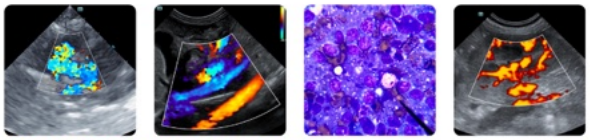


PATIENT

Jasper Kor

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

9 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Mattson

INVOICE

75534

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Presented on 4/2/26 for inappetence. Some days pt has been hyporexic, other days pt will pick at meals or only eat one meal. Pt has history of FB ingestion so owner requested diagnostic workup. Moderate improvement in appetite after treatment with appetite stimulant and omega 3 fish oil.
5/4/26: Pt presented for wellness and reported pt still not eating properly, rare for pt to eat more than one meal daily (typically eats two). Has tried changing diets. Scheduled dental procedure.
5/12/26: Presented for dental- mucous membranes appeared pale, performed BW/radiographs. Abdominal U/S recommended.
4/2/26: Snap4dx negative x4, CBC/Chem17/Lyte4 NR. HCT 42.8%. Lateral abdominal radiograph NR.
5/12/26: Mm pale pink/moist. CBC showed new non-regenerative (or pre-regenerative) anemia of 29.8%. Chemistry 17/lyte4 NR. Right lateral thoracic and abdominal radiographs overall NR. Potential for mild loss of detail cranial abdomen in pancreatic region.

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 4.5 cm, right measured 4.2 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.

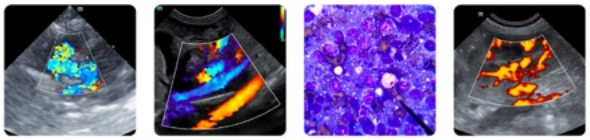
The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.37 cm in length x 0.35 cm and 0.37 cm in width. The right adrenal gland measured 1.74 cm in length x 0.55 cm and 0.72 cm in width.

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.



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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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for either the presenting clinical signs or the anemia.

With the presenting clinical signs, low-grade gastrointestinal ulcerative disease would be an important consideration.

Immune mediated hemolytic anemia would be a less likely differential diagnosis.

Further assessment would be fecal analysis possibly NSAID agglutination and/or a Coombs test and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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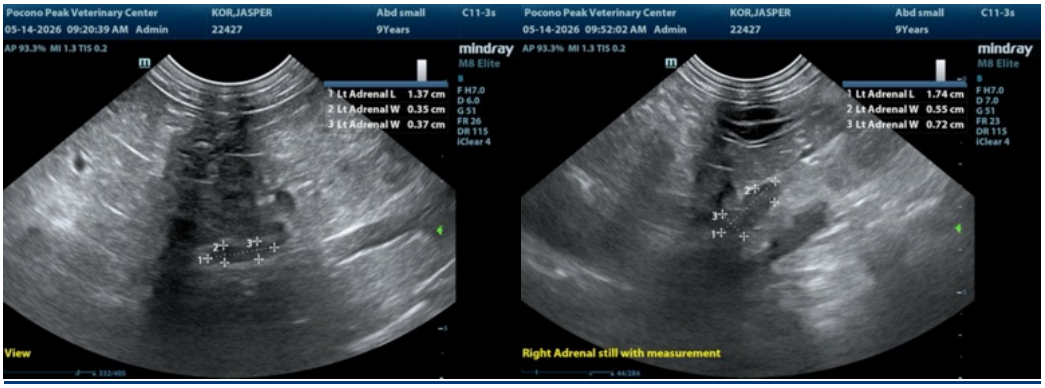
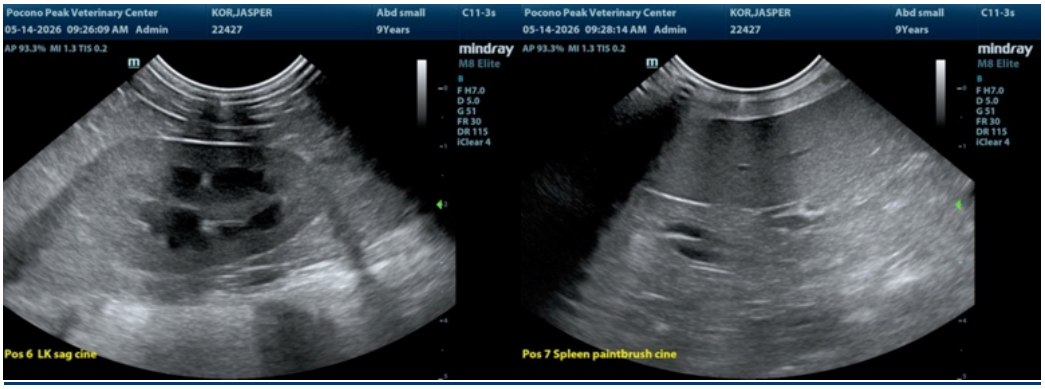
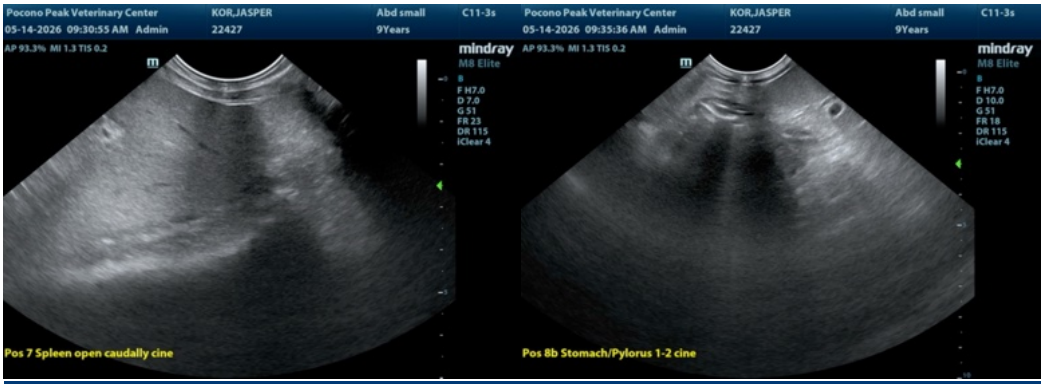
Symptomatic management that could be considered would be gastric protectants (Sucralfate, Omeprazole).







