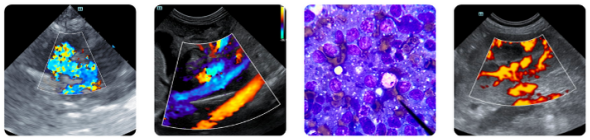


PATIENT

Kona Manchon

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

26.6

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

35573

DATE

11/23/25

PRESENTING CLINICAL SIGNS

History: Anorexic since Wednesday Seen at Rossmoyne 11/21 - high bili, low PCV (25); possible IMHA & started on PO pred Rads negative per O Flea/Tick panel pending (Babesia, etc.) U+/D+ incontinence since yesterday/orange in color Gums white now white PCV 15% today at Rossmoyne.

Abnormal PE/Chem/CBC/UA Results: 5-6% dehydration Mucous membranes white/tacky Grade I/VI systolic murmur Slightly icteric ventrum CBC: RBC 1.7 (L) HCT 11.3 (L) Hemoglob 3.8 (L) Retic 191.4 (H) Retic Hemoglob 19.7 (L) WBC 31.57 (H) Neut 22.22 (H) sus bands Lymph 5.28 (H) Monos 3.97 (H) Plt 99 (L) MPV 17.3 (H) In-vue: RBC 1.7 (L) HCT 11.3 (L) Retic 191.4 (H) WBC 31.57 (H) Imm Neut 4.8 Neutrophils 24.21 (H) Imm Neut 1.53 Lymph 1.15 (n) Mono 4.62 (H) Plt Est 50-100 (moderately decreased) EPOC: pCO2 28.0 (L) Bicarb 15.8 (L) TCO2 15.1 (L) BE,ECF -9.6 (L) Na 139 (L) K 2.5 (L) Glu 198 (H) HCT 14 (L) Chem15: Glu 187 (H) TBili 3.3 (H) Slide agglutination - Neg for Macro & Micro PCV/TP (prior to transfusion) - 15/7.4 (icteric) Post Transfusion PCV/TP - 18/7.6 Blood Type - DEA +.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.4 cm in length. The right kidney is 7.4 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.2 mm at the cranial pole and 5.0 mm at the caudal pole. The right adrenal gland height is 6.2 mm at the cranial pole and 6.7 mm at the caudal pole.

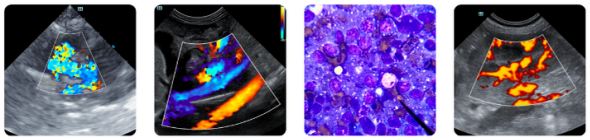
Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of echogenic sludge, which shows some evidence of organization. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 4.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sludge which may show evidence of early organization, without evidence of inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the presumed hemolytic anemia noted on today's ultrasound. In addition to the prednisone, transfusion, and pending infectious disease testing, the following diagnostics / treatments would be recommended if not already performed:

- CBC with pathologist review to screen for neoplastic cells and infectious agents.
- Three view chest radiographs
- Empiric treatment with doxycycline (5-10 mg/kg PO BID) while awaiting infectious disease results.
- Treatment with clopidogrel at 2mg/kg PO once daily is recommended until Hct is >25%, unless the patient becomes severely thrombocytopenic as well (platelet count < 30,000/uL).
- Gastroprotectants, such as omeprazole or pantoprazole, may be of benefit in preventing gastric ulcers secondary to corticosteroid use.
- If a second immunosuppressive agent is needed, options would include azathioprine (2mg/kg PO once daily), cyclosporine modified (5mg/kg PO BID), and mycophenolate mofetil (8 - 12 mg/kg PO BID).

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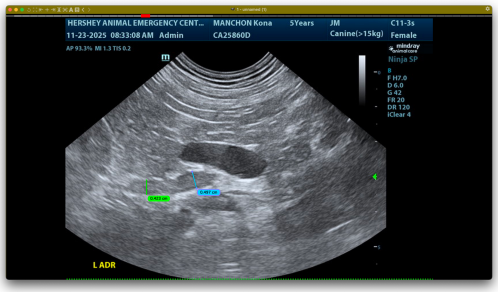
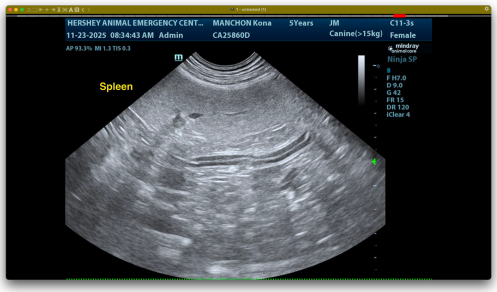
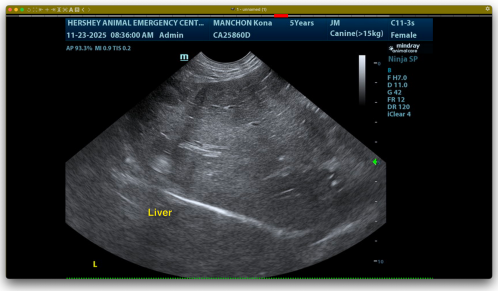
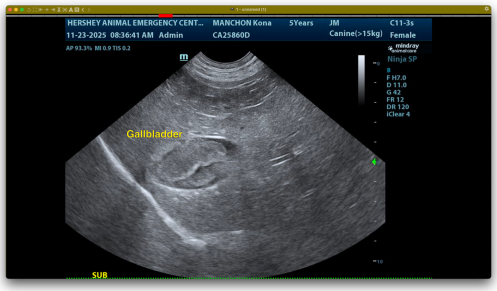
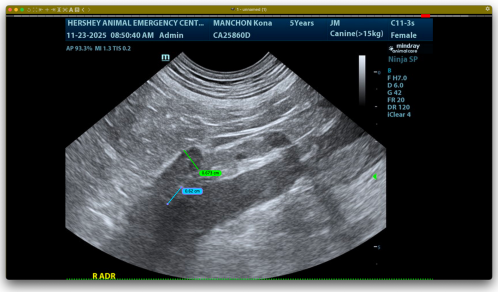
The appearance of the gallbladder sludge does not meet the criteria for a mucocele, and is deemed to be unrelated to the current anemia. Ursodiol therapy cold be considered, but in the absence of predisposing conditions such as Cushing's or hypothyroidism, this is likely an incidental finding.











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

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com