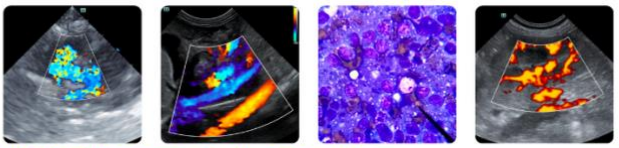


PATIENT

Rosie Winebarger

SPECIES

Canine

BREED

Boxer Mix

SEX

Intact Female

AGE

5 Years 11 Months

WEIGHT

17.9 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Wolverton

INVOICE

16444

DATE

06/08/26

PRESENTING CLINICAL SIGNS

P presented to ER clinic for not eating for 9-10 days. Previously hospitalized with rDVM for 1 week. Concern about low platelets, started mycophenolate, doxycycline, unasyn. This all started when P ran off outside , P returned scratched up and dirty, last heat cycle 4 weeks ago, no diarrhea, few episodes of vomiting. Rad report - minor frothy gastric content, mild loss of serosal detail in abdomen

Abnormal PE/Chem/CBC/UA Results: BUN 75, Crea 5.7, Phos 16.1, , Glob 4.7, ALT 252, ALKP 539, GGT 20, Amy 1518, Na/K 28 WBC 23.5, Neu 20.8, PLT 25, MPV 15.9, HCT 43.7 Baseline Cortisol 3.4 Anaplasma Positive Lymp Positive CPL 134

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is nearly empty of urine. There is a small 12.1 mm x 5.3 mm lesion in the trigone area.

The uterus appears normal in this patient. The left ovary appears normal and measures 1.32 cm in diameter. The right ovary appears normal and measures 8.1 mm width.

Multiple enlarged mesenteric and iliac lymph nodes are present with a representative node measuring 6.0 mm in width. These nodes appear reactively less likely to be neoplastic.

The left kidney presents normal size with normal shape and architecture. Mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.1 mm and the caudal pole measures 6.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 11.9 mm and the caudal pole measures 7.1 mm.

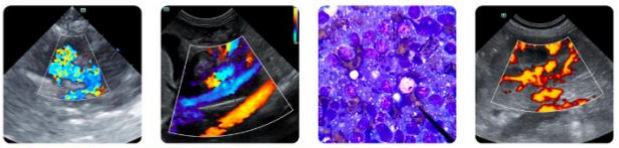
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents moderately enlarged and distended with anechoic bile and contains a moderate amount of aggregated echogenic debris. Diffusely, the gallbladder wall appears hyperechoic with normal thickness, however, given the appearance of the gallbladder, disease such as bacterial cholangitis should be considered.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

Diffusely, the pancreas is hyperechoic and enlarged at 2.0 cm in width and has an overall nodular echotexture.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. Scant pockets of free fluid were noted throughout the abdomen.

On cardiac images provided, a scant amount of pericardial effusion is present. Recommend echocardiogram to further evaluate for possible cardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Empty urinary bladder with trigonal lesion.
- Suspect chronic kidney disease.
- Edematous pancreas.
- Scant abdominal free fluid.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend rechecking trigonal lesion via ultrasound to determine if it remains present once the bladder is fuller of urine. If this lesion remains present with a fuller urinary bladder, consider possible transitional cell carcinoma and submit BRAF test.

Given patient's significant azotemia, recommend urinalysis to determine if azotemia is renal versus pre-renal. If active urine sediment, recommend urine culture and antibiotic sensitivity. Given the appearance of both kidneys, there is some concern for chronic kidney disease, however, it would be important to first determine underlying cause of patient's current illness and then once patient is stable and recovered from current illness, recommend full staging, monitoring and managing per international renal interest society guidelines. Recommend testing for leptospirosis if this has not been performed.

The pancreas appears to be edematous however, a recent cPLI was performed and found to be normal. The significance of this finding at this time given the normal cPLI is unknown.

