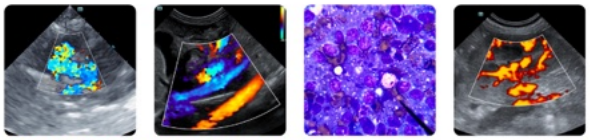


PATIENT

Sweet Pea Ferguson

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

4 years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Coe

INVOICE

72253

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Had appointment for Lepto vaccine this morning. When got into clinic, vomited twice containing frank blood in both. Vomited small amount bile at home this morning prior to travel, and once yesterday (with small amount of food). Was normal appetite/behaviorally yesterday. Did eat a small amount of breakfast this morning prior to appointment/vomiting. Is not unusual for patient to skip breakfast. Normal BM's. On Simp Trio, no other meds.
- History of IMHA in 2023 - resolved, and no recurrence since. Abdominal ultrasound at that time showed splenomegaly (submitted to Sonopath 6/2/2023).
- History of mild pancreatitis in 3/2025 - treated medically, resolved quickly.
- PE: Quiet mentation, abdominal guarding on palpation in general. Otherwise exam unremarkable. CBC: All WRI Chem: All WRI PL: WRI Cortisol: WRI (~7 ug/dL) HW-4DX: Negative Abdominal rads: Poor detail and enlarged spleen cranial-right abdomen. Liver subjectively small. Gastric axis cranially oriented. Feces colon, otherwise NSF GI tract. No FB or obstructive gas pattern noted.

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.

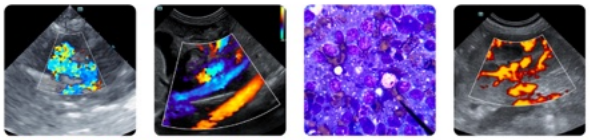
Normal renal size (left measured 5.7 cm, right measured 6.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.54 cm in length x 0.39 cm and 0.42 cm in width. The right adrenal gland measured 1.95 cm in length x 0.34 cm and 0.46 cm in width.

Spleen

The spleen was diffusely enlarged and measured up to 4.0 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule.



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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

- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with emerging hypersplenism a possible differential diagnosis, splenitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

With the presenting clinical signs, acute, non-specific gastritis and possible gastric ulceration needs to be considered.

Further assessment that can be considered would be FNA cytology of the spleen and gastrotoscopy with biopsies.

