



## PATIENT

Daisy Ledezma

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

9.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Maria Lara

## HOSPITAL NAME

Allure Veterinary  
Hospital & Urgent Care

## REFERRING VET

Dr. Maria Lara

## INVOICE

72798

## DATE

12/27/25

## PRESENTING CLINICAL SIGNS

Patient was transferred by pcDVM 12/27 for severe anemia (12%) and acute inappetence, reduced water intake, straining to defecate, abdominal breathing and bloated abdomen. Patient received 2 pRBC transfusions 12/27 getting PCV to 32%. Daisy was negative on tickborne panel, positive on agglutination slide.

Abnormal PE/Chem/CBC/UA Results: CBC 12/27 RBC 1.84 (5.65 - 8.87 M/ $\mu$ L) L Hematocrit 13.5 (37.3 - 61.7 %) L Hemoglobin 4.5 (13.1 - 20.5 g/dL) L RDW 26.2 (13.6 - 21.7 %) H Reticulocytes 214.9 (10.0 - 110.0 K/ $\mu$ L) H Lymphocytes 5.16 (1.05 - 5.10 K/ $\mu$ L) H Monocytes 1.38 (0.16 - 1.12 K/ $\mu$ L) H Platelets \*84 (148 - 484 K/ $\mu$ L) L MPV 18.4 (8.7 - 13.2 fL) Plateletcrit 0.15 (0.14 - 0.46 %) WNL Chem 12/27 Creatinine 0.4 (0.5 - 1.8 mg/dL) L Bilirubin - Total 3.7 (0.0 - 0.9 mg/dL) H Amylase 459 (500 - 1,500 U/L) L PVC post-1st transfusion 16% (37-55) L TP - 7.4 g/dL (5.4-7.5) Icteric Blood Smear- 105,000 C/HPF (~3 reticulocytes p/HPF) PVC Post-2nd Transfusion 5am 12/28 32% (37-55) L TP - 7.8g/dL (5.4-7.5) Icteric PVC 12/28 11am 32% (37-55) L TP - 7.8 g/dL (5.4-7.5) Icteric

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a non-shadowing urolith present, measuring 3.0 mm. The bladder wall is normal. No masses 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). Left measures 5.1 cm. Right measures 5.4 cm.

### 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. Left measures 3.1mm at the cranial pole and 3.0 mm at the caudal pole. Right measures 5.3 mm at the cranial pole and 4.6 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.



## PATIENT

Daisy Ledezma

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

9.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Maria Lara

## HOSPITAL NAME

Allure Veterinary  
Hospital & Urgent Care

## REFERRING VET

Dr. Maria Lara

## INVOICE

72798

## DATE

12/27/25

## Gastrointestinal

The stomach is mildly distended with ingesta. The gastric wall is 3.6 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 (1.6 mm) with intact wall layering. The ileocecal junction is not seen.

## 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.

## PRIMARY FINDINGS

- Non-obstructive urolith in the bladder

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no findings that might explain the patient's hemolytic anemia. Additional next steps might include:

- 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) and corticosteroids (such as prednisone at 2 mg/kg/day) can be instituted while awaiting infectious disease results.
- Treatment with clopidogrel at 2mg/kg PO once daily is recommended until Hct remains >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).

The urolith is small, and theoretically could become obstructive, though this would be uncommon in the female patient. The client should be advised to monitor for any signs of urethral obstruction. Urinalysis is recommended to assess for the possibility of concurrent urinary tract infection.



**PATIENT**

Daisy Ledezma

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

9.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Maria Lara

**HOSPITAL NAME**

Allure Veterinary  
Hospital & Urgent Care

**REFERRING VET**

Dr. Maria Lara

**INVOICE**

72798

**DATE**

12/27/25



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.

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

info@SonoPath.com