



## PATIENT

River Huneycutt

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

19.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Rachel South DVM

## HOSPITAL NAME

River Valley Animal  
Hospital

## REFERRING VET

Trevor South DVM

## INVOICE

15321

## DATE

04/21/26

## PRESENTING CLINICAL SIGNS

P originally presented on 4/17 for lethargy and gingival pallor according to the O (no vomiting or diarrhea). At that time bloodwork showed a thrombocytopenia (108k) and a mildly decreased BUN. P started on Prednisone for possible IMTP. P rechecked on 4/20 with no major improvement and a temperature of 104.5; platelet count at that time 138k. Radiographs showed a potential very small metallic wire like object in cranial abdomen. Elected abdominal ultrasound to further assess abdomen and rule out any other possible underlying disease.

Abnormal PE/Chem/CBC/UA Results: Bloodwork today 4/21/26: CBC: thrombocytopenia (103k), decreased reticulocyte count, rest unremarkable Chem: mild hyperglycemia, hypochloremia, elevated pancreatic lipase Lactate: 1.2 Fever unknown origin panel pending with Idexx.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.6 cm in length. The right kidney measured 4.9 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole.

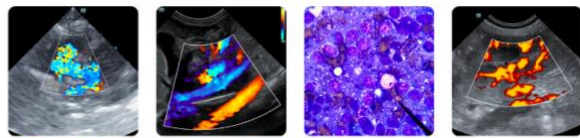
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

### *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. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver & Gallbladder*

The liver presented borderline 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.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained echogenic fluid and lumen gas with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with no distention containing soft fecal matter.

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

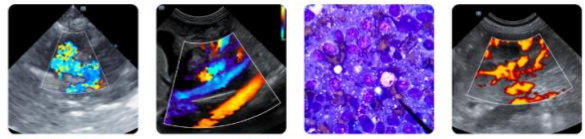
- Sonographically normal gastrointestinal tract with soft fecal matter in colon.
- Normal area of the pancreas.
- Borderline hepatomegaly- consistent with benign criteria and likely consistent with steroid therapy.
- Mild gallbladder debris (non-mucocele).
- Normal spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visceral pathology as a definitive cause of the patient's fever and thrombocytopenia including no evidence of neoplastic criteria. Monitoring for soft stool or diarrhea going forward is advised with potential for fresh fecal analysis or GI panel, if more progressive gastrointestinal signs or weight loss is recommended, Hepatosupportive medications may prove beneficial. A definitive small intra-abdominal metal opacity was not definitively visualized. Correlation with recheck thoraco-abdominal radiographs and pending diagnostics is recommended.

