



**DATE PRESENTING CLINICAL SIGNS**

05/13/26 Patient History: Daisy presents for progressive anemia Patient History: - Seen by Dr. Strong at Homeward Bound on Sunday for anemia

**PATIENT** Current Medications: Doxycycline, Prednisone, Clopidogrel, Ondansetron, Protonix.  
Labwork Results: Labwork attached.

Daisy Adams Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IV Propofol required to complete full diagnostic ultrasound.  
Stat Report: STAT requested.

**SPECIES** Imaging Performed by: Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Rottweiler Mix

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**SEX**

Spayed Female

The left kidney has a normal shape and size (7.36 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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. There is a large cortical cyst in the caudal pole measuring 2.45 cm in diameter.

**AGE**

05/12/17

**WEIGHT**

98.8 lbs

The right kidney has a normal shape and size (7.25 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

**INTERPRETED BY**

**Adrenal Glands**

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

The left adrenal gland is normal in size measuring 0.7 cm at the cranial pole and 0.69 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

The right adrenal gland is normal in size measuring 0.91 cm at the cranial pole and 0.76 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.

**REFERRING VET**

**Spleen**

Dr. Shannahan

The spleen is subjectively normal in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measures 3.21 cm.

**INVOICE**

**Liver**

16144

The liver is subjectively large in size, and 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

The gall bladder lumen is moderately distended. The wall of the gall bladder is thickened measuring 0.37 cm. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains moderate fluid/shadowing ingesta. The gastric wall is prominent and measures 0.77 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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 (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2 - 0.47 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of 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, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

### ***Other***

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

## **ULTRASONOGRAPHIC FINDINGS**

- Age-related changes associated with both kidneys with large left kidney cortical cyst.
- Mottled spleen- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large hyperechoic 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.
- Thickened gallbladder wall- findings are suggestive of edema, secondary to hypoxia, mild cholecystitis is possible.

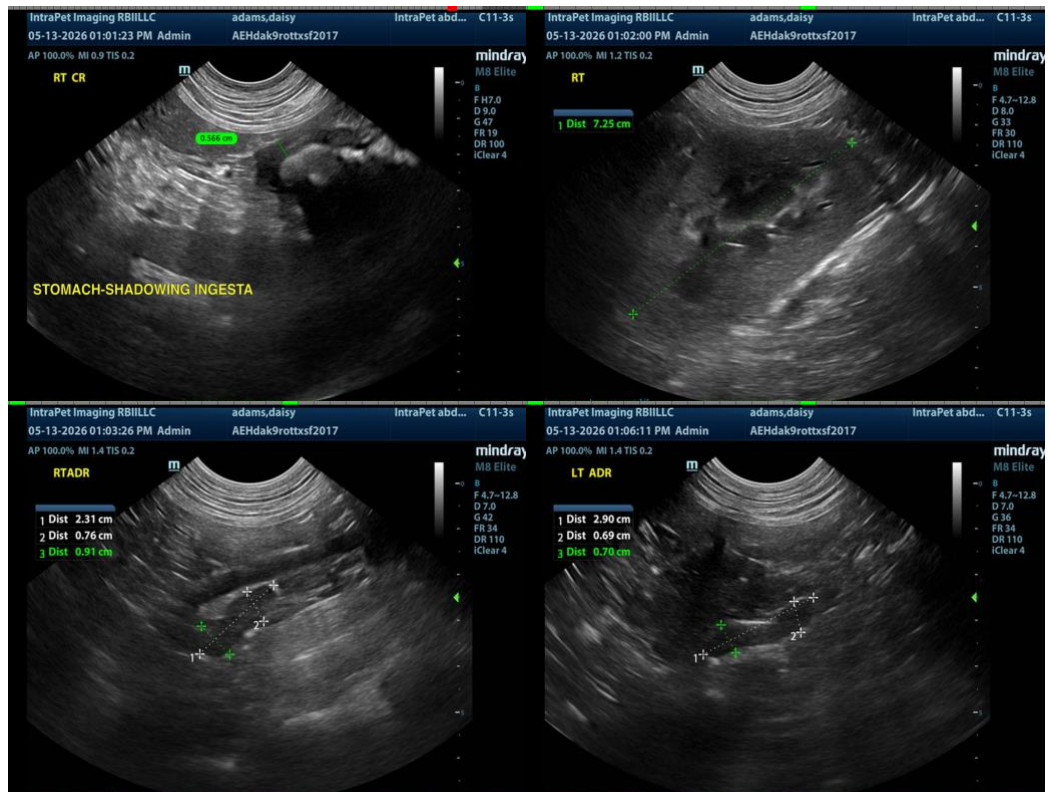
- Borderline thick gastric wall with intact wall layering and moderate fluid/ingesta- correlate with the feeding history. If the patient is adequately fasted, this could represent gastric ileus +/- mild gastritis

