



PATIENT

Porscha Beckley

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Angstrom

INVOICE

16205

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 3/20/26: Patient presented with petechiation and ecchymotic hemorrhages on the ventral abdomen, with additional lesions noted beneath the fur on the dorsum. Lesions were first observed foIVCwing a grooming appointment approximately 3 days prior. Findings were consistent with suspected IMTP, and further investigation into the underlying cause is recommended. Patient was started on doxycycline, melatonin, and prednisone. Petechiation resolved within 3 days of initiating prednisone therapy. 5/11/26: 5/11/26: Patient evaluated for bloody diarrhea/hematochezia. Differential diagnoses discussed included dietary indiscretion, parasitic infection, stress colitis, bacterial enterocolitis, intestinal dysbiosis, and pancreatitis, among others. FortiFlora and metronidazole were initiated. ABNORMAL Labwork Values: 3/20/26: severe thrombocytopenia, 30* K/μL otherwise WNL. Lab 4Dx - Neg. for Ehrlichia, Anaplasma, Lyme and HW. 3/27/26 685 K/μL 4/28/26 481 K/μL 5/11/26 PLT 442 K/μL. mild non-regenerative anemia (39.8%) and mild neutrophilia/monocytosis. Fecal negative. Current Medications: Prednisone 15mg PO SID AM, Fortiflora 1packet SID, Metronidazole 250mg PO BID. Radiographic Findings N/A Notes to Specialist (if any) Underlying cause for IMTP

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses or distal aortic thrombus.

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 5.0 cm in length. The right kidney measured 5.5 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 0.51 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 0.51 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with mild heterogeneous splenic parenchyma. No mass or nodules were evident.

