



PATIENT

Nellie Osborne

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

6 Years

WEIGHT

87.2 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Konegger

INVOICE

75340

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Patient has had several days of malaise, inappetence, and abnormal breathing - temp was 104 yesterday BodyScore 9 7 - Moderate Overwt. Temp 102.2, Pulse 132, Resp pant, Muc Memb Pink/Healthy, CRT <2 sec, Alert BAR, Started yesterday: Famotidine, Prednisone, Doxycycline, Gui Pi Tang (herbal medication).

Abnormal PE/Chem/CBC/UA Results: PLT - 32 K/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 7.53 cm. Right kidney measured 7.77 cm.

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 acceptable. Left measured 3.53 cm x 0.61 cm x 0.56 cm. Right measured 1.14 cm x 0.81 cm x 1.14 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.



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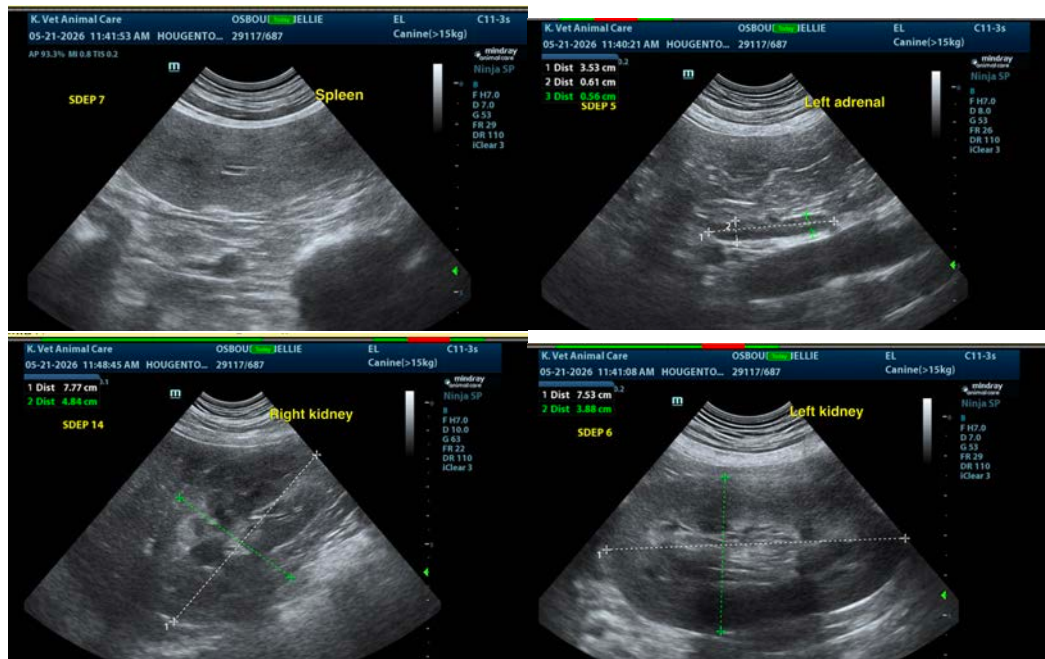
5/21/26

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a normal abdomen with no evidence of changes that would be supportive of underlying neoplasia such as hemangiosarcoma or lymphoma. Since this patient has dramatic thrombocytopenia, it is important that a 4dx or full tick panel has been performed, although this patient is currently on Doxycycline and Prednisone. It is thought that likely thrombocytopenia is either secondary to immune mediated disease or possibly underlying tick borne disease. Careful monitoring of recheck CBCs to ensure that there is good response to therapy is recommended.





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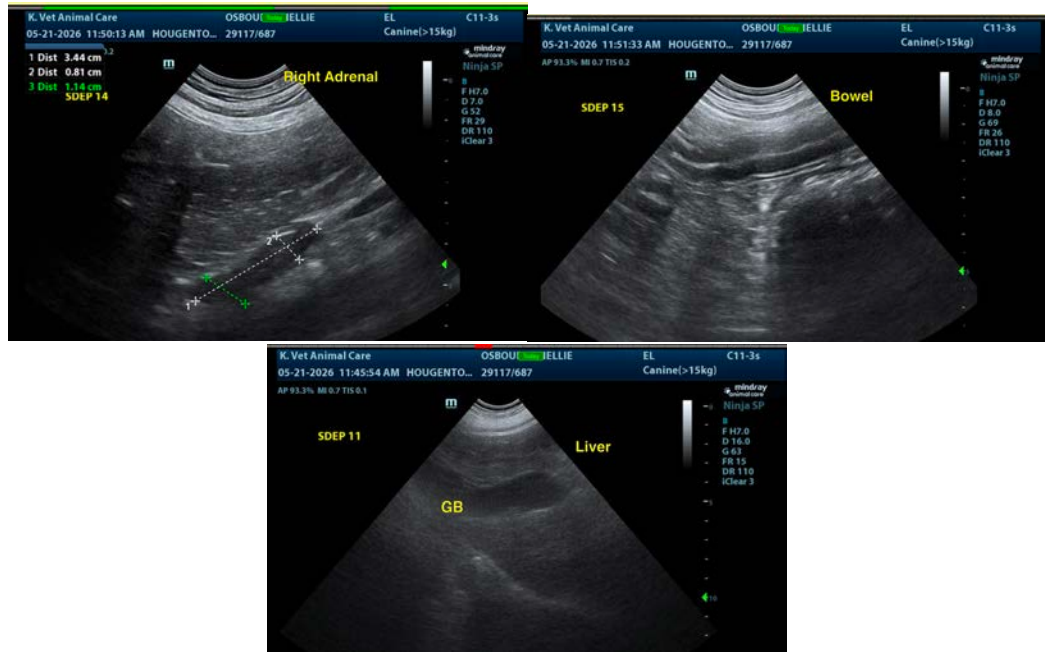
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com