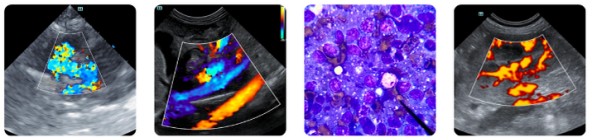


PATIENT

Cooper Ortona

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

10.5 years

WEIGHT

36 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. Leann Murphy

INVOICE

11790

DATE

4/24/2026

PRESENTING CLINICAL SIGNS

Diagnosed with anemia and thrombocytopenia, suspected IMHA/ITP 3/28/26. Treated with Pred 40 mg BID, Mycophenolate, Doxycycline. Sclerae became icteric about 5 days ago, having dark tarry stools about 3 days ago. Incontinence for past 2 weeks. Started weaning Prednisone last week.

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pale pink to icteric Abdominal distension, cranial organomegaly Icteric sclerae and skin QAR to depressed CBC: Hct 35.6 L, Hb 11.5 L, WBC 29.66K H, Monocytes 2.33K H, Neutrophils 24.59K H, Retics 172.6K H EPOC: Lactate 3.11 H Chem15: ALT 1673 H, ALP 18,600 H, GGT 252 H, Tbili 3.5 H Witness Lepto: Negative.

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 3.0 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). Left kidney measures 7.8 cm, and the right kidney measures 8.4 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 adrenal measures 5.2 mm at the cranial pole and 5.5 mm at the caudal pole. Right adrenal measures 4.9 mm at the cranial pole and 6.0 mm at the caudal pole.

Spleen

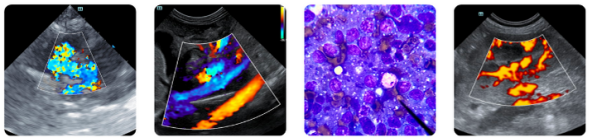
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders. There are hypoechoic nodules present throughout the parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is mildly distended with anechoic contents. The wall is thickened to 2.5 mm without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach is mildly distended with gas. The gastric wall is 4.9 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 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the liver and the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely hyperechoic liver with hypoechoic nodules, consistent with non-specific hepatopathy.
- Mildly thickened gallbladder wall, consistent with cholecystitis.
- Hypoechoic right pancreas with steatitis, consistent with pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings would support a diagnosis of concurrent cholangiohepatitis and pancreatitis, however liver biopsy would be necessary to rule out other pathology such as diffuse neoplastic infiltration. Additionally, the patient's current therapies of mycophenolate, doxycycline, and prednisone all have the possibility to lead to hepatopathy. Doxycycline in particular has been rarely associated with the idiosyncratic hepatopathy that can be severe and include icterus. Thus, if possible, cessation of doxycycline and mycophenolate, and tapering of prednisone should be attempted. Supportive treatment for cholangiohepatitis would include:

- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol.
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.

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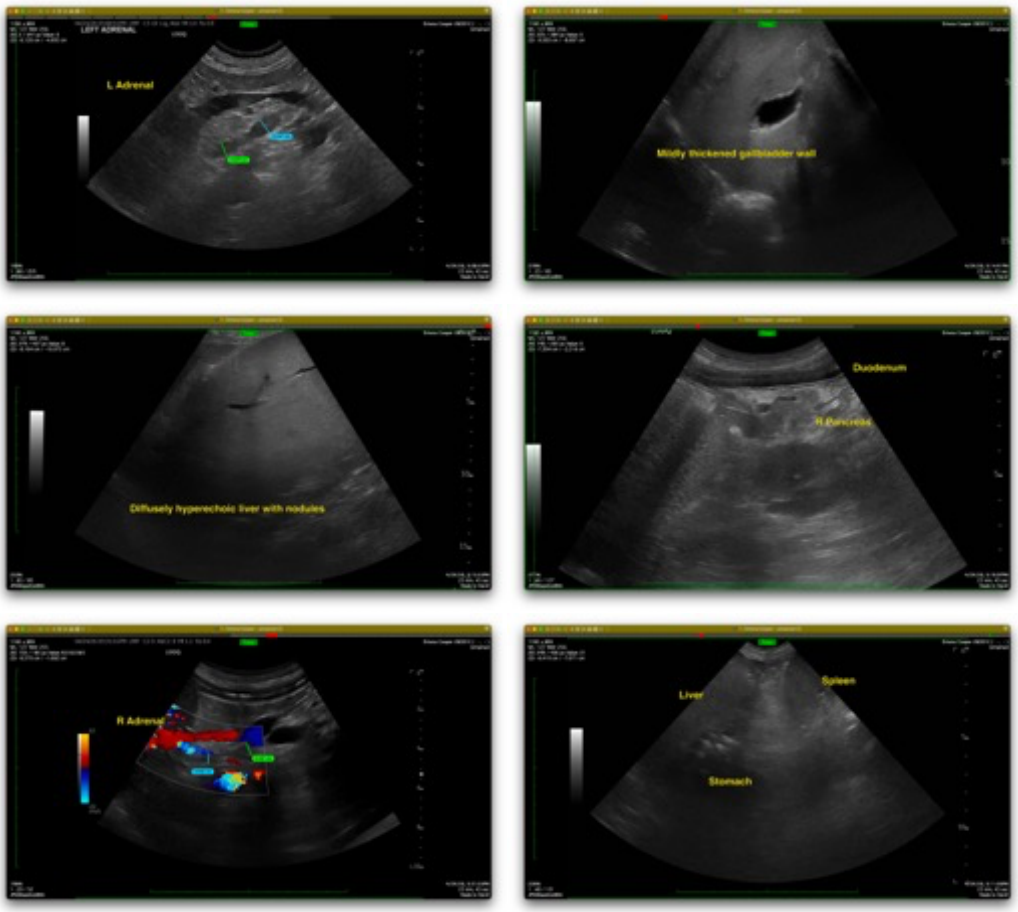

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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