



PATIENT

Cleo Hostetter

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

6.5 Years

WEIGHT

38.9 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

16437

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Presented Sunday 6/7 at 9a for NPO 6 days and nauseous. Went to rDVM Monday for lethargy, ADR and decreased appetite. O administered Pepto Bismol on Monday and Tuesday. She tested positive for Lyme dz and Anaplasma. O administered 1/2 dose of flea and tick prevention on Wednesday PE: EENT/oral: pale pink/icteric slightly moist mm, crt <2s Abd: Full, tense cranial abdomen. Integ: Healthy coat; shaved abdomen, icteric

HAEC Intake PCV/TS: 17/5.8, icterus CBC: RBC 1.61 (L), Hct 16.4 (L), Hgb 4.4 (L), MCV 101.9 (L), MCH 27.3 (L), MCHC 26.8 (L), RDW 23.0 (L), Spherocytes and schistocytes present, Retic 230.7 (H), Rtc Hgb 30.6 (H), WBC 27.58 (H), Lymph 16.46 (H), Mono 4.87 (H), Plt 50-100k (L) Chem 15: ALT 269 (H), ALP 272 (H), Tbili 7.9 (H) EPOC: Hct 15 (L), Lac 3.84 (H), BE(ecf) -12.1 (L), TCO2 11.5 (L), HCO3 12.1 (L), pCO2 18.1 (L) Urinalysis: USG 1.042, Tbili 3+, protein 2+, Lepto witness: Neg FAST scan: No free fluid, no obvious liver tumors or splenic masses identified, gallbladder identified as unremarkable, unremarkable kidneys, bladder. 6/7 Overnight: BP: 12a- 141/100(110) PCV/TS: 18%/5.8 icteric EPOC: pCO2 23.6 (L) Bicarb 15.7 (L) TCO2 15.0 (L) BE,ECF -8.5 (L) K 3.1 (L) HCT 15 (L)

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. The left kidney measured 7.61 cm. The right kidney measured 7.43 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. The left adrenal gland measured 2.44 cm x 0.48 cm x 0.63 cm. The right adrenal gland measured 2.88 cm x 1.03 cm x 1.03 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** presented with a homogeneous echogenicity and no evidence of discrete masses or nodules. The capsular contour was mildly irregular with a mild degree of hepatomegaly noted. There was a trace volume of free effusion noted around the liver lobes.

The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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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. There was a trace volume of abdominal effusion noted within the abdomen.

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.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with an irregular and mildly rounded hepatic capsular contour.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have evidence of discrete masses or enlarged lymph nodes. There was no evidence to support a hepatic or post-hepatic cause for the icterus. Elevated total bilirubin or anemia noted in this patient. Most likely this is consistent with immune-mediated hemolytic anemia causing a pre-hepatic elevated bilirubin and secondary icterus. It is recommended to treat this patient for immune-mediated hemolytic anemia. Based upon the positive Lymes and Anaplasma status, treatment with doxycycline is also recommended. If there is not a response to therapy as expected, then a fine needle aspirate of the hepatic parenchyma can be considered.





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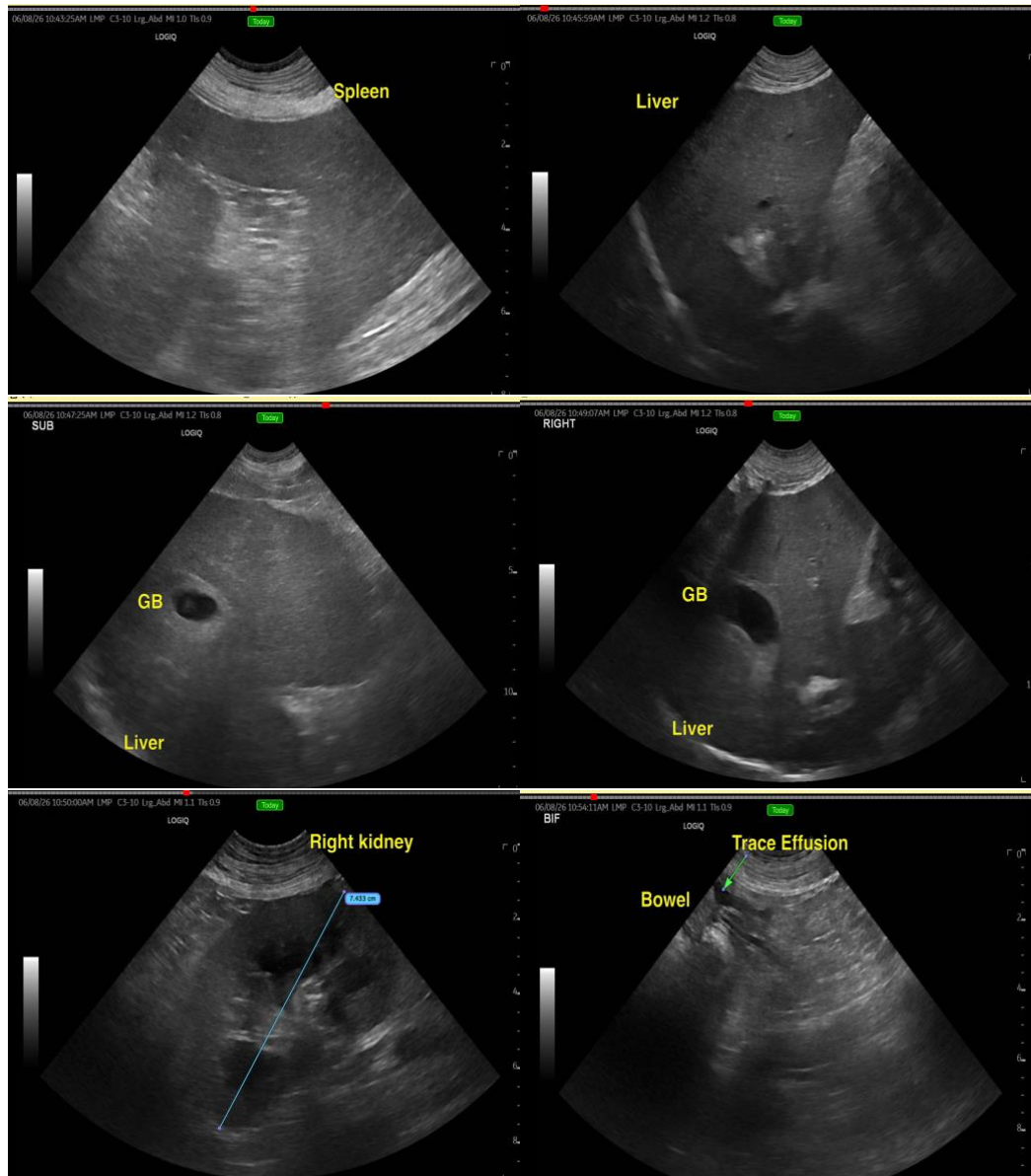
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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