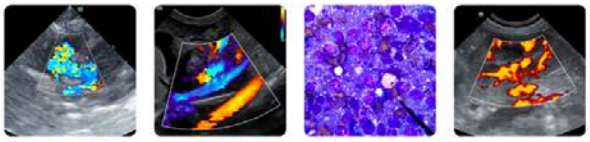

PATIENT

Mako Lingo

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

7 Years

WEIGHT

25.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

75189

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Patient has been acting off the last few weeks. History of ehrlichia canis but was treated last year. still positive 4dx as of two months ago

Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC. neutropenia Chemistry calcium 8.8, cholesterol 352 EPOC. nSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 5.5 cm. Right kidney measures 5.7 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The splenic parenchyma is disrupted by numerous small hypoechoic, heterogeneous nodules all less than 1.0 cm in size. 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 4.2 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 (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

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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

- Numerous hypoechoic and heterogeneous splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's clinical signs. The splenic nodule(s) is / are a non-specific finding and could be consistent with nodular hyperplasia, extramedullary hematopoiesis, splenitis or less likely, neoplasia. Recommendations include:

- Ultrasound-guided fine needle aspiration of affected areas with a 25G needle. Alternatively, monitoring the nodule(s) for changes in size or appearance, via serial ultrasounds at 4-8 week intervals could be considered.
- Urinalysis to screen for glomerulonephritis, which can be seen with chronic Ehrlichiosis
- Three view chest radiographs
- Infectious disease testing, particularly PCR testing such as the Canine Comprehensive panel from NCSU would be recommended: https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/. As the 4dx test cannot differentiate between different Ehrlichia species, and will often stay positive even after an infection is cleared, PCR testing would be helpful in determining whether Ehrlichiosis is the cause of the patient's symptoms.

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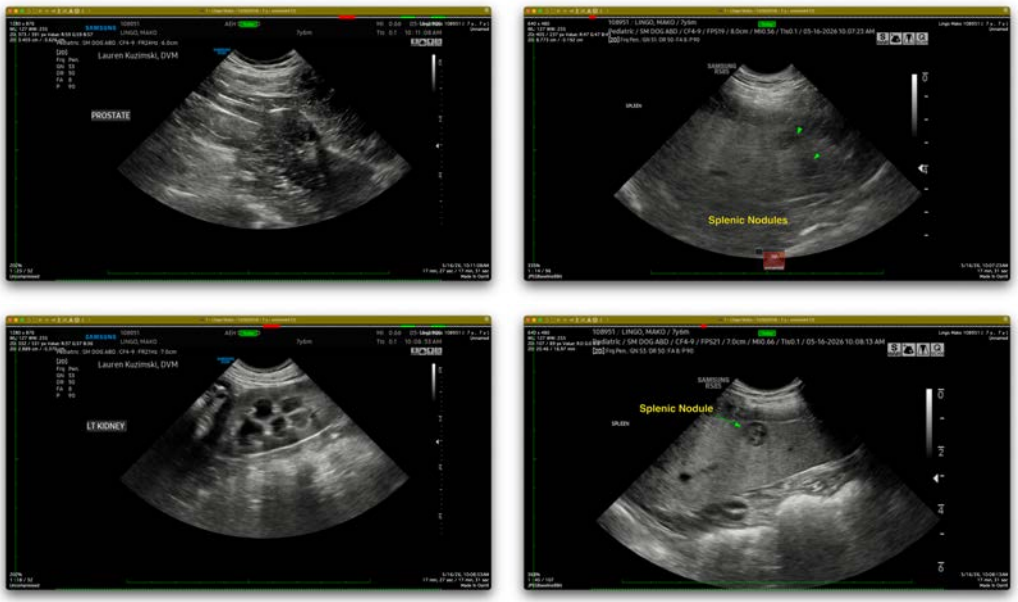

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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