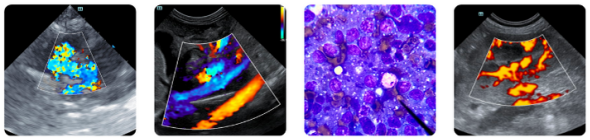


PATIENT

Boomer Copeland

SPECIES

Canine

BREED

Blue Heeler

SEX

Neutered Male

AGE

14 years

WEIGHT

40.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Jessica Boudreaux-Milligan

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dr. Rachel Bouton

INVOICE

11186

DATE

1/28/2026

PRESENTING CLINICAL SIGNS

- Patient presented with anemia, lethargy, and anorexia to area ER recently.

Abnormal PE/Chem/CBC/UA Results: 1-25-26: RBC 5.4, HCT 32.2, Hgb 11.6, MCV 59.6, retic Hgb 20.3, WBC 2.28, neut 0.21 (bands suspected), MPV 1.54. Chloride 108, glob 5.1, ALP 284.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.03 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.6 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

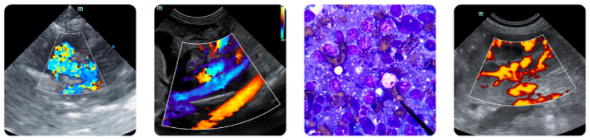
The right adrenal gland is normal in size measuring 0.83 cm at the cranial pole and 0.54 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.84 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Some of the debris appears mildly mineralized with a soft shadow, most consistent with mineralized debris or small choleliths. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mild to moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. Gastric contents are mobile and there's no evidence of an apparent obstruction at this time.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.46 cm in wall thickness) and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There are occasional areas of small intestine which have soft shadowing material and gas with no evidence of an obstructive pattern, most consistent with passing ingesta.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. An iliac lymph node is prominent measuring 0.67 cm in width. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris with some mineralized debris/small choleliths.
- Mild/moderate fluid, gas, shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or partial outflow tract obstruction (none visualized.)
- Occasional non-obstructive shadowing material visualized within the small intestine. Findings could be consistent with passing ingesta. No evidence of an obstruction is visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for the symptoms described is not clearly visualized. The liver is large and heterogenous. This could be consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If there's concern for a more significant hepatopathy, you could consider a liver function test

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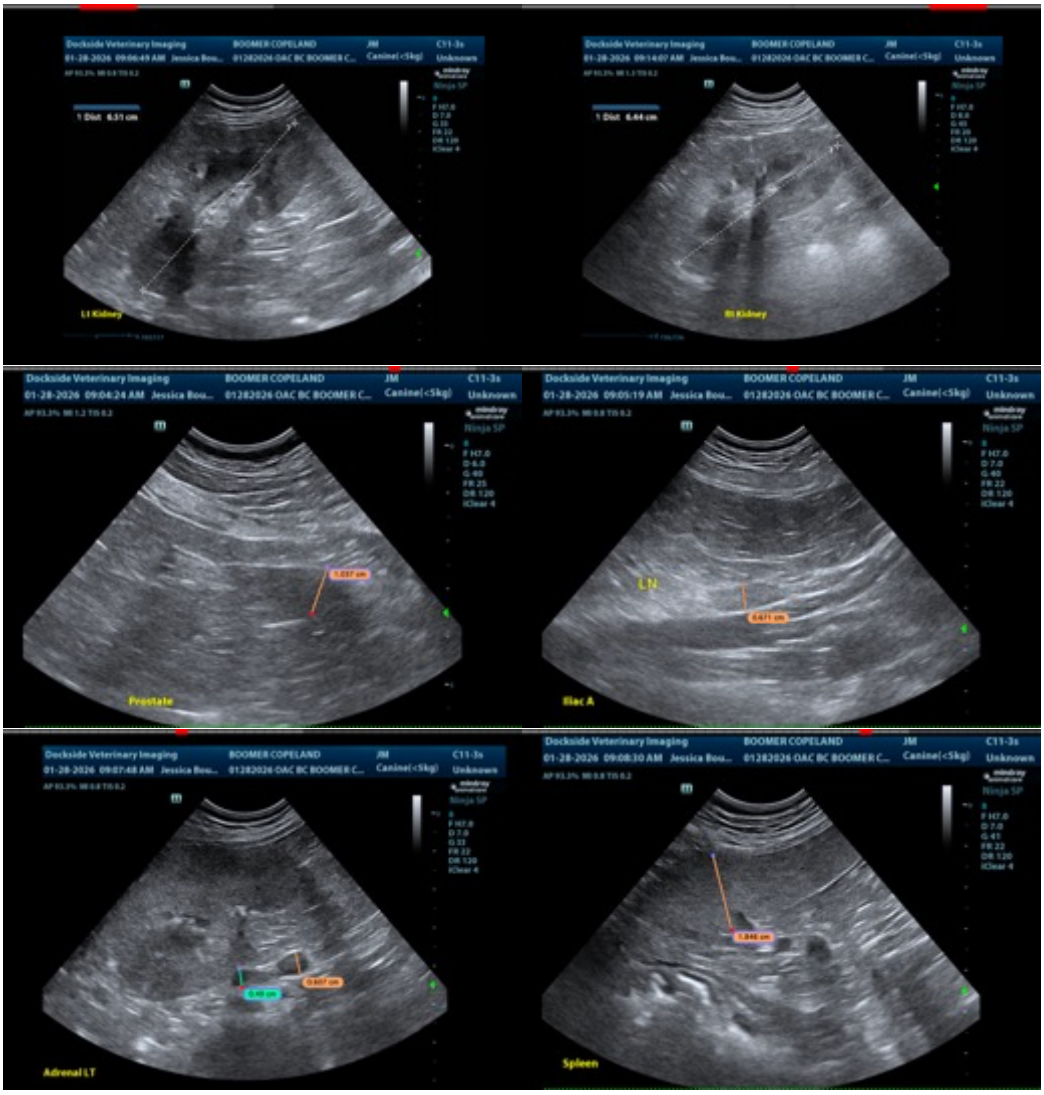
and a fine needle aspirate of the liver (provided coagulation parameters are normal.

