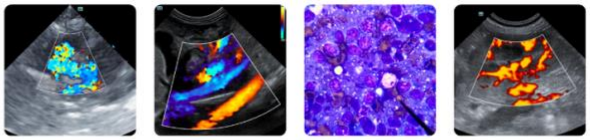


PATIENT

Tank Vernosky

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

40 kg

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brittany Lang

INVOICE

35869

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: Weeks of progressive lethargy and inappetence. Seen rDVM 12.10, diagnostics received 12/12 and transferred to renal disease and significant dehydration. Historical boxer cardiomyopathy - stable on sotalol.

Abnormal PE/Chem/CBC/UA Results: 8-10% dehydration Injected tacky mm, thready pulses Tense on abdominal palpation rDVM Diagnostics 12/10: lyme C6: <10 CBC: RBC (10.98) HCT (71.1) HGB (26.1) Mono (1.036) CHEM:SDMA (48) Creat (4.7) BUN (74) Phos (6.6) Ca (12.2) K (5.9) Cl (107) ALT (174) ALP (265) Lipase (312) U/A: USG (1.011) pH 5.5) Protein (3+) Amorphous urates present T4: 1.9 HAEC initial DIagnostics: EPOC: pH (7.263) K (5.1) Cl (105) BUN (70) Creat (4.64) HCT (74) PCV/TP: 80/9 Cortisol: 1.55 BP: 165/103 (118) CHEM: Creat (4.4) BUN (88) Phos (7.5) ALT (221) ACTH stim post cortisol: 8.13

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 prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 7.1 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 5.9 mm at the cranial pole and 6.5 mm at the caudal pole. The right adrenal gland height is 8.9 mm at the caudal pole.

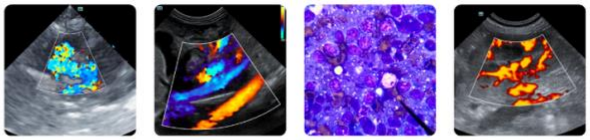
Spleen

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 small amount of freely-moveable echogenic sludge. 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 empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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

- Unremarkable canine abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no explanation for the patient's azotemia, nor the marked erythrocytosis noted on today's ultrasound. The degree of erythrocytosis is disproportionate to the mild hypoproteinemia reported, suggesting the possibility of a true polycythemia. Polycythemia has been reported to cause azotemia, due to hypoperfusion. It is also possible that the patient has age related chronic renal disease, that is being exacerbated by dehydration. Given the history of cardiac disease, the possibility of a cardiac shunting lesion as a cause for polycythemia should also be considered. The following next steps are recommended:

- Three view chest radiographs, if not already performed
- Serum erythropoietin levels
- CBC with path review
- A complete echocardiogram, if available
- Fluid therapy with attention to respiratory rate and effort, given the underlying cardiac disease

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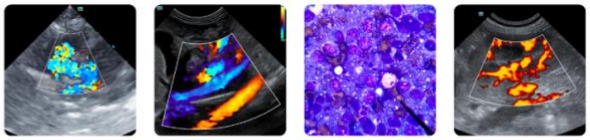

Clinical Sonography & Telecytology
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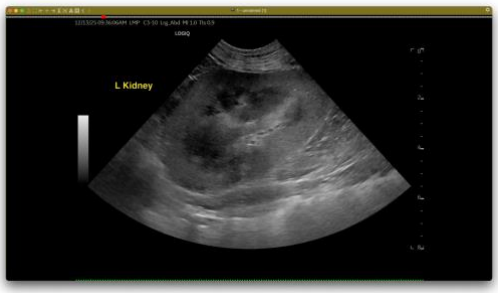

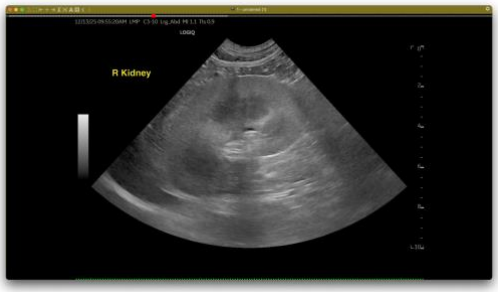

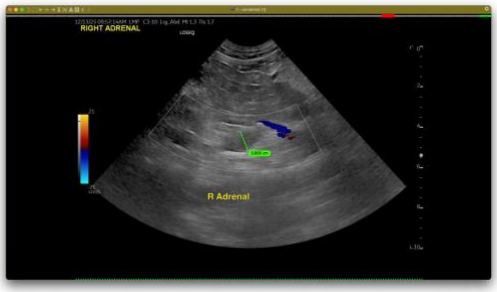

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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