



PATIENT **PRESENTING CLINICAL SIGNS**

Konjo Hummel

History: Presented 5/15 for ecchymosis in inguinal region with possible rodenticide ingestion. Anaplasmosis positive - treated with doxycycline and given vitamin K. Thrombocytopenia present at that time. Recheck - thrombocytopenia was persistent. Was placed on prednisone for suspected IMTP (6/8). Ecchymosis and clinical signs appear to be resolved with thrombocytopenia resolving but now liver values have increased drastically.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: (July 1) CBC Hgb 12.2, MCH 21.8, MCHC 31.8, Reticulocyte Hgb 23.4 Eos 0.038 (July 1) Chem: ALT 659, AST 112, ALP 5744, GGT 265, Bilirubin 0.4, Cholesterol 511, Triglycerides 209 Lipase 905 T4 0.5 June 21 CBC: RBC 5.23, HCT 32.4, Hgb 10.9, MCH 20.8, Reticulocyte hemoglobin 23.5 plt decreased (clumps seen) 5/26: Hgb 12.9, MCH 202.8, MCHC 31.5, plt <10,000 on direct smear

BREED

Mix

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

9 years

WEIGHT

67 lbs

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 6.0 cm. The right kidney measured 6.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

Adrenal Glands

The regions of the **adrenal glands** were imaged with no obvious pathology.

HOSPITAL NAME

New Holland VH

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Lanz

INVOICE

45907

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Gallbladder had a minor amount of debris without over distension.

DATE

7/5/23



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral disease related to the clinical history. CBC path review is warranted +/- bone marrow aspirate may be appropriate given the inflammatory profile. However, the platelet count should be at least 75000 prior to sampling and full coagulation panel. This is likely reactive hepatopathy.

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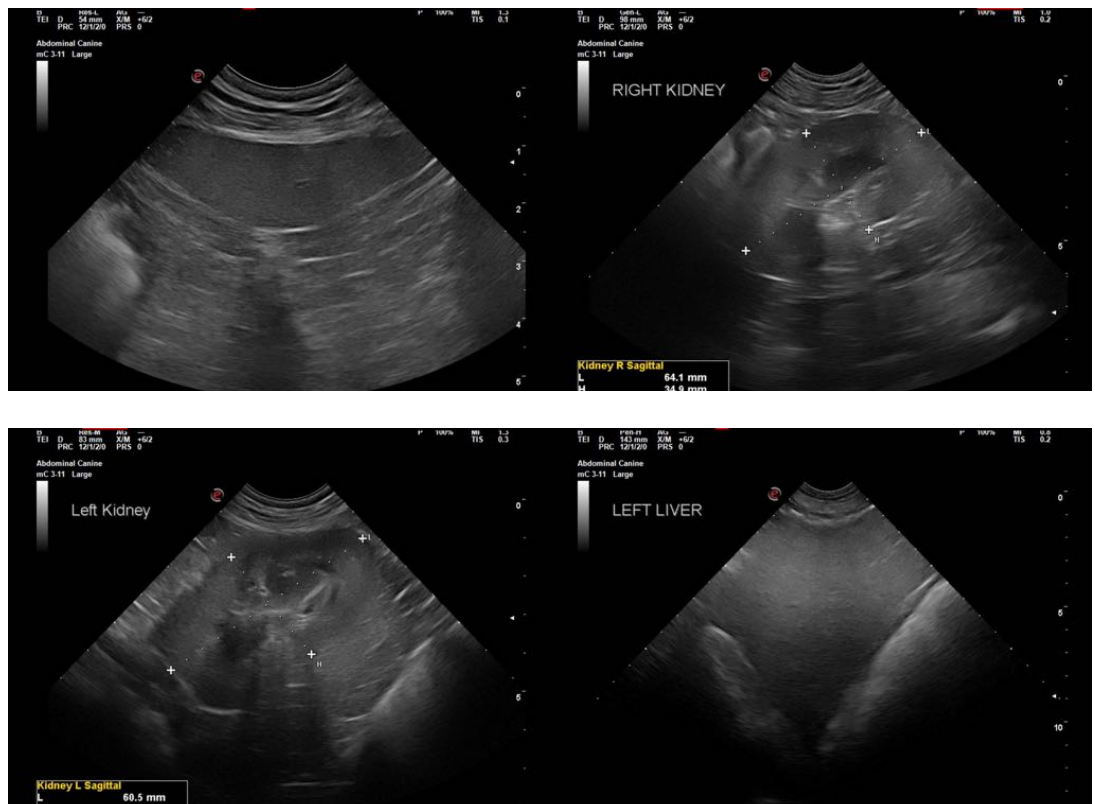
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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