after the skunk incident that they believe may be a TICK BITE. She has been nipping at the area. MEDICATIONS: Doxycycline 100 mg PO BID

Abnormal PE/Chem/CBC/UA Results: Tessa has been Anaplasma positive for more than a year, WBC 17.85 x 10^3uL hct 49% Neutrophilia 14.5 x 10^3uL AST = 165U/L ALP = 477 U/L Ca++ high norm at 11.3 Albumin low 2.1g/dL Total protein low at 5.5g/L

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 5.0 cm in length. The right kidney measured 5.47 cm in length.

Adrenal Glands

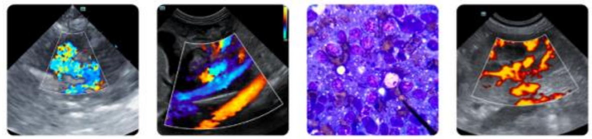
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.51 cm x 0.48 cm width at the cranial pole and 0.48 cm width at the caudal pole. The right adrenal gland measured 2.62 cm x 0.49 cm width at the cranial pole and 0.42 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself cranially.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary



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tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Thorax

The cranial **thorax** revealed a 3.2 cm x 1.4 cm cranial mediastinal lymph node. Some pleural effusion was noted through the diaphragm. The right thorax revealed lung consolidation. A region of approximately 3.0 cm x 1.3 cm with areas of comet tail lung and regional lymphadenopathy most consistent with pleuritis and reactive lymph nodes, however, neoplastic process cannot be ruled out.

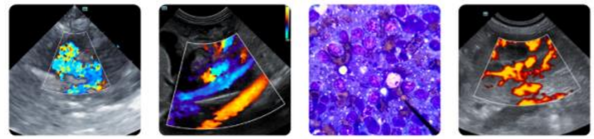
Rapid view of the heart revealed no evident pathology in fact, volume contraction appeared to be present.

ULTRASONOGRAPHIC FINDINGS

- Mediastinal lymph node with pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating for pneumonia/pneumonitis and lymphadenitis. No evidence of primary abdominal disease was noted. Enrofloxacin, Clindamycin and Bronchodilators are suggested. The cause of low albumin is unclear. If no significant proteinuria is present, then protein losing enteropathy is likely even though structurally, the GI tract appeared unremarkable. Hydration status should be monitored in this patient. There is no cardiac disease related to the clinical history or sonographic presentation.



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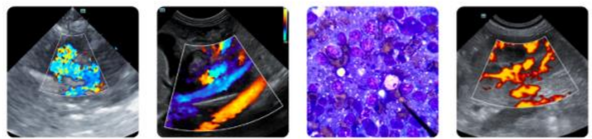

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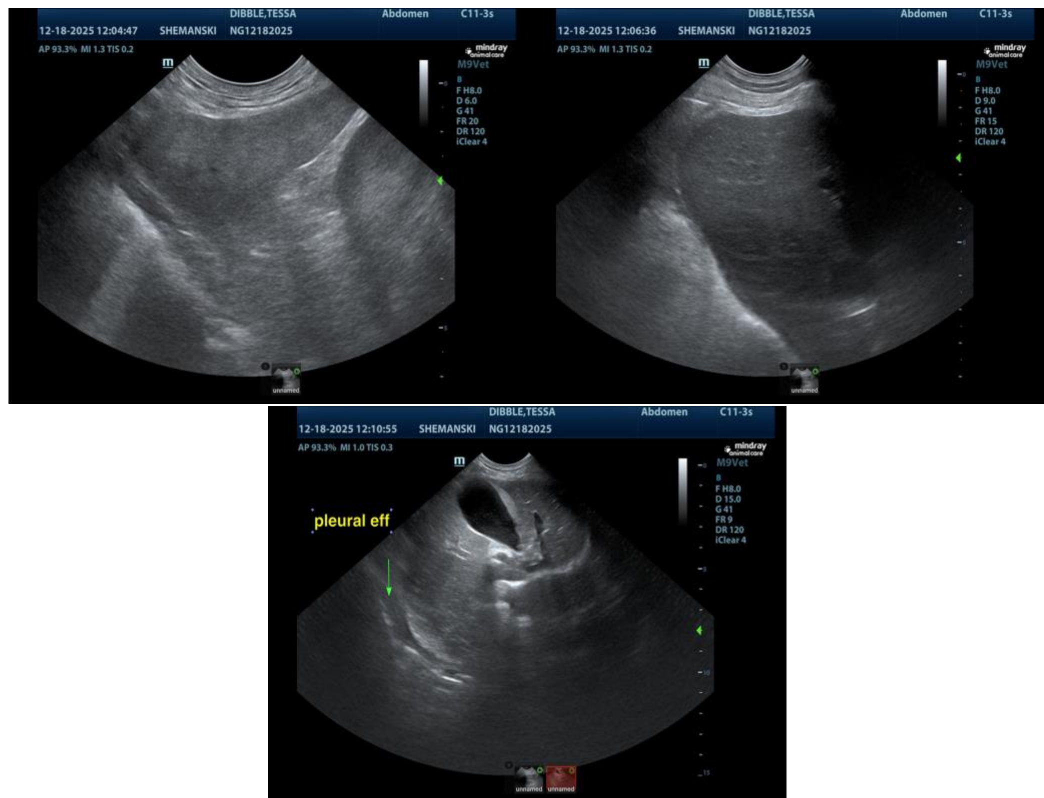

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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