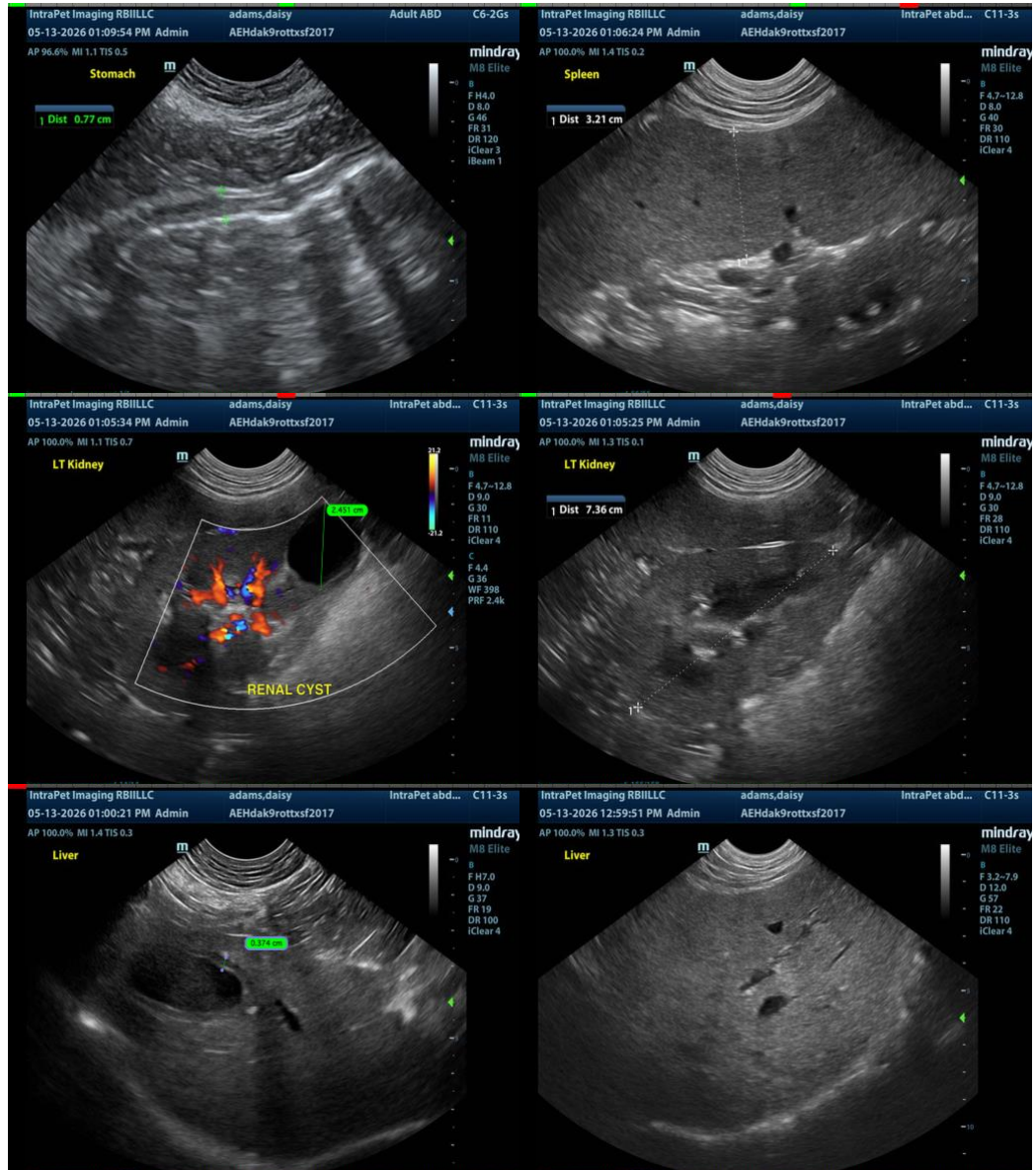
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's no evidence of significant free fluid suggesting hemoabdomen or similar. No focal mass lesions are observed. The spleen appears somewhat mottled. Consider a fine needle aspirate to further evaluate.

The stomach is mildly fluid distended with some shadowing ingesta. This could represent gastric ileus or less likely, retained foreign ingesta, etc. Recommend continued monitoring +/- radiographs, looking for any evidence of radiopaque material, etc.

If not already done, recommend a pathologist review of the blood smear, looking for evidence of regenerative, atypical cells, hemoparasites, etc. Additionally, looking for evidence of spherocytes or indicators of potential autoimmune disease, as this will help to steer additional diagnostics and therapeutics.





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.

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

info@sonopath.com