There's a small amount of shadowing debris, and fluid visualized within the gastric lumen. Motility subjectively appears mildly increased. Corelate with the feeding history. This is likely consistent with a post prandial patient, but ileus (non-productive motility), etc. or similar cannot be ruled out. Ingested foreign material seems unlikely but cannot be definitively ruled out.

Based on the attached lab work, there's a pancytopenia present. Consider reevaluation and a pathologist review as this could be a pertinent finding.



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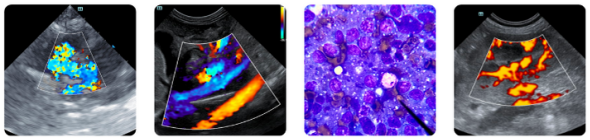

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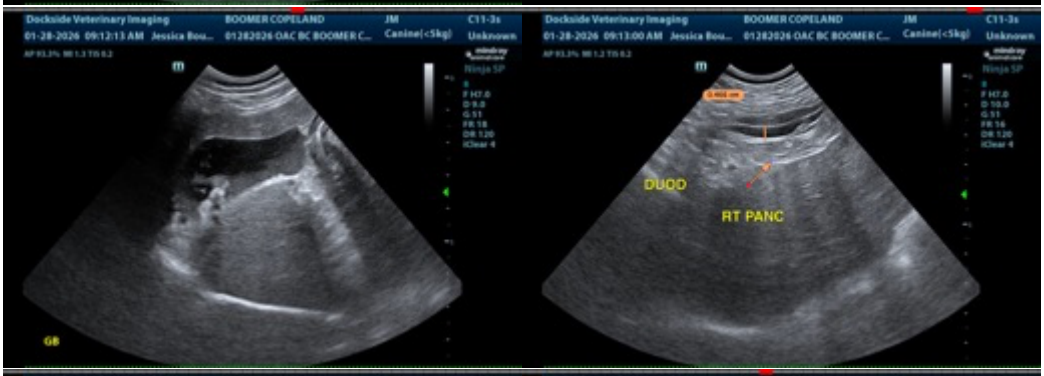

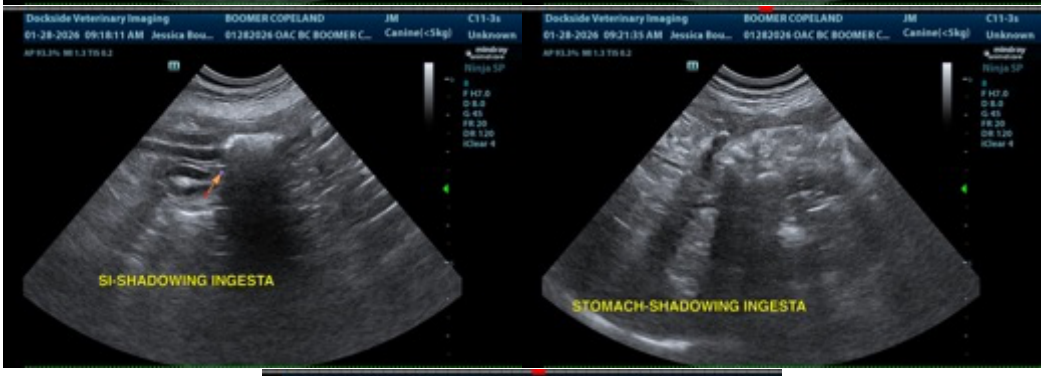

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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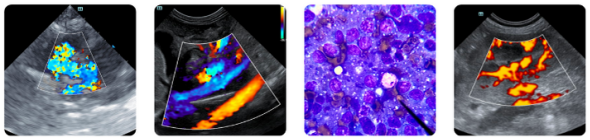

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com