



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Yoda Kooy

SPECIES
Canine

History: Decreased appetite and lethargy x 2 weeks, Lyme pos. C6 292, Anaplasma positive, Anemia, Thrombocytopenia, Large PLT present, O presented pet also stating his eyes were swollen and red
 Abnormal PE/Chem/CBC/UA Results: Absent Menace, Absent Palpebral reflex, Superficial Corneal ulcer OD, Mid abdominal mass effect, cranial organomegaly, dental disease, stiff gait x 4 RBC:4.79, HCT: 34.2, HG: 10.6, MCHC: 31, Retic: 168, Retic HGB: 22.6, PLT: 99, TP: 7.7, Glob: 4.5, Chol: 127 Lyme +, Anaplasma +

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkie Poo

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

8 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.65 cm. The right kidney measured 4.83 cm.

WEIGHT

17.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.63 x 0.53 cm. The right adrenal gland measured 0.5 cm. The aorta in this patient revealed a mineralized thrombosis that measured up to 0.6 cm with an ill-defined, hypoechoic, undifferentiated mass that was caudal to the left renal artery.

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Striano-Kaplan

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The gallbladder presented slight polypoid changes.

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Gastrointestinal

The **stomach** was over distended with chyme.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

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SEX

Neutered male

Free Abdomen

The iliac lymph nodes are mildly enlarged and slightly heterogenous measuring up to 0.4 cm in width.

AGE

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ULTRASONOGRAPHIC FINDINGS

Undefined mass caudal to the left renal artery.

WEIGHT

17.2 lbs

Aortic thrombosis and iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel and D-dimers are warranted. Given the clinical signs skull and abdominal CT would be recommended +/- chest CT for further definition to assess underlying disease initiating the Evan's syndrome. Plavix therapy may be appropriate; however, the thrombosis in the aorta appears to be chronic given the areas of mineralization noted. however, the mass in the region of the aorta/sublumbar region is undifferentiated and the exact source cannot be assessed. The prognosis is guarded.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>

