

PATIENT

Frankie DeLorenzo

SPECIES

Canine

BREED

Newfoundland

SEX

F

AGE

4 years

WEIGHT

114 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Epple

INVOICE

10926

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Fever of unknown origin, lethargy. Hx Lyme and Anaplasma positive, R CCL tear.

Current Meds: Ampicillin 1125mg IV TID, BCS 6/9, chest xr Na

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia 12.2. USG: 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

No sonographic evidence of pathology in the area of the uterus dorsal to craniodorsal to the urinary bladder. The area of the left ovary was free of pathology. The right ovary was overtly normal in size, position, and shape, measuring 1.6 cm in diameter.

The area of the iliac trifurcation was 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 7.2 cm in length. The right kidney measured 8.4 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 0.73 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 0.83 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 was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.



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Gastrointestinal

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 were evident.

Free Abdomen

A solitary, minor enlarged hypoechoic lymph node caudal to the left kidney / left adrenal gland was noted with mild surrounding perilymphatic hyperechoic omentum, measuring 0.64 cm in diameter. No additional evidence of omental lymphadenopathy. No evidence of effusion was noted.

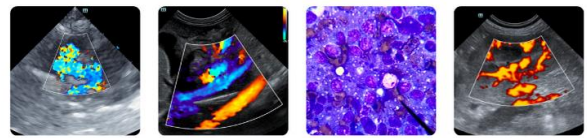
ULTRASONOGRAPHIC FINDINGS

- Normal bilateral kidneys
- Normal liver / spleen
- Normal gastrointestinal tract / area of pancreas
- Solitary, minor perinephric / adrenal lymphadenopathy – suspect reactive hyperplasia or nonspecific lymphadenitis
- Normal right ovary in area of left ovary / uterus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no evidence of visceral pathology as a definitive cause of the patient's fever and clinical history. CBC pathology review and recheck infectious disease serology could be considered. Suspect minor nonspecific focal lymphadenitis. Monitoring the lymph node for evidence of persistence or progression is recommended.

Correlation with three-view chest radiographs and neurological / musculoskeletal exam to assess for non-abdominal or occult pathology as a contributing factor is recommended. Monitoring of urinalysis for persistent decreased urine specific gravity or evidence of renal disease, i.e., proteinuria, given patient history, is recommended.