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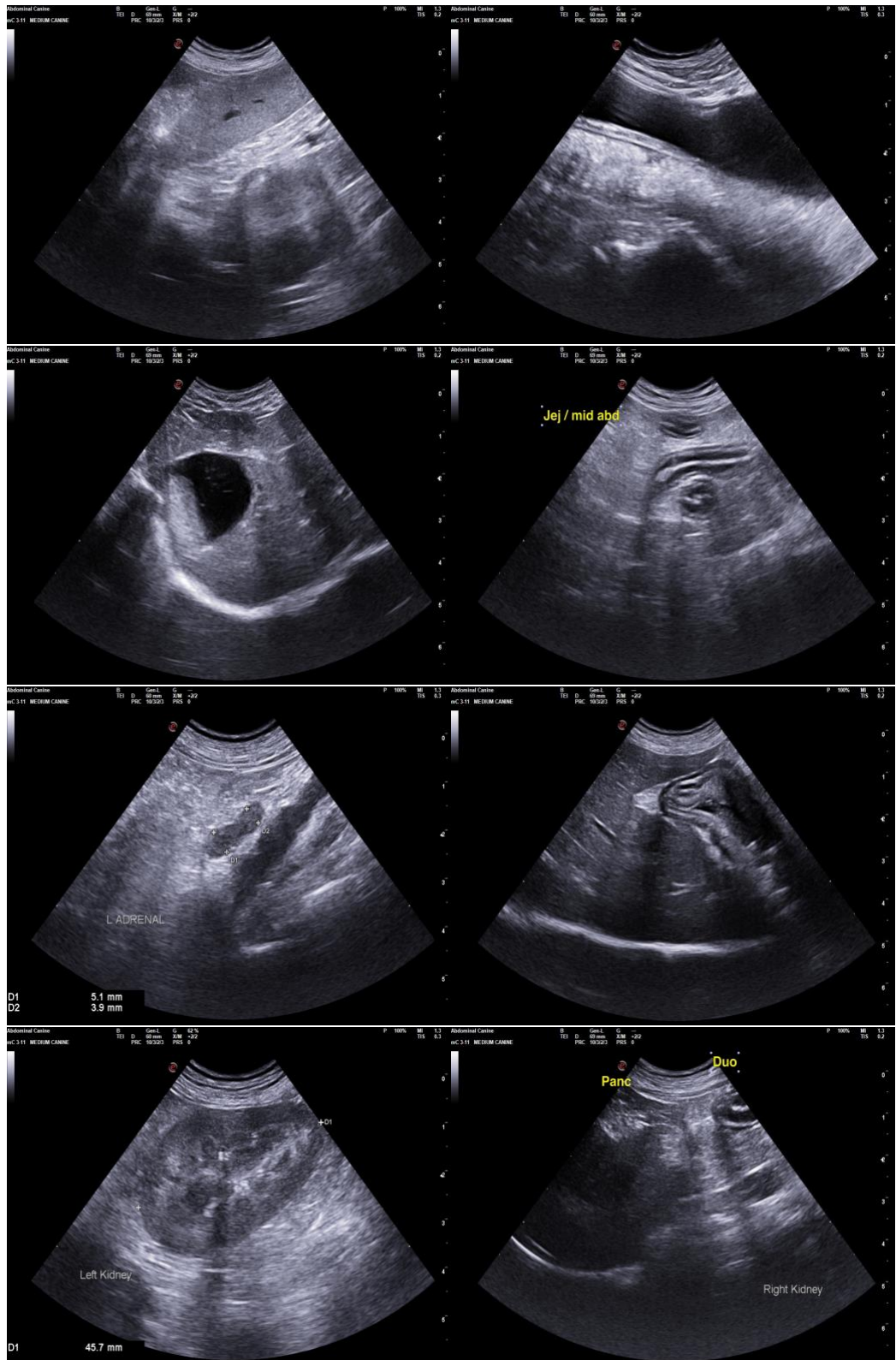
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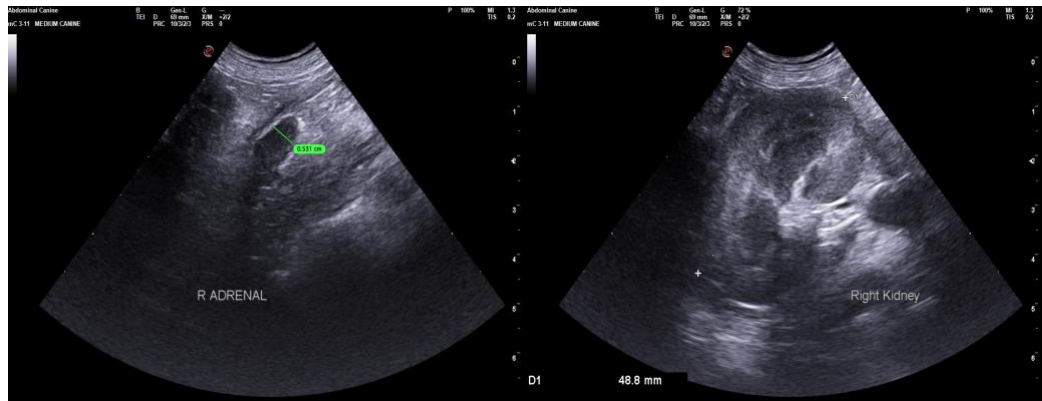
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)