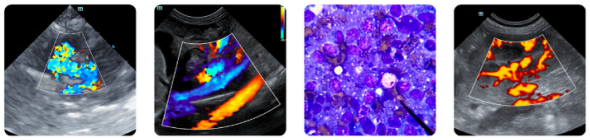


PATIENT

Romeo Garcia

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

10 years

WEIGHT

21.1 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Polit

INVOICE

71951

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- History of anal gland abscess and patient was scheduled for surgery at another hospital
- Presented for second opinion here and for diagnostics
- Moderate anemia found on blood work
- PE: mm pale/moist; anal gland abscess/infection CBC: HCT 28, RBC 3.6, HBG 9, NEU 12118, bands PATH REVIEW: The anemia appears to be regenerative, a retic count would confirm. There is moderate polychromasia and nucleated red cells. Target cells are noted, indicating liver or spleen dysfunction. Target cells are also seen with accelerated erythropoiesis. The thrombocytosis is likely reactive, the platelets are not remarkable. The occasional lymphoid cell is reactive, likely associated with a response to antigenic stimulation but should be monitored. The leukogram indicates mild inflammation or infection. CHEM: AMY 1260, ALB 2.4, TP 4.6, GLOB 2.2 Radiographs: severe spondylosis deformans, block and hemivertebrae, loss of serosal detail near liver/stomach; tracheal narrowing

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.0 cm, right measured 4.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

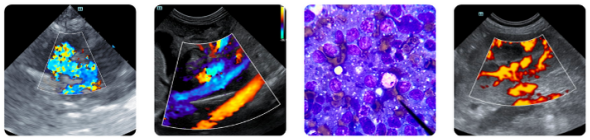
The prostate is small and hypoechogenic.

Adrenal Glands

The left adrenal gland is not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the anemia.

With the regenerative anemia, hypoproteinemia and thrombocytosis, GI tract hemorrhage would be an important consideration with possible etiologies being parasitic enteritis and ulcerative disease.

Further assessment would be fecal analysis and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of gastric protectants such as Sucralfate and Omeprazole.

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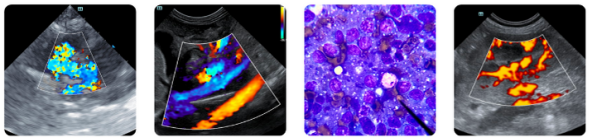

Clinical Sonography & Telecytology
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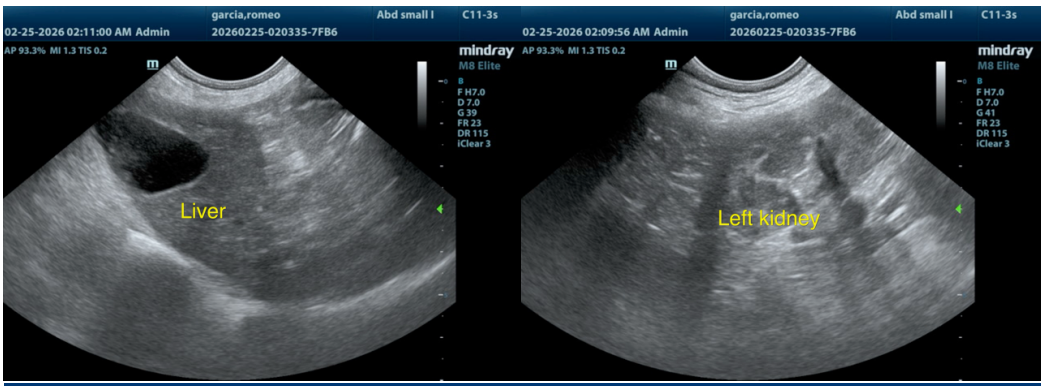

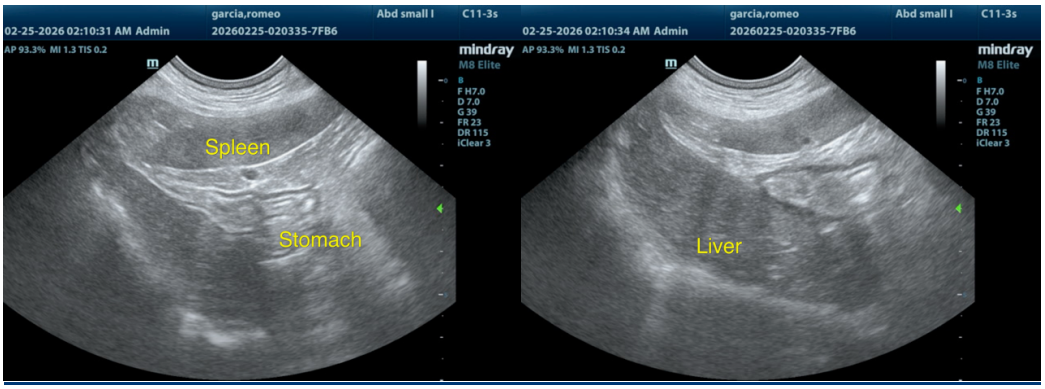

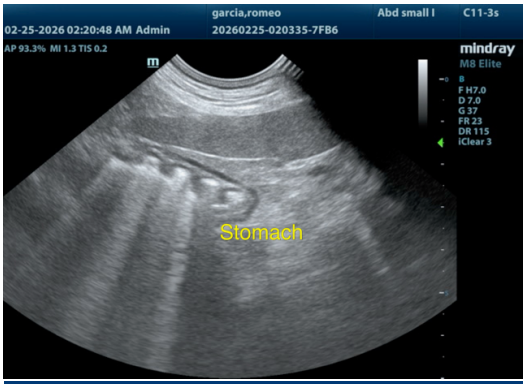

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com