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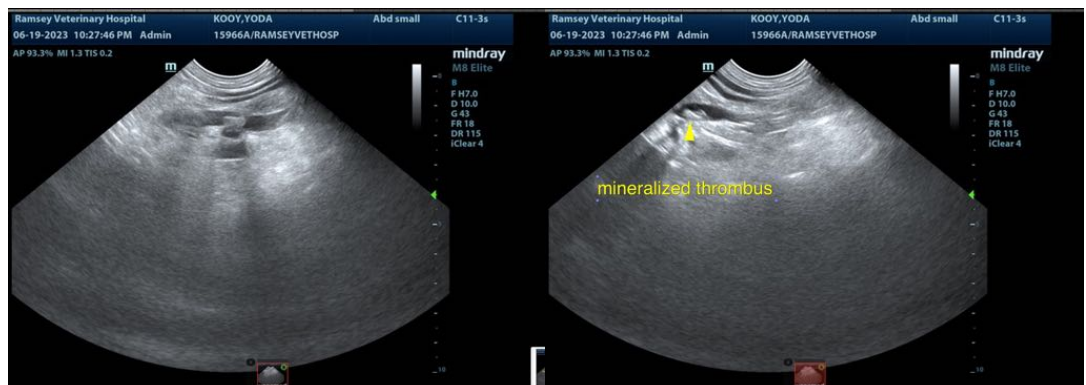
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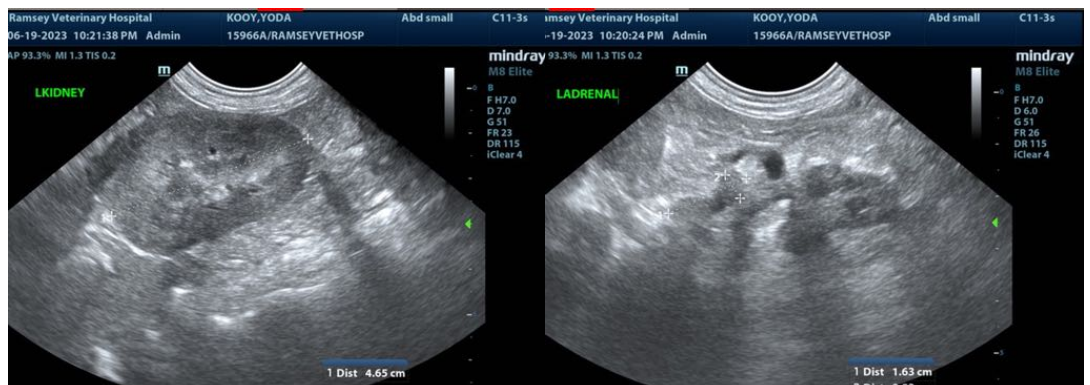
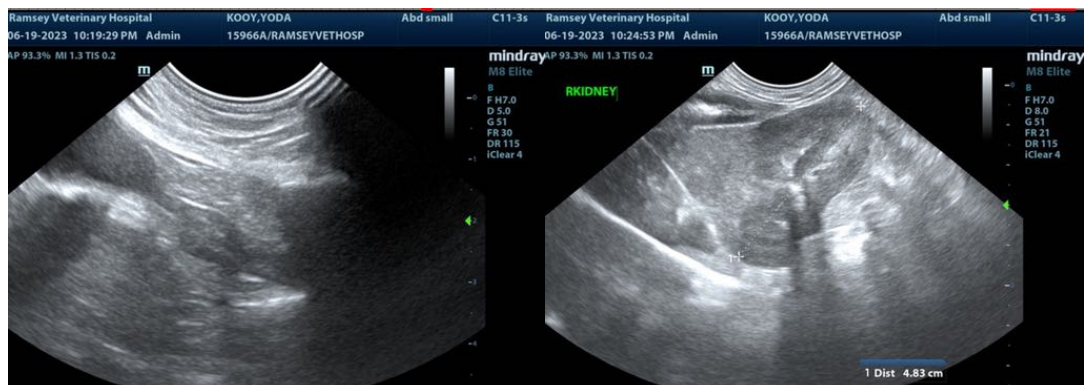
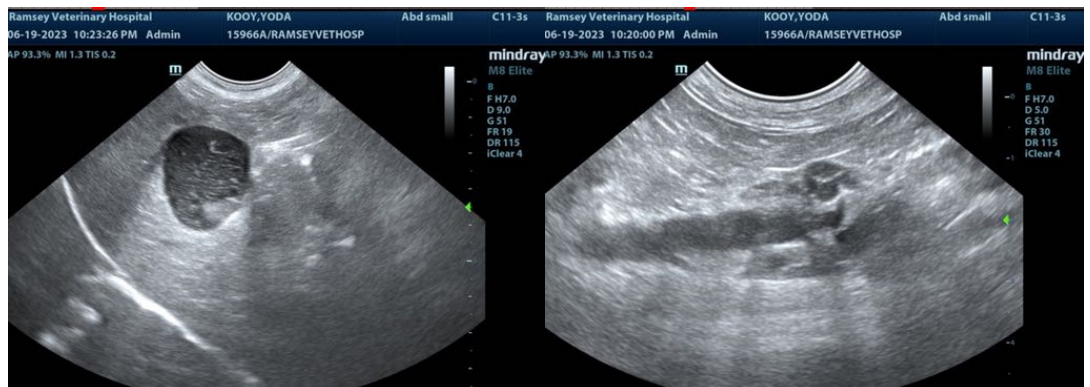
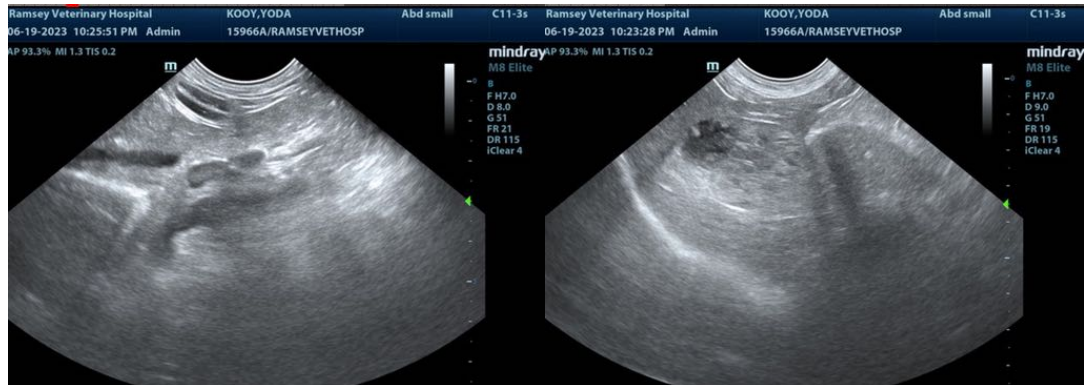
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Yorkie Poo

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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