



PATIENT

Athenas Aulet

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Fonseca

INVOICE

16569

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of anorexia, vomiting, bloody diarrhea, elevated liver enzymes and bilirubin. Also has severe thrombocytopenia. She has also been seen by two other vets and at presentation with rDVM, she had CBC, Chem, cPL, vector panel idexx send out, lepto PCR idexx send out. Rads and BW from other vet not available. She is currently on Cerenia, famotidine, doxycycline, dex SP, Denamarin, Unasyn, metronidazole Today 5/29 had recheck labs - CBC hct 48%, wbc 19K, neut 12K, mono 4.6, PLT 19K. Chem - albumin 2.0, ALT 424, ALKP 1378, T. bili 7.4. Her ALKP, T. bili are increasing.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

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 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.

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 8.1 cm in length. The right kidney measured 8.1 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 0.56 cm width at the caudal pole.

Spleen

The spleen presented subjective mildly enlarged with mild splenic folding, exhibiting 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly subnormal in size exhibiting mild wall edema. Mild anechoic bile was present. The common bile duct was not visualized. The gallbladder wall measured 0.2 cm wall width.



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Gastrointestinal

The stomach presented borderline thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.5 cm width. The stomach contained a mild amount of retained anechoic fluid.

The small intestine presented nonthickened wall exhibiting subjective mild altered wall layer ratio owing to mildly prominent jejunal muscularis layer. Mild segmental nonobstructive duodenojejunal ileus. No evidence of pathology at the level of the ileocolic junction. The duodenum wall measured 0.53 cm wall width. The jejunum wall measured 0.45 cm wall width.

Normal visible colon wall layers were present with generalized soft fecal matter.

Pancreas

The pancreas presented mildly prominent in size with mild capsule asymmetry and minor nonhomogenous hypoechoic parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy was present with normal omental echogenicity. Minor perihepatic to peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mild edematous gallbladder.
- Nonspecific gastroenteropathy with soft fecal matter in colon.
- Mildly prominent nonhomogenous pancreas.
- Mild splenomegaly with splenic folding.
- Minor perihepatic/peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of posthepatic or gastrointestinal mechanical obstruction. Current albumin level is not overtly consistent with effusion secondary to decreased hydrostatic pressure. No evidence of hepatic congestion. Multicentric gastrointestinal, hepatosplenic and potential pancreatic infectious, inflammatory or emerging neoplastic etiologies or combination are possible.

Correlation with pending infectious disease diagnostics is recommended. A GI panel to include PLI, TLI, cobalamin and folate, fresh fecal analysis +/- concurrent diarrhea PCR panel is warranted. Ideally, if platelets can be stabilized and assuming normal clotting status, hepatosplenic FNA cytology is recommended.

Empirically supportive care for non-specific hepatitis, possible low-grade pancreatitis and gastroenteritis with coverage for infectious disease with clinical monitoring would be reasonable. Recheck sonogram if progressive hepatopathy, peritoneal effusion or non-responsive clinical signs.