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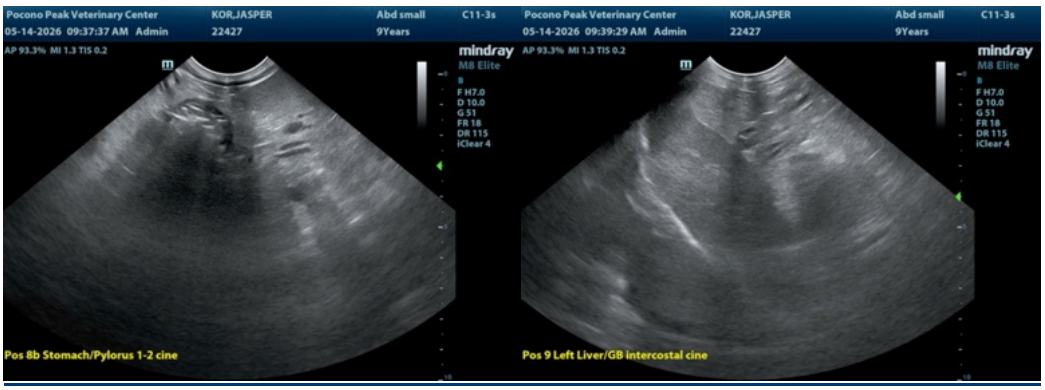

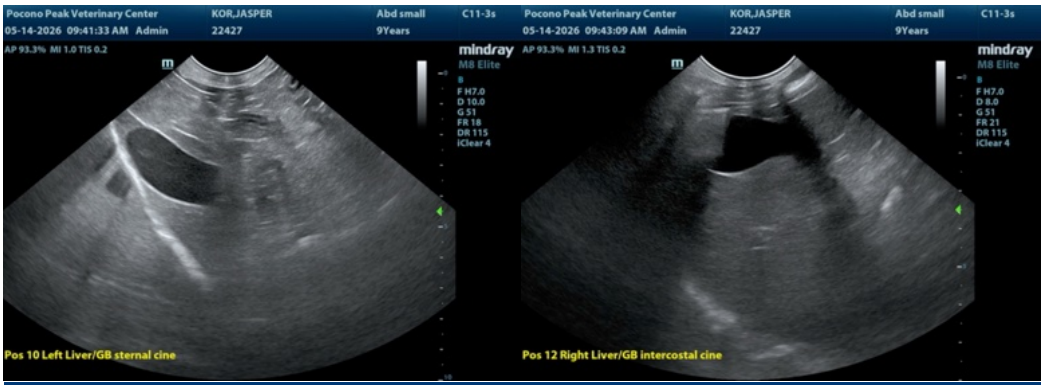

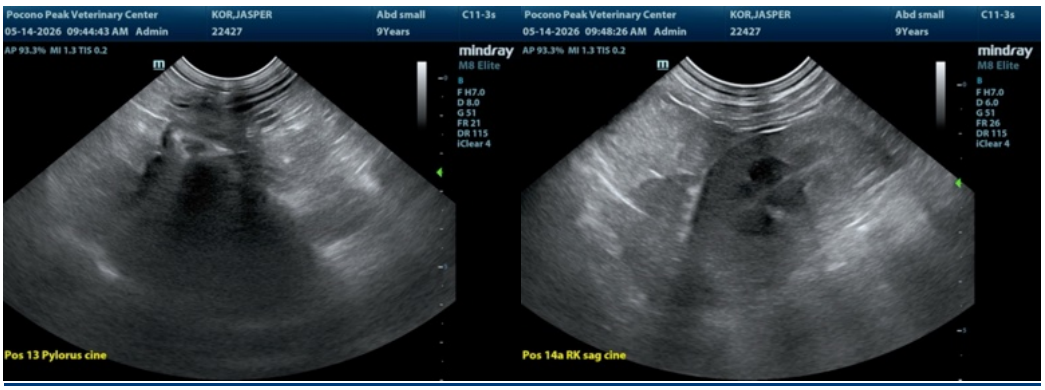

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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