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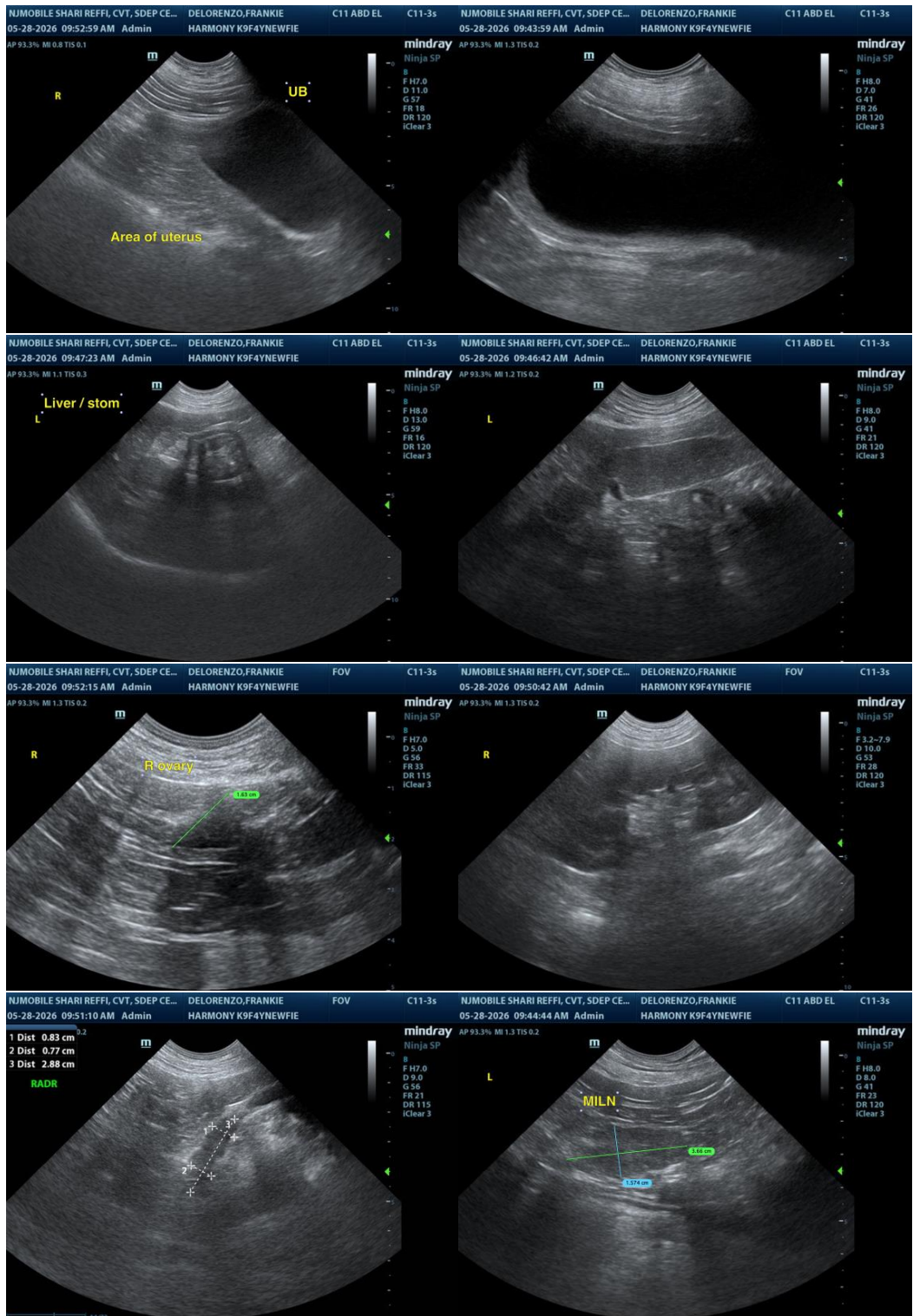
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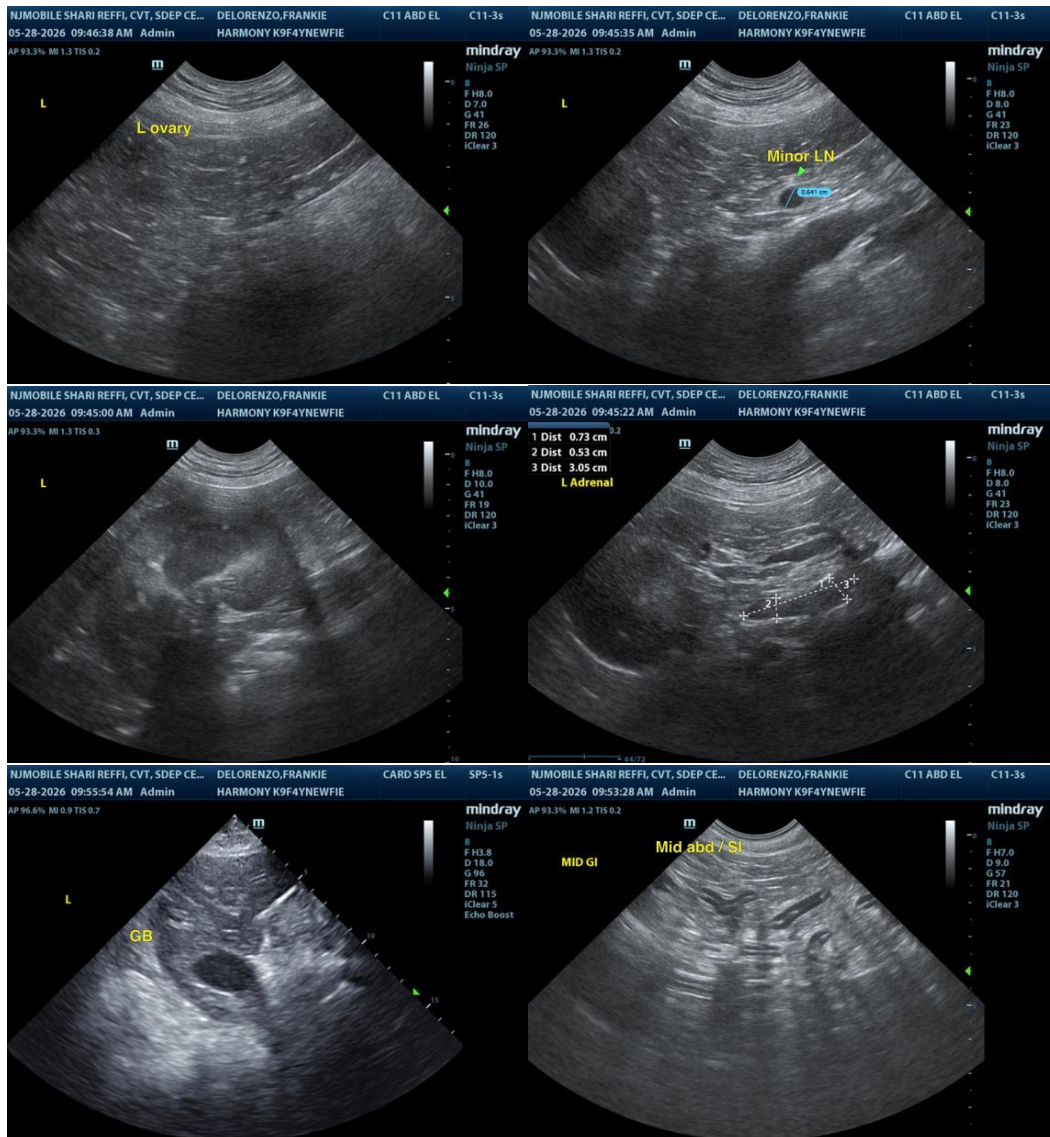
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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