



PATIENT

Coco Knupp

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

3.1 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. Brittany Lang

INVOICE

14859

DATE

04/04/26

PRESENTING CLINICAL SIGNS

Patient presented to rDVM yesterday for biting open ulcerated mass and notable weakness. Diagnosed with non-regenerative anemia and transferred for further work up PE: Oral Cavity: Mucous membranes pale/tacky, CRT <2s, moderate tartar/gingival erythema. Cardiovascular: No murmurs/arrhythmias, pulses snappy Abdominal: Mildly tense, no pain on palpation. Integument: Normal haircoat, no evidence of ectoparasites, 3-4 cm diameter firm mass on caudal right forearm with ulcerated center with purulent discharge, bleeding, and central necrotic tissue with foul odor, discharge matted down lateral limb. Lymphatics: Suspect right prescapular lymphadenopathy (soft SQ 1 cm mass in area but slightly more medial and cranial). Musculoskeletal: Muscle wasting over dorsum and hindlimbs, cachectic vs. underweight, Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL

CBC: Hct 19.2 L, RBC 2.74 L, Hb 6.9 L, Reticulocytes 143 H, Monocytes 1.53 H, Platelets 134K L EPOC: Lactate 4.21 H, Hct 21 L PCV/TS: 23/6.2 Blood type: DEA 1.1 negative Chest and abdominal radiographs: thorax unremarkable, mild gas and fluid in small intestines, moderate gas in large intestines Imagyst cytology (FNA of mass right front), pending 4DX: anaplasmosis positive Imagyst with Expert Review: Moderate normocytic normochromic regenerative anemia, Mild inflammatory leukogram with a slight left shift, Clumped platelets with adequate density BP: 9pm (142) 10pm (136) 11pm (140) 12am (132) 1am (128) PCV/TP Post transfusion: 27/6.2

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 3.5 cm in length. The right kidney is 4.1 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 4.2 mm at the caudal pole and 3.7 mm at the cranial pole. The right adrenal gland measured 5.1 mm at the cranial pole and 4.8 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. 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.



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The gallbladder is moderately distended with anechoic contents. 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.

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 measuring 1.2 mm. The ileocecal junction is normal.

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

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause identified for the anemia. The clinical history is consistent with a non-regenerative anemia, which may be secondary to renal disease, iron deficiency, precursor-targeted immune-mediated anemia (PIMA) or primary bone marrow disease, including myelophthisis and neoplasia. Additional recommendations:

- ❖ If there is evidence of renal failure, then treatment with erythropoietin or darbepoetin, with concurrent iron supplementation, may be beneficial.
- ❖ Serum erythropoietin and iron levels can also be checked, to determine whether a deficiency in either is a cause for anemia, which can then be treated accordingly.
- ❖ Bone marrow aspiration is recommended to rule out PIMA and primary bone marrow disease.



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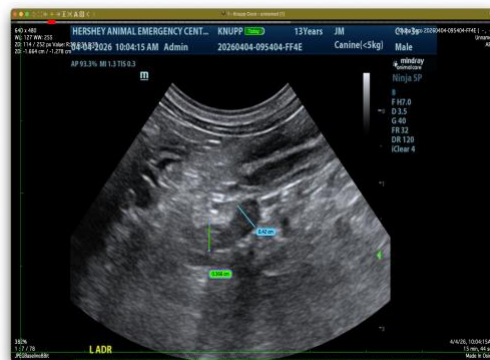
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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