



## PATIENT

Henry Oliphant

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

8Y

## WEIGHT

41kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah  
Barthelemy

## HOSPITAL NAME

Signal Hill Animal  
Hospital

## REFERRING VET

Dr. Sweet

## INVOICE

75182

## DATE

5-27-26

## PRESENTING CLINICAL SIGNS

Presumptive dx IMHA. Currently on prednisone, GI protectants. Poorly responsive so far and it's been approx 5 days since start of meds. Lethargy, significant weight loss  
Abnormal PE/Chem/CBC/JA Results: Severe regenerative anemia- 18% hematocrit Neutrophilia, monocytosis

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART & 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The visualized medial iliac lymph nodes were sonographically normal without inflammatory or neoplastic criteria.

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 7.8 cm in length. The right kidney measured 8.0 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were borderline to mild subnormal size most consistent with steroid therapy. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland measured 0.46 cm width at the caudal pole.

### *Spleen*

The spleen presented subjectively mildly enlarged and 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 subjectively borderline mildly 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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 overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart was normal. Subjective normal left and right chamber dimension and adequate LV systolic function.

## ULTRASONOGRAPHIC FINDINGS

- Borderline/mild hepatomegaly – consistent with steroid/benign hepatomegaly.
- Mild splenomegaly – hyperplasia or hematopoiesis given anemia, splenitis. No overt evidence of splenic neoplastic criteria which is though less likely.
- Sonographically normal gastrointestinal tract.
- Borderline subnormal adrenal glands consistent with steroid therapy.
- Subjective normal cardiac structure/function.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of definitive visceral pathology as an obvious cause of the patient's anemia or significant weight loss. CBC pathology review with concurrent infectious disease serology or empirical therapy for potential infectious component i.e. doxycycline may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs suggested to assess for or rule out nonobvious or occult disease as a contributing factor to the weight loss.

