



**PATIENT PRESENTING CLINICAL SIGNS**

Scout Chivers Collapsed, very weak, platelets low, concerned about cancers causing Thrombocytopenia.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: June 26, 23 - CBC RBCs, HCT, HGB low, PLT, PCT low, MPV high, cPL abnormal. No clumping of platelets. Polychromasia. June 23, 23 SDMA 17(0-14) Magnesium 1.02(0.70-1.00) Albumin 26(27-39) Globulins 47(24-40) Albumin/Globulin ratio low, ALP 203(5-160) Amylase 2360(337-1469) Lipase 264(0-250) Creatine Kinase 421(10-200) Cardiopet Pro BNP normal.  
**BREED** U/A - Free catch, cloudy, dark yellow, SP. grav 1.018, pH 6.0, Protein 3+, Blood 2+, WBCs 0-2/hpf, RBCs 2-5/hpf, rare squamous epith cell, hyaline casts and granular casts. Free T4 normal. HW negative. June 27, 23 CBC worsening - PCT 0.07%(0.14-0.46%) Platelets 38(148-484) Neuts High, Mono High, MPV high likely non regenerative anemia, decreased iron availability.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

15 Years

**WEIGHT**

12 Pounds

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.72 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.63 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.92 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog & Cat Clinic of  
Niagara

**REFERRING VET**

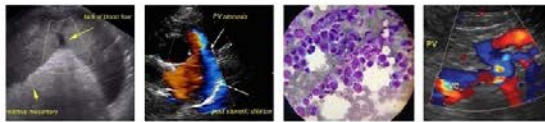
Dr. Aziz

**INVOICE**

43497

**DATE**

6/27/23



<b>PATIENT</b>	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
Scout Chivers	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>BREED</b>	
JRT x	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
<b>SEX</b>	
Neutered Male	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
<b>AGE</b>	
15 Years	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
12 Pounds	
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Crystal Hill	<ul style="list-style-type: none"> <li>Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dog & Cat Clinic of Niagara	There is no ultrasonographically visible intraabdominal evidence of hemorrhage/blood loss. However, gastrointestinal blood loss cannot be ruled out. Other differentials besides blood loss for the anemia include hemolysis secondary to infectious, neoplastic, or autoimmune disease and/or decreased cell production due to bone marrow disease. Therefore, recommendations include:
<b>REFERRING VET</b>	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
Dr. Aziz	Comprehensive infectious disease screening is recommended.
<b>INVOICE</b>	Bone marrow cytology could be considered.
43497	
<b>DATE</b>	In the meantime, in addition to supportive/symptomatic medical management of clinical signs, transfusion +/- possibly immunosuppressants may be warranted.
6/27/23	



**PATIENT**

Scout Chivers

**SPECIES**

Canine

**BREED**

JRT x

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog & Cat Clinic of  
Niagara

**REFERRING VET**

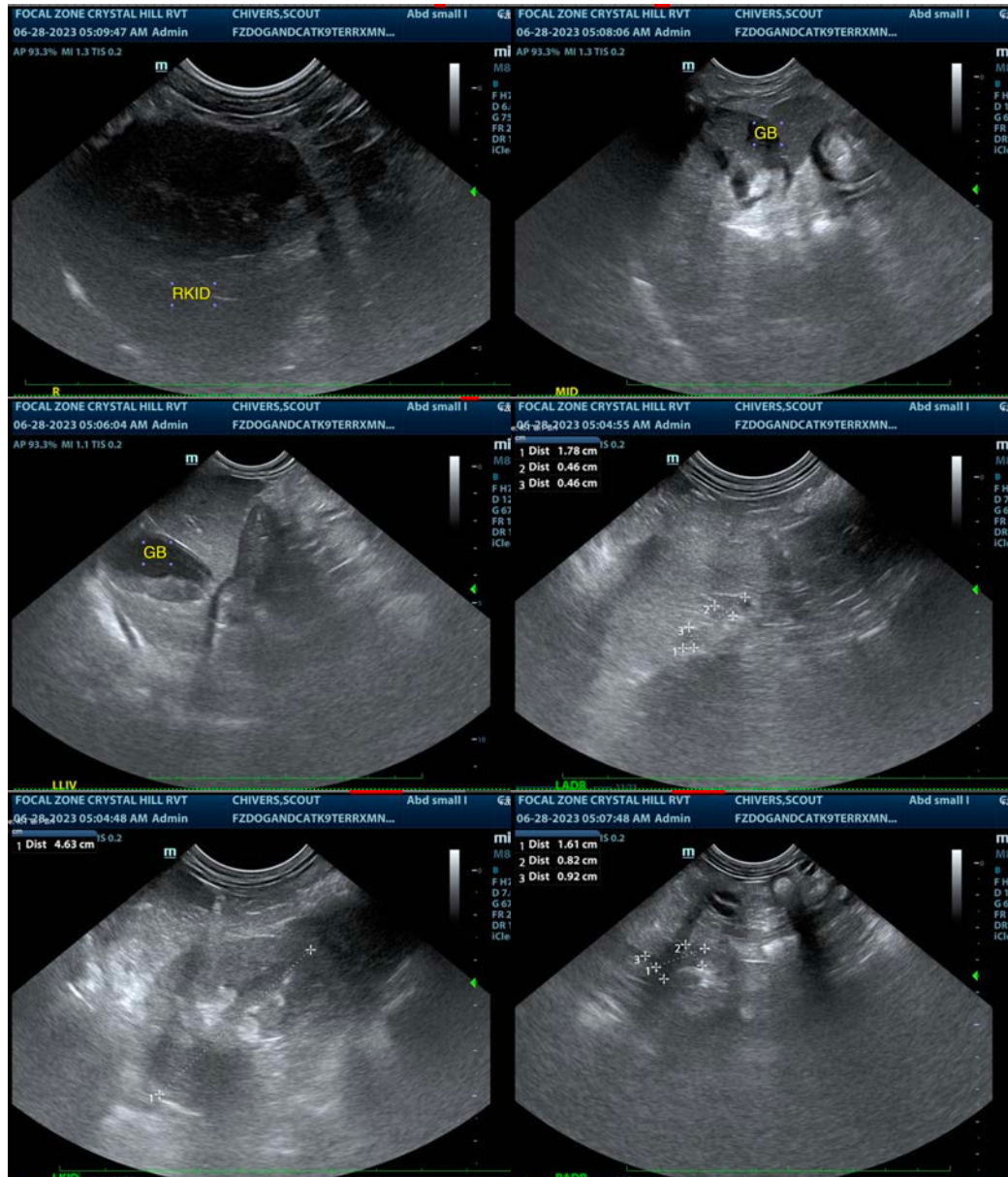
Dr. Aziz

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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.

**Beth Johnson, DVM, DACVIM**  
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