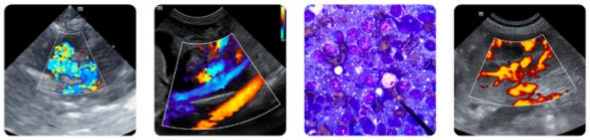

PATIENT

Oakley Weinoldt

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

6 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Lauren Kiebler

INVOICE

16022

DATE

05/09/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea for 2 weeks, decreased appetite and now not eating at all, drooling, 6 pound unintended weight loss historical seizures, Respiratory: Normal bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, increased RR/RE. Abdominal: taut abdomen, moderate distention- No obvious fluid wave but concern for cranial organomegaly. 6-8% dehydration Mild decreased skin turgor; Dry mucous membranes. Febrile- 103.6F

Abnormal PE/Chem/CBC/UA Results: 4dx- negative Radiographs 1. Mild hepatomegaly 2. Equivocal splenomegaly 3. Unremarkable gastrointestinal tract 4. Normal thorax Bloodwork CBC #1: RBC 4.92, HCT 32.5, HGB 11.2, NEU 0.23, MONO 3.10, EOS 0.0, PLT 52, MPV 18.1, PLCRT 0.09 CBC #2: RBC 4.52, HCT 29.7, HBG 10.3, NEU 0.24, MONO 2.99, EOS 0.0, PLT 57, MPV 17.2, PLCRT 0.10 CHEM15/LYTES: GLOB 5.8, ALP 454

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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.

Small hypoechogenic prostate.

Normal renal size, 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 left kidney measured 7.4 cm in length. The right kidney measured 7.5 cm in length. 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. The left adrenal gland measured 0.51 cm and 0.60 cm in width. The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Folded on itself but with normal size, echogenic appearance, smooth homogenous parenchyma and a 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 2.9 cm in width.

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

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Full gallbladder 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

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

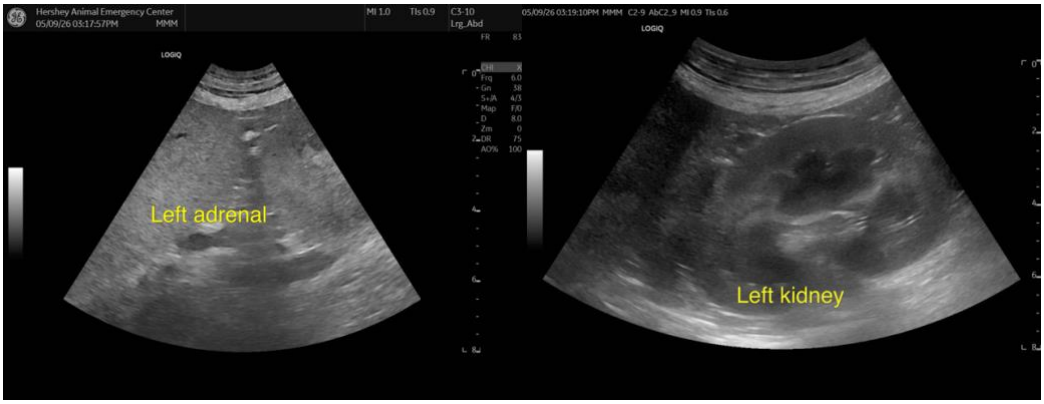
- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for the presenting clinical signs. Etiologies to consider for the presenting clinical signs would be vector-borne disease and possibly immune mediated neutropenia.

Further assessment would be screening for vector-borne disease.

Initial management would be fluid therapy and intravenous antibiotics. If there is a marked improvement in the clinical signs but not in the neutropenia, then management of the neutropenia would be with immune-suppressive therapy.



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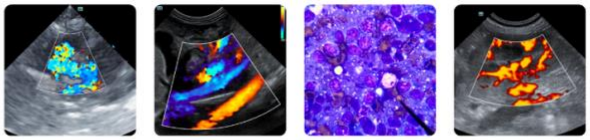

Clinical Sonography & Telecytology
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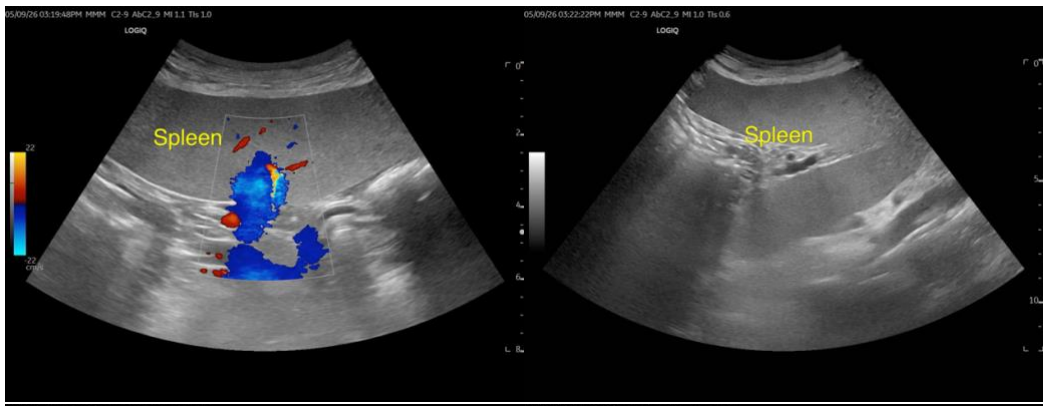

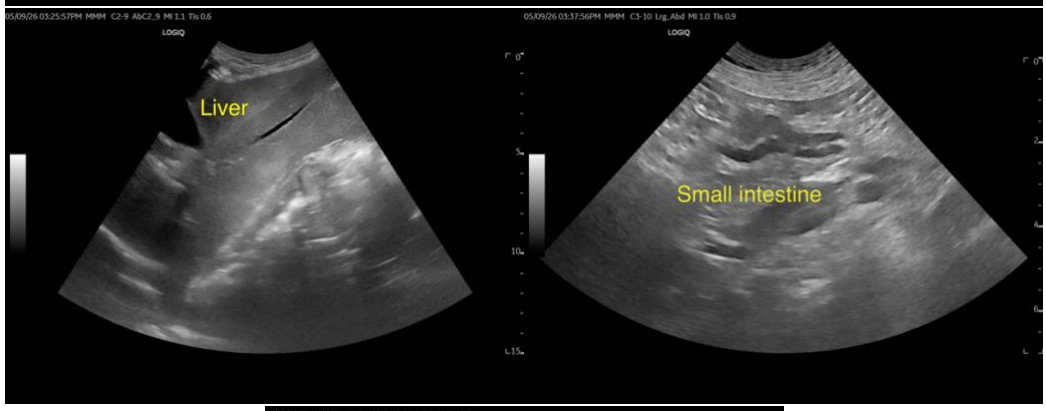

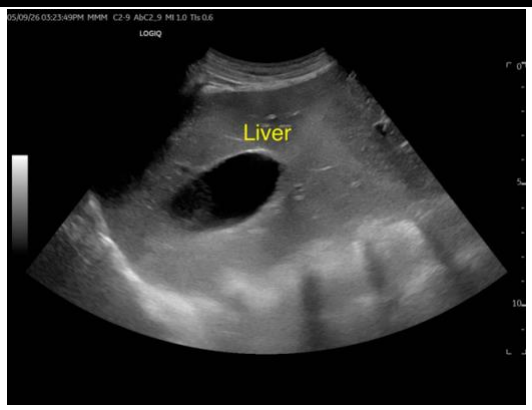

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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