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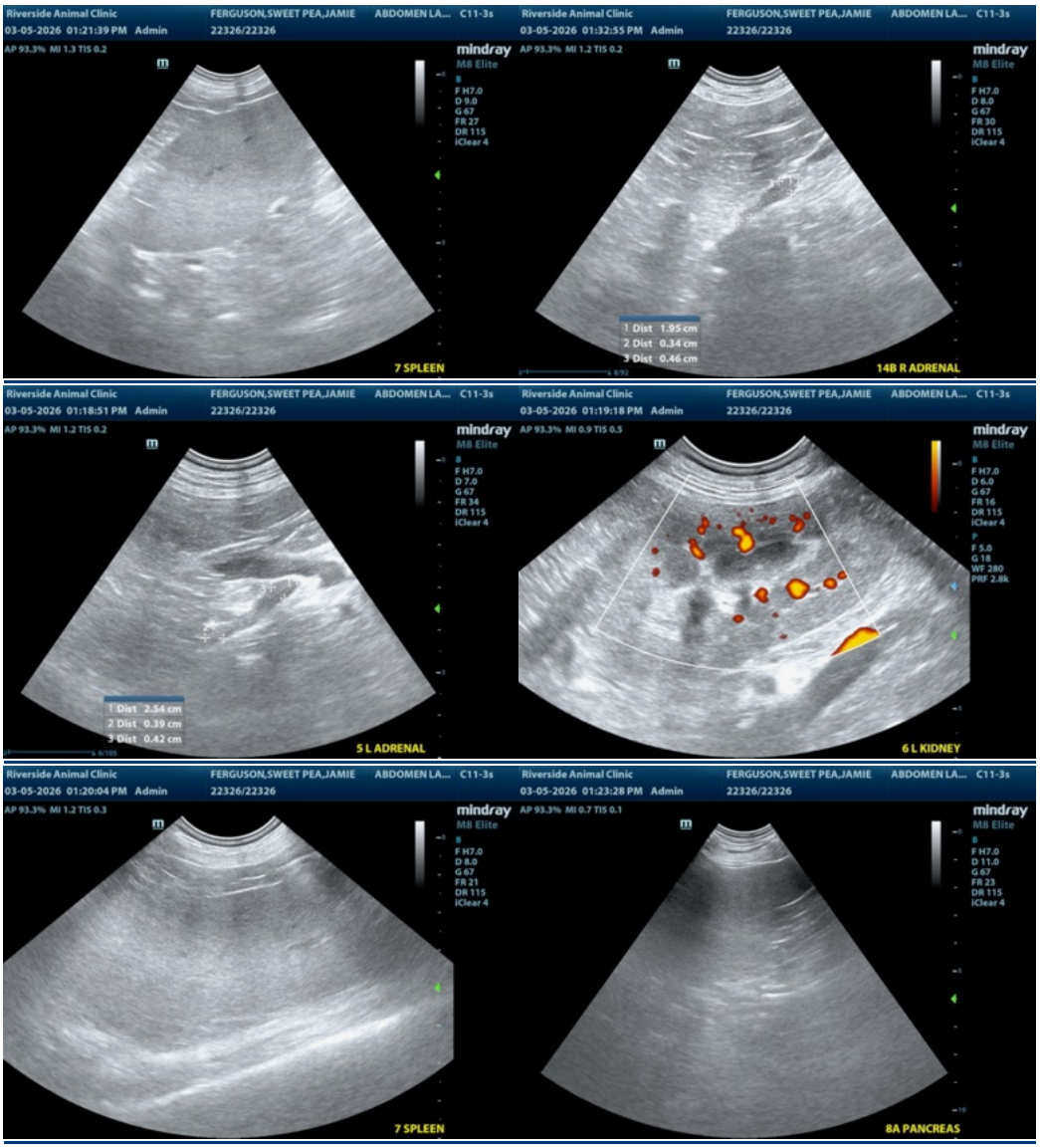
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding small frequent meals of an intestinal type diet, antiemetics and gastric protectants (Sucralfate, Omeprazole).



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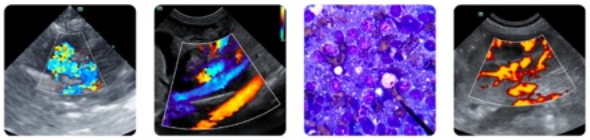

