



**PATIENT**

Gibson Loeser

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

3yr

**WEIGHT**

27.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

Sarah Green

**INVOICE**

24931

**DATE**

05/22/2026

**PRESENTING CLINICAL SIGNS**

Presented for second opinion. Diagnosed elsewhere with hemolytic anemia 5/19/26 following acute onset vestibular signs (since resolved) Received a single blood transfusion, started on Prednisone at 2 mg/kg qd. Remains anorexic and lethargic with subdued mentation. No nystagmus or obvious CN abnormalities.

Abnormal PE/Chem/CBC/UA Results: No abnormalities on chemistry performed 5/19/26. PCV was 20% with evidence of regeneration prior to transfusion, leukocytes and platelets WNL. Reported to have been >30% yesterday PCV now 29 %, HLEA - all negative, Lepto Ab negative, PT/ aPTT WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate appeared normal and free of pathology

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 5.5 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.58 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 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized non-dependent debris. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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 mechanical/metabolic ileus, obstruction or foreign material.

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

## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatomegaly consistent with benign / steroid hepatopathy criteria given patient history
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal spleen
- Normal gastrointestinal tract/ area of pancreas
- Normal kidney / adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the benign hepatomegaly, no evidence of visceral pathology as a definitive cause of the patient's anemia or clinical signs. Hepatosupportive medications, if evidence of cholestasis are recommended. Continued empirical therapy for unspecified hemolytic anemia with potential coverage for infectious component, despite diagnostic testing and gastrointestinal support are recommended. A CBC pathology review 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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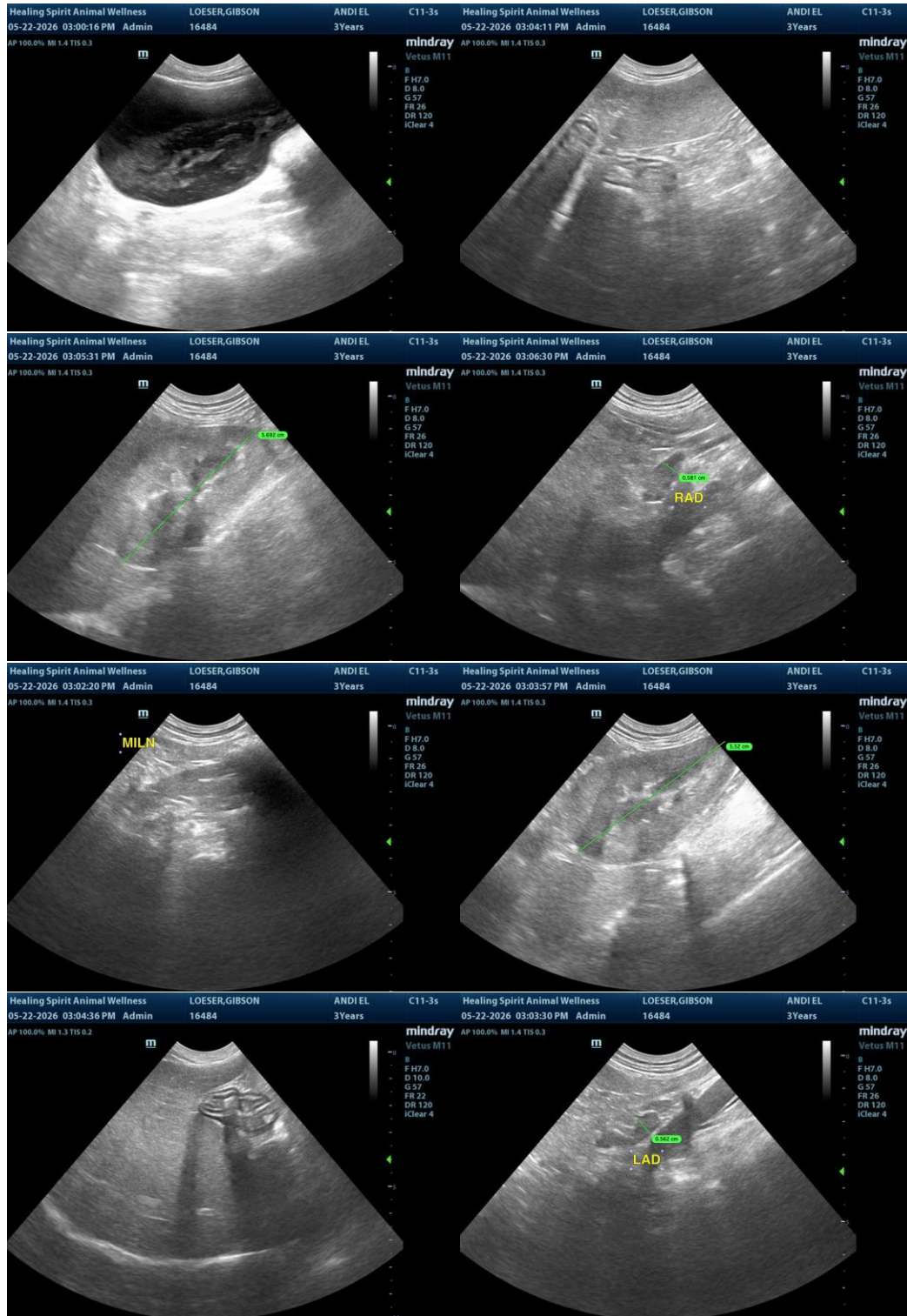
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)