Recommend FNA of gallbladder and submitting bile for aerobic/anaerobic bacterial culture and for cytology. If owners elect not to pursue this procedure, consider treating with an antibiotic such as doxycycline for 30 days and rechecking appearance of gallbladder as well as ursodiol at 15 mg/kg by mouth split into two daily doses. If possible, obtain a ultrasound guided abdominal fluid sample from one of the pockets of fluid within the abdomen and submit for fluid analysis and cytology.

Ultimately, if no causes identify for the elevated liver values, liver biopsy will be recommended. Given that the patient is reportedly Anaplasma and Lyme positive, recommend obtaining blood pressure to determine if hypertension is present. Also recommend screening the patient for proteinuria. If quiet urine sentiment is present, recommend submitting UPC.

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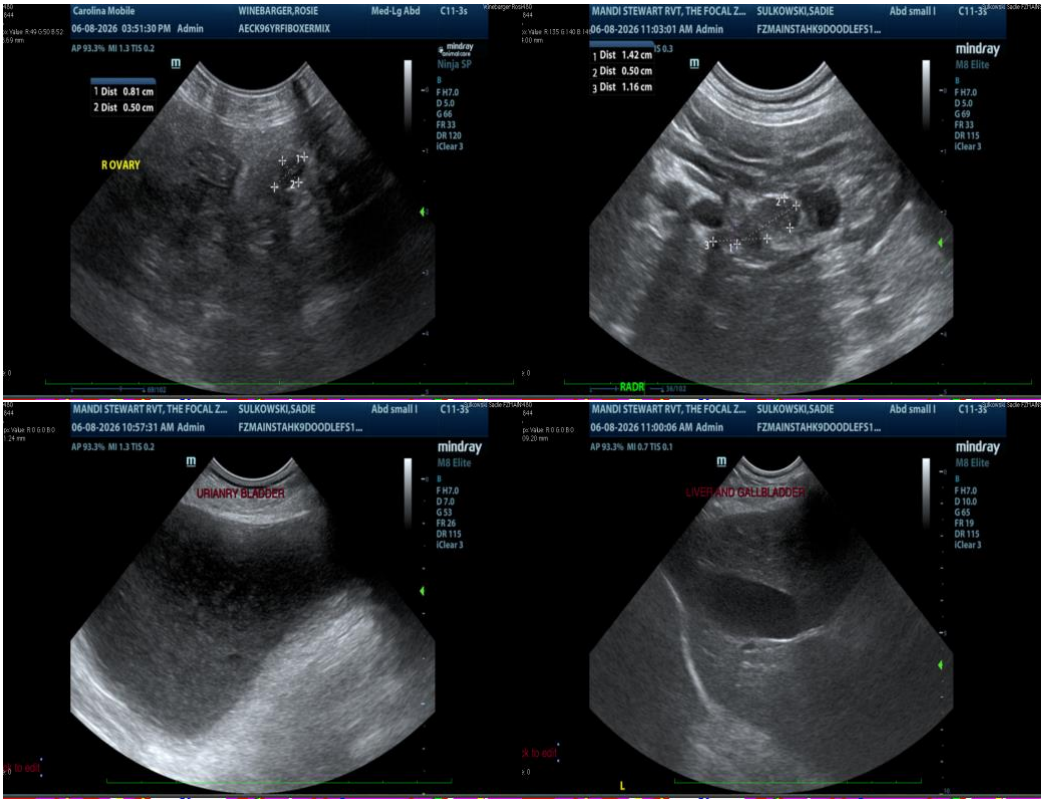

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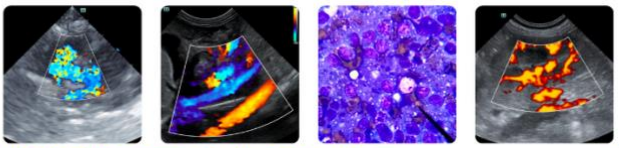