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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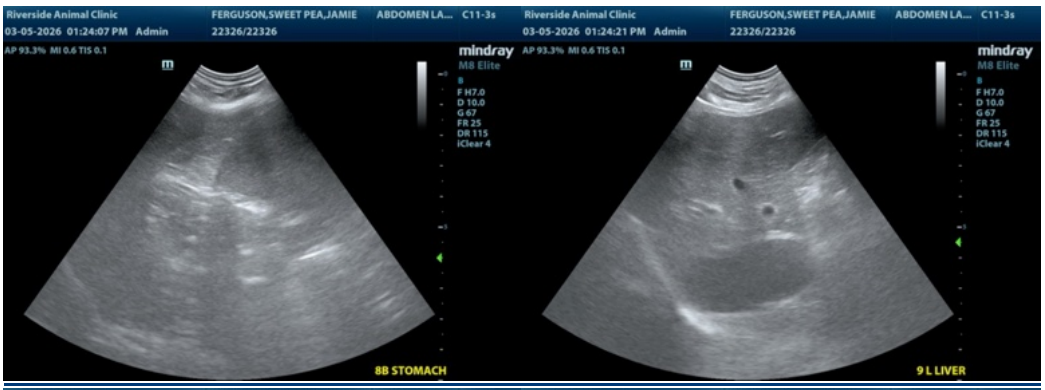
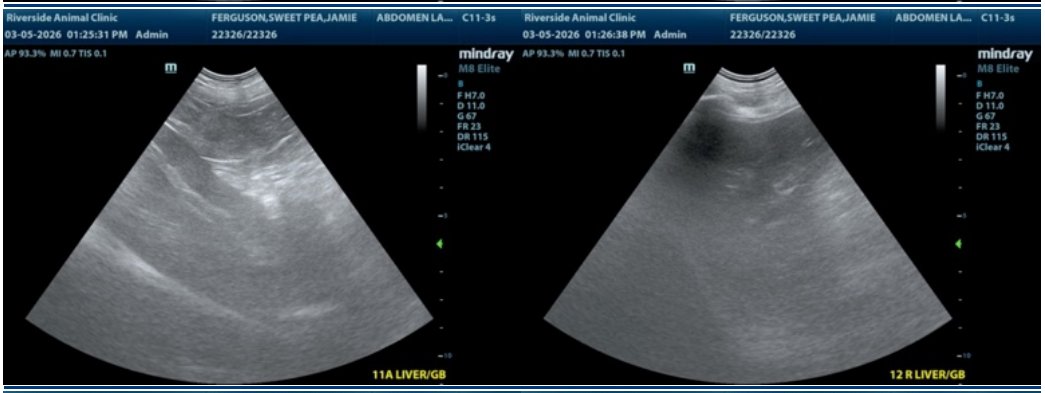
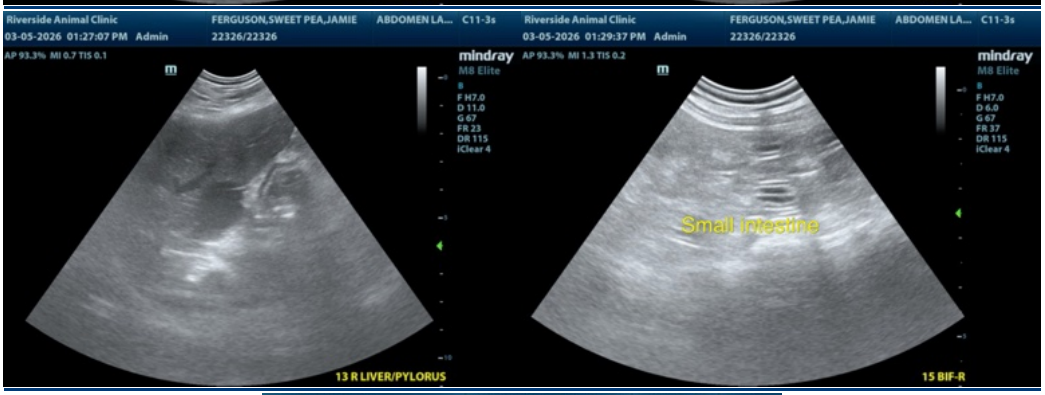
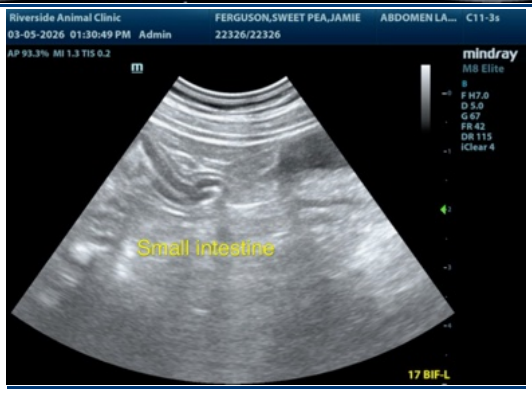
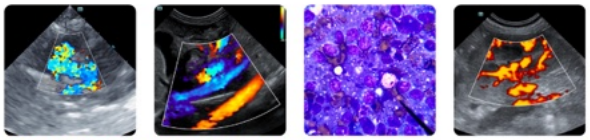








The information and recommendations provided are based on the images presented by the



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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