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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta consistent with food echogenicity, without signs of 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. The colon was non-distended in size containing semi formed to soft fecal matter.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar/steroid hepatopathy pattern.
- Normal gastrointestinal tract with semi formed to soft fecal matter in colon.
- Sonographically normal pancreas.
- Normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology such as neoplastic criteria as an obvious cause of the patient's clinical history. CBC pathology review could be considered with continued empirical therapy for non-specific thrombocytopenia/anemia. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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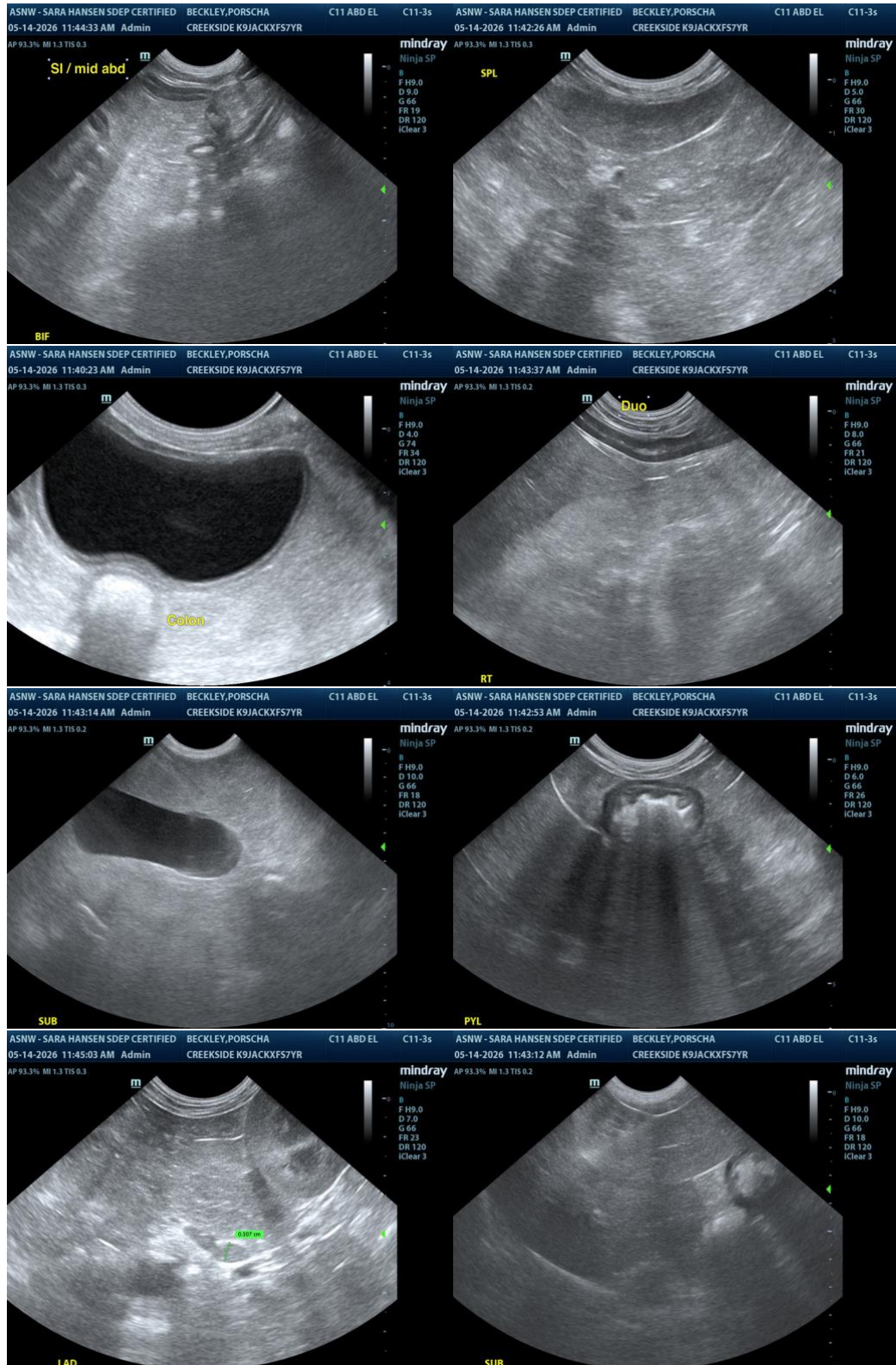
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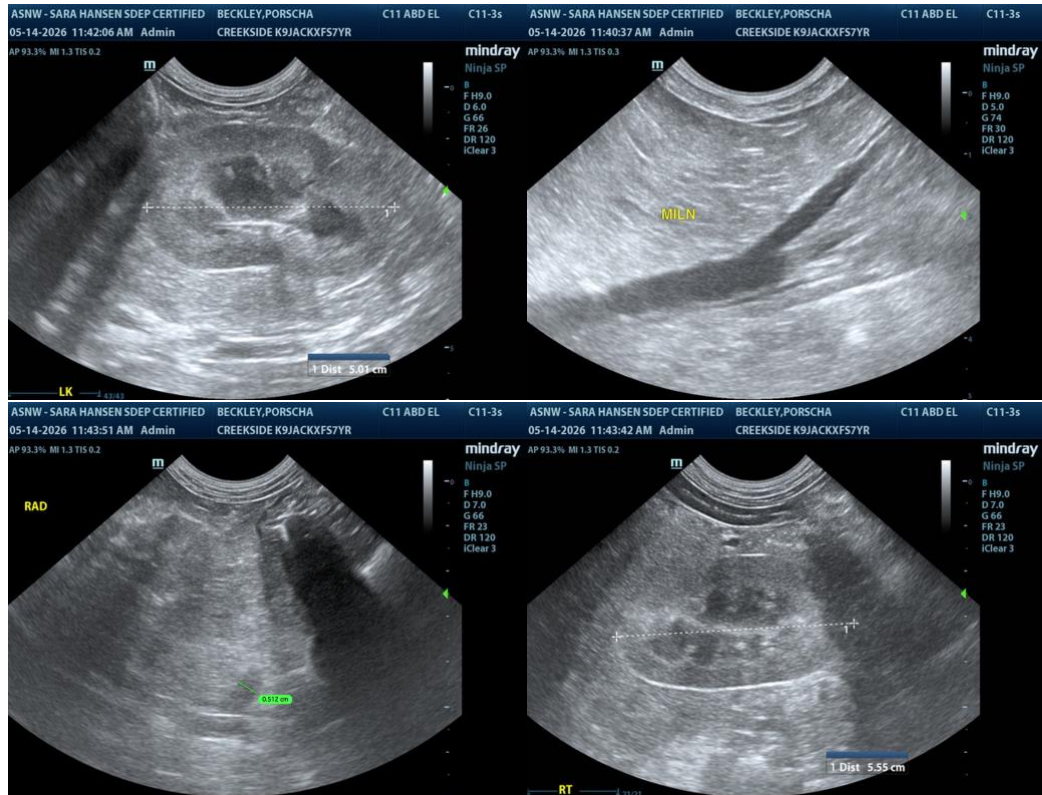
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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