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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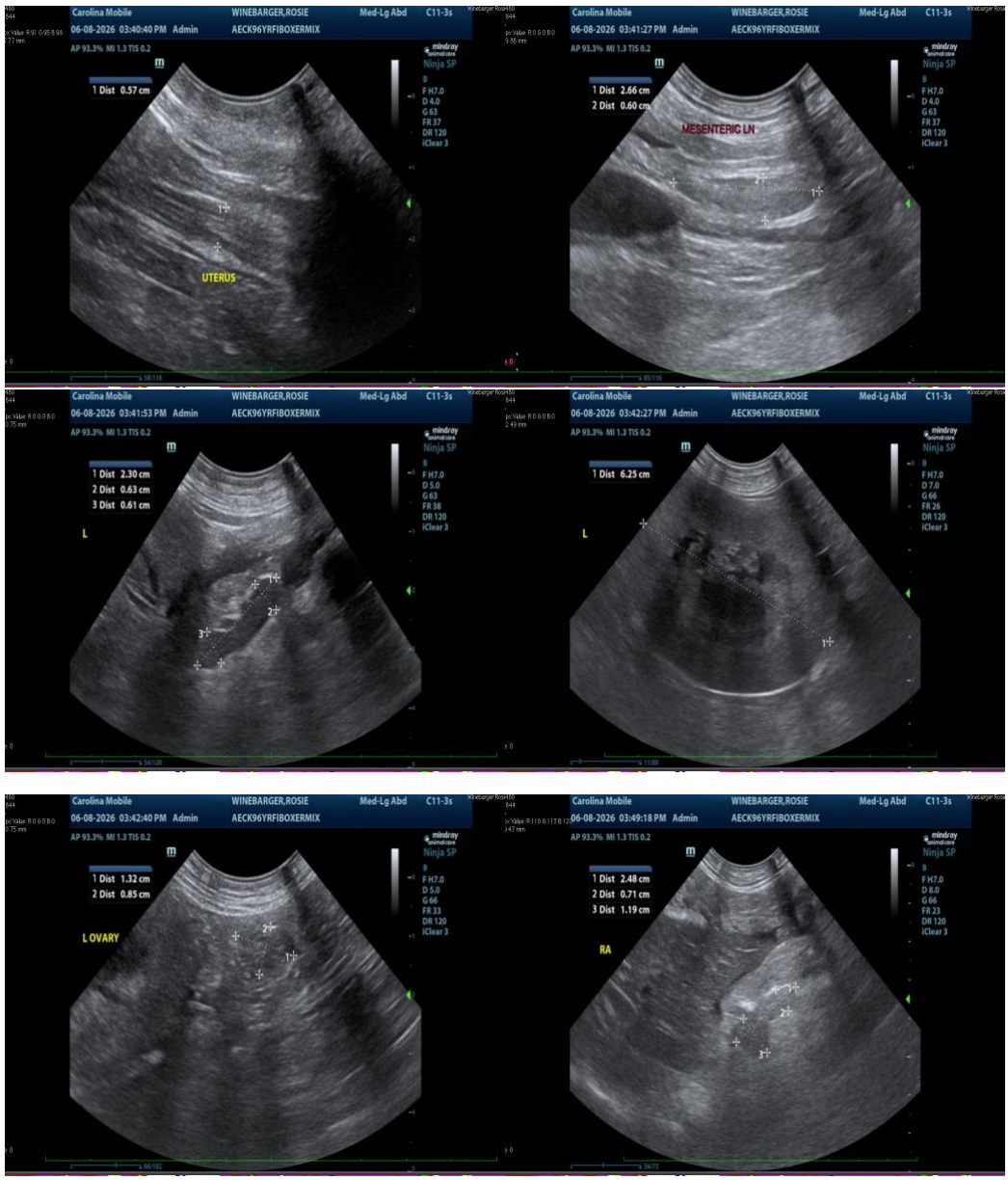
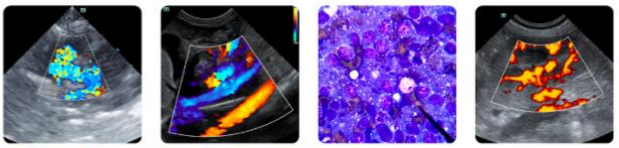


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com



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