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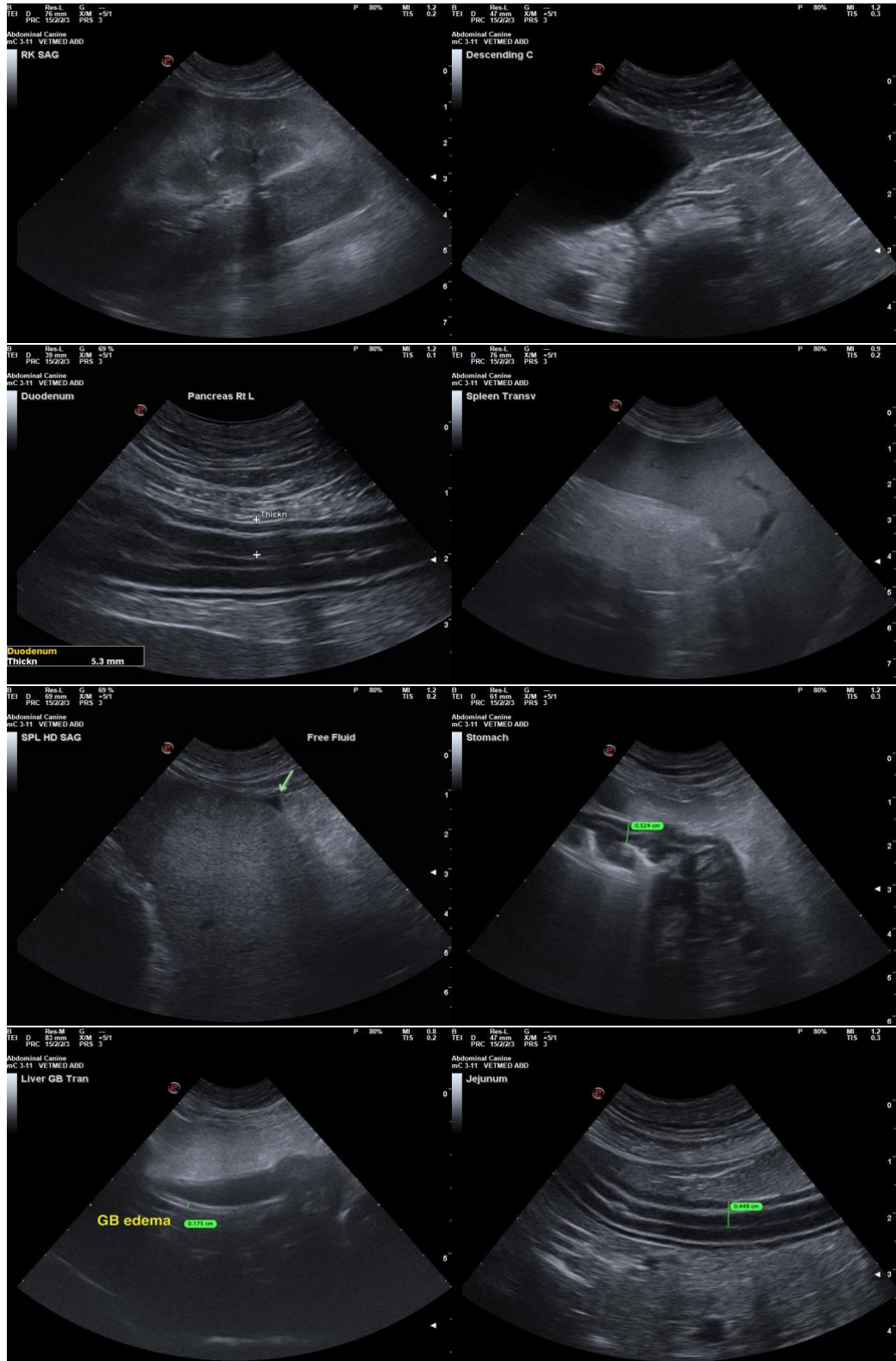
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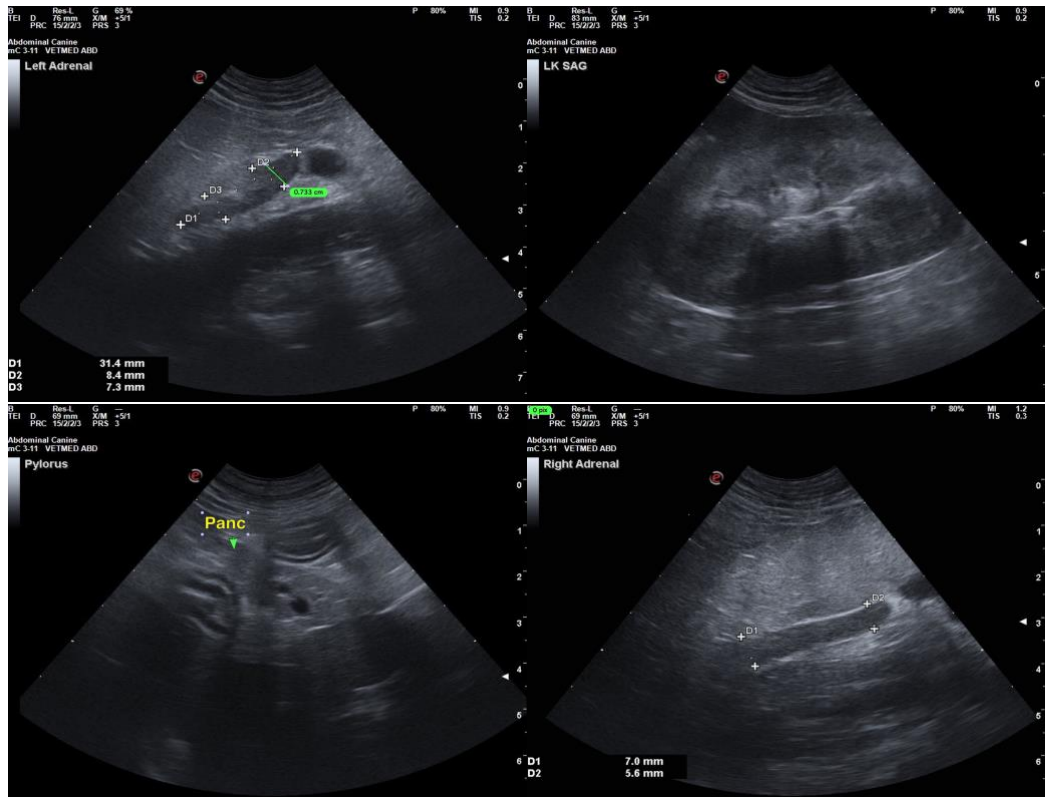
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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