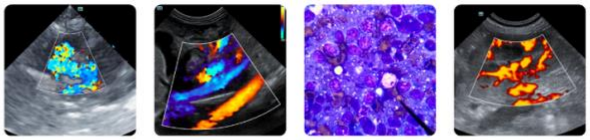


PATIENT

Kipper Hertzler

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

3.5 Years

WEIGHT

32.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

13742

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Coughing, lethargy and inappetence for 5 days. Persistent fever. On Clavamox, metronidazole, metoclopramide, Denamarin, ursodiol with minimal response.

Abnormal PE/Chem/CBC/UA Results: Pain on abdominal palpation, T=106, 6-7% dehydrated CBC: stress leukogram (neutrophilia 11.83, lymphopenia (0.7), eosinopenia (0.01), mild thrombocytopenia (100-150k) Chem: ALP 258, otherwise WNL cPL: WNL 4dx normal EPOC: pH 7.445, pCO2 (26.8), BE (-6.1), otherwise WNL PCV/TP: 63/8 lepto negative UA/urine culture pending Radiographs: gastroenterocolitis, potential patchy interstitial pattern right cranial lung lobe

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 (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 8.3 cm in length. The right kidney is 8.1 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 measured 5.7 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland measured 8.0 mm at the cranial pole and 5.5 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.

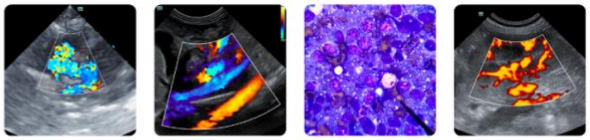
Liver

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.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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 with intact wall layering. The ileocecal junction was not seen. The colon measured 1.2 mm.

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

- Bilaterally hyperechoic kidneys of uncertain significance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys would be considered hyperechoic as the renal cortices are isoechoic to the spleen. This is most commonly seen with age-related renal degeneration, which would not be applicable in this patient. If urine is well-concentrated, and the renal values are reportedly normal, then this is likely an incidental finding. The pending urinalysis and urine culture will be useful in determining whether there is any significance to this change.

Given that the patient's only specific symptom is cough, a respiratory origin for the fever is suspected. Canine influenza would fit the clinical history, if exposure is possible. Ongoing supportive care with broad-spectrum antibiotics, fluid therapy, and possibly recheck thoracic radiographs to determine if there is progressive pulmonary change, would be suggested.

While testing for arthropod-borne infectious disease could be considered, this seems unlikely if the patient has not traveled out of the area recently, given the lack of tick exposure currently in Pennsylvania.

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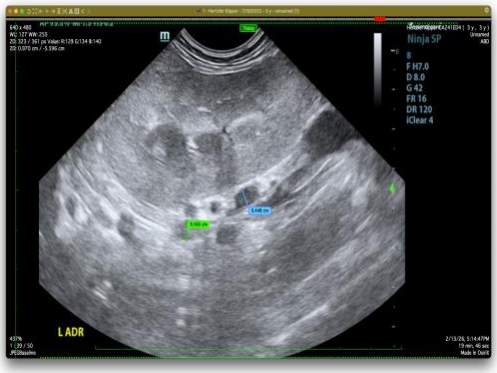

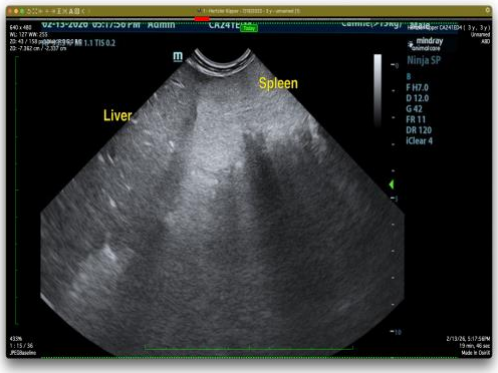

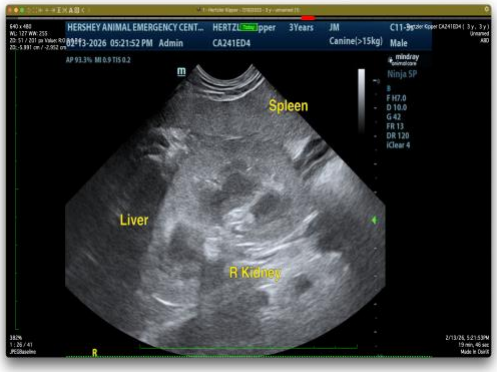

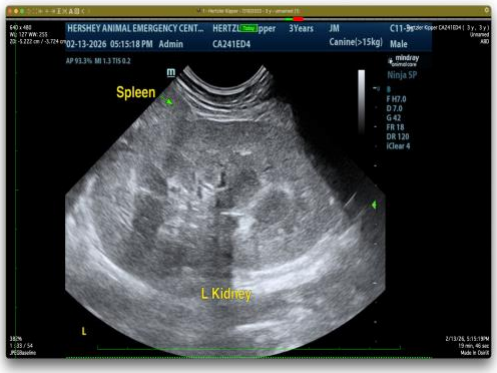

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com