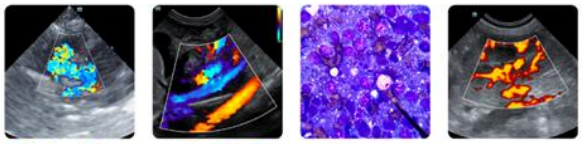


PATIENT

Bernadette Kennedy

SPECIES

Canine

BREED

English Mastiff

SEX

FS

AGE

5yr

WEIGHT

120.8lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Aaron Lucas DVM

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Ashleigh Bisset DVM

INVOICE
24319

DATE
03/27/2026

PRESENTING CLINICAL SIGNS

- Dec 2025: patient presented for annual exam, no concerns. BW revealed platelet count of 13, glob 4.1. This was confirmed a few days after with a platelet count of 17. No evidence of hemorrhage in P.
  - -Started on Prednisone 50 mg BID for four weeks and platelet counts returned to normal.
- In late Feb 2026 attempted to taper to 40 mg BID and platelets dropped from 298 to 184. Patient was to stay on 40 mg BID for another two weeks and platelets dropped to 130, RBC 5.49, HCT 39.6, hemoglobin 14.5.
  - Abnormal PE/Chem/CBC/UA Results: -Immune Mediated Thrombocytopenia Most recent liver values: ALT 642, ALP 1,673 - Patient currently moved back up to 50 mg Prednisone BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.7 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left /right adrenal glands were not definitively visualized, likely owing to suppression secondary to steroid therapy.

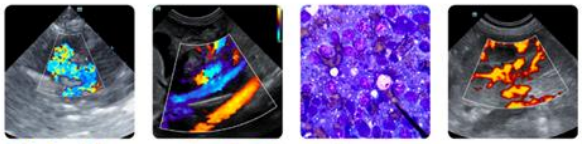
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. Emerging non-obstructive splenic vein thrombus was present.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with peripheral lumen hyperechoic sludge to mineral. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact borderline thickened wall with mild retained fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Hyperechoic to mineralized peripheral lumen gallbladder debris
- Sonographically normal spleen with emerging splenic vein thrombus
- Borderline thickened mildly hypomotile stomach, sonographically normal small intestine
- Non-visualized adrenal glands, likely secondary to suppression

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most suggestive of benign criteria, i.e. vacuolar or steroid hepatopathy given current medical protocol, inflammation, non-affective cholestasis or other with occult hepatic neoplasia thought less likely. Suspect mild gastritis without overt evidence of ulceration. Coagulation profile and consideration for antithrombotic medication with monitoring of the splenic vein thrombus is recommended. Infectious disease serology or empirical therapy for infectious thrombocytopenia may be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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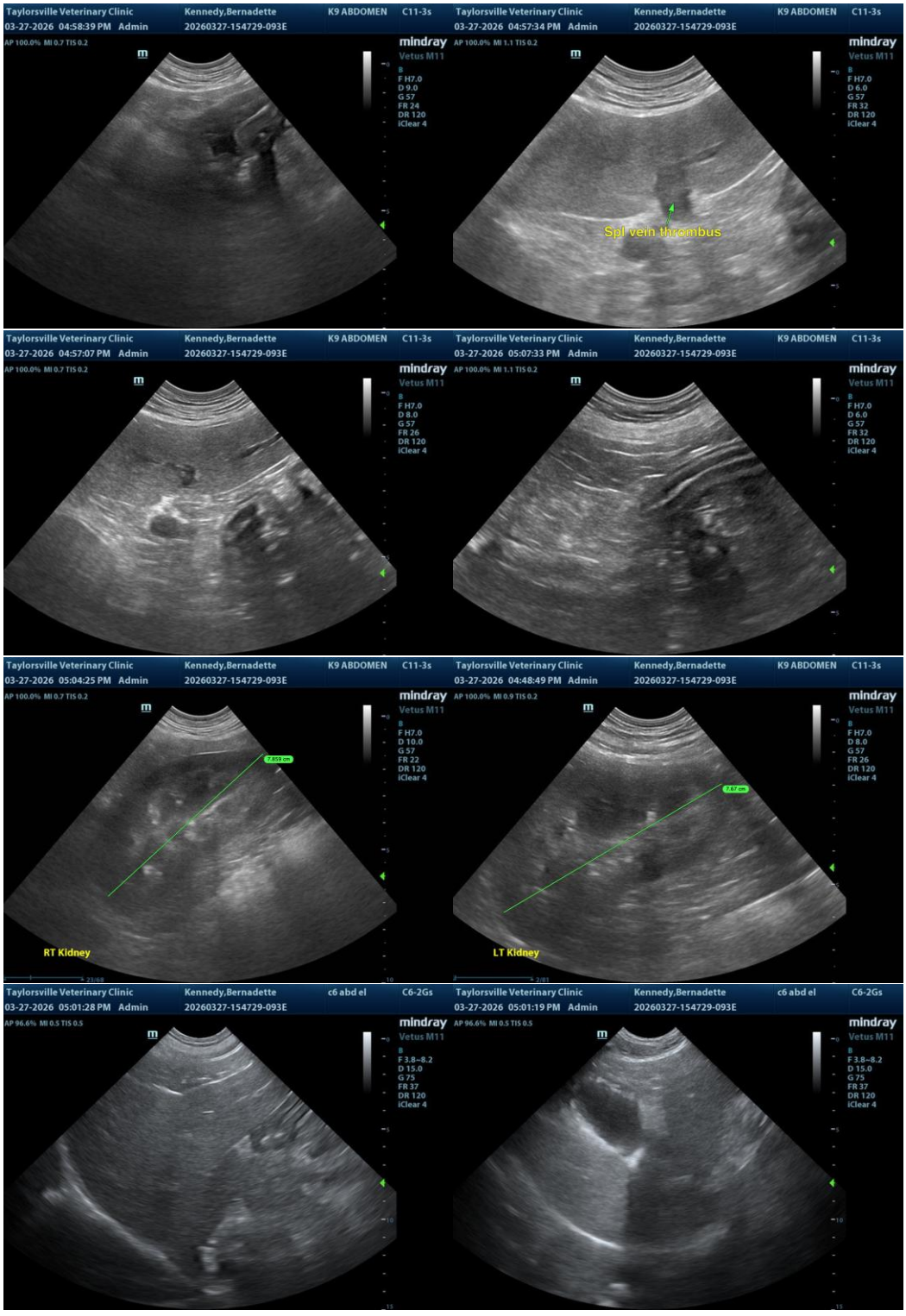
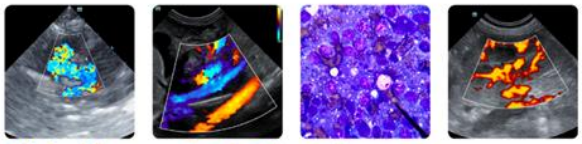


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com