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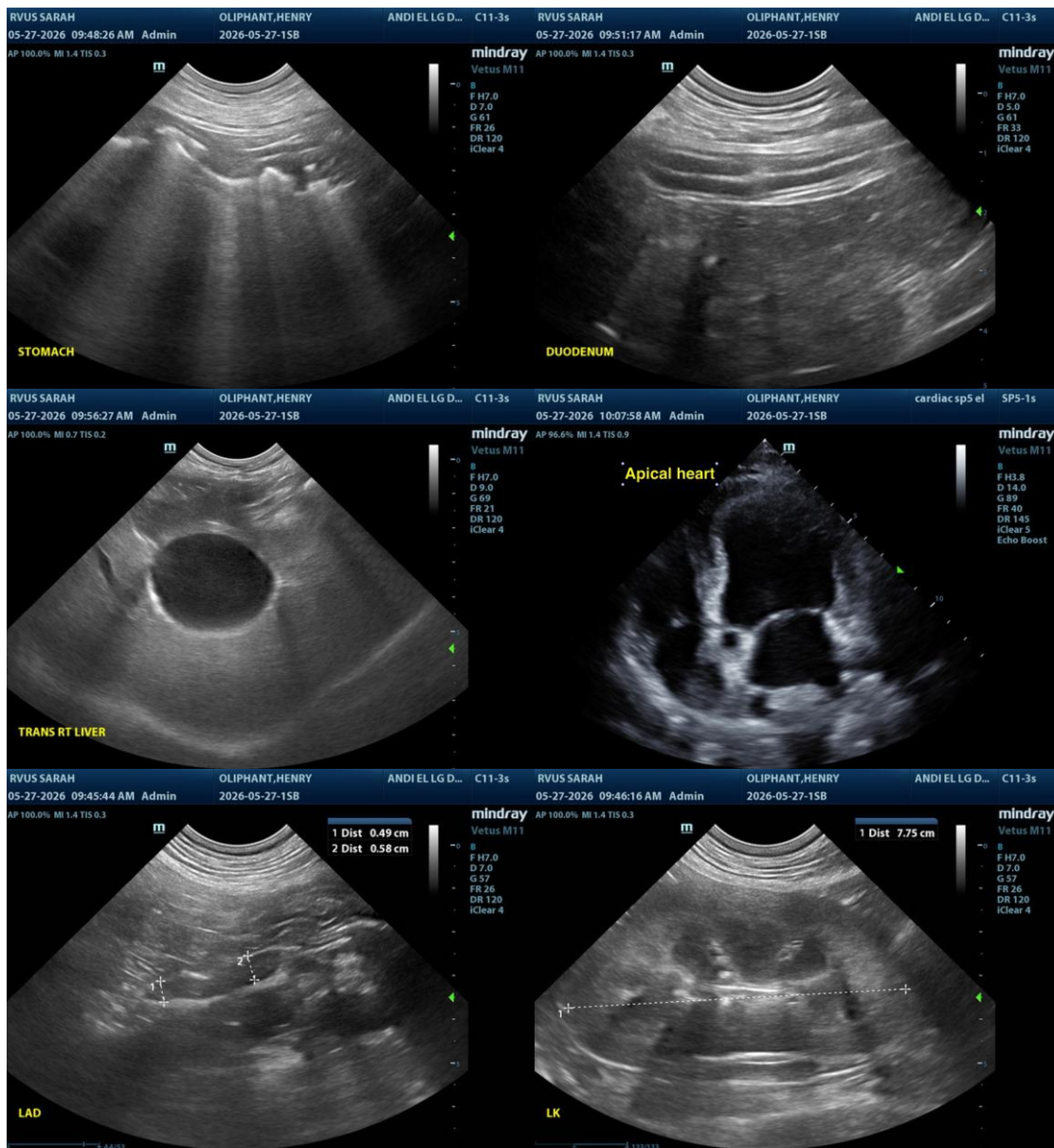
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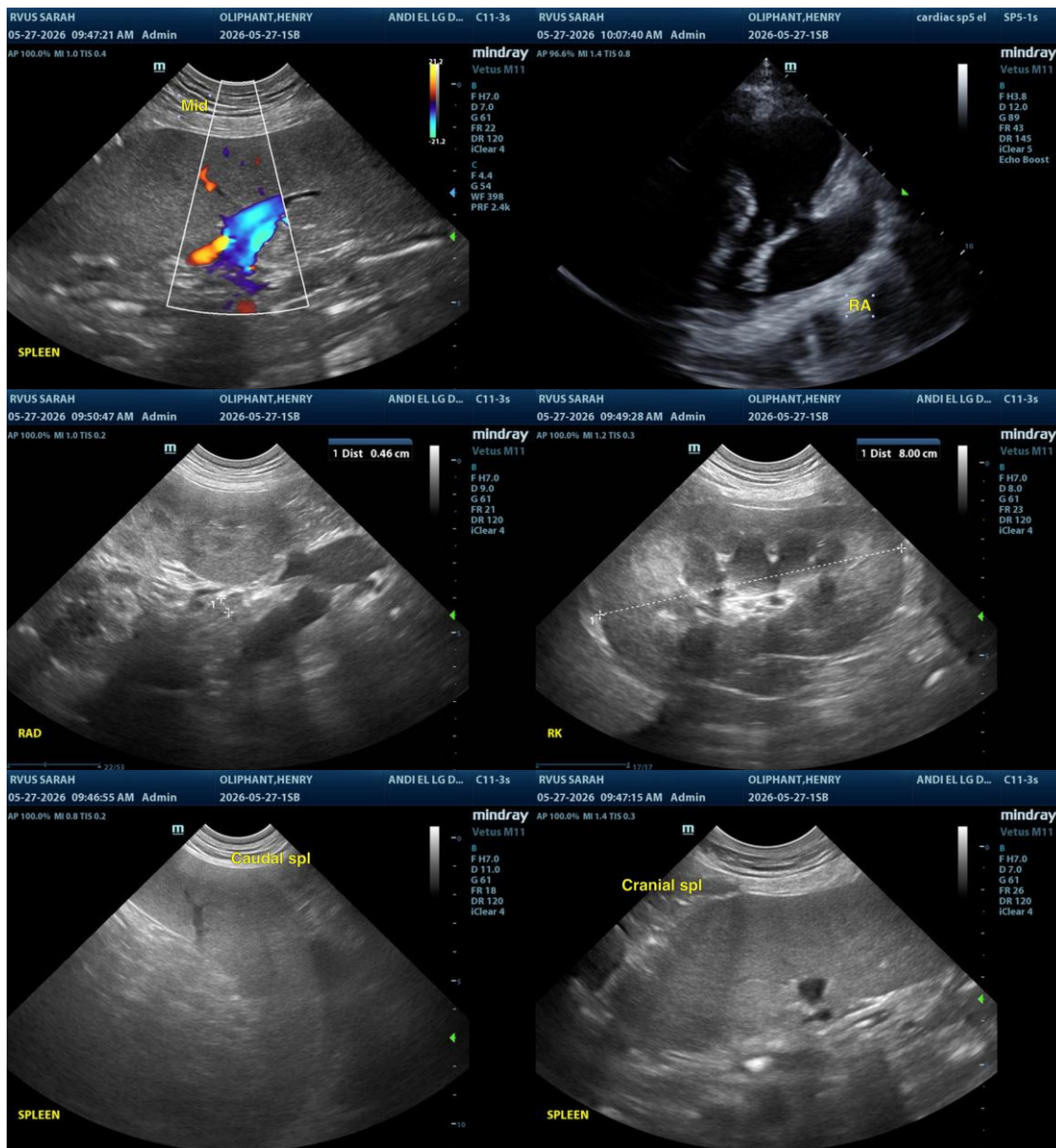
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)