



PATIENT

Nova Nichols

SPECIES

Canine

BREED

Pit Bull

SEX

FS

AGE

7y

WEIGHT

72 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

Dr Barbara Brasted-
Maki

INVOICE

15825

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Lethargic (105.6), fever, mild splenomegaly. Patient also has a history of some chronic mild gi disease. Current Medications Enrofloxacin, Amoxicillin. Carprofen Rxed but not sure if given yet. Radiographic Findings Chest and abdominal rads - No abnormalities seen. Primary Question/Differential to Be Answered in This Exam Further work up for fever, lethargy, possible splenomegaly.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 33%, nonregenerative. Automated platelet count 23,000 (not confirmed). Chem: NSA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.7 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.5 cm length x 0.62 cm width at the caudal pole.

Spleen

The spleen present borderline enlargement with symmetrical capsule contour maintained. Mild generalized splenic parenchyma heterogeneity was present with normal splenic vascularity. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver presented mild to possibly moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. No hepatic masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, gallbladder debris.



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No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta /chyme without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Focal to intermittent splenic lymph nodes were present medial to the spleen. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.8 cm diameter. No evidence of additional or significant lymphadenopathy was noted. No omental masses or peritoneal effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

- Borderline splenomegaly exhibiting mild parenchyma heterogeneity - hyperplasia, hematopoiesis, splenitis, potential for early infiltrative neoplasia cannot be excluded
- Minor nonspecific yet subjective benign splenic lymphadenopathy
- Nonspecific hepatomegaly - subjectively benign, metabolic/reactive/vacuolar hepatopathy, potential for concurrent inflammatory hepatopathy are all potentials
- Mild gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract with mild gastric ingesta / chyme, no evidence of gastrointestinal mural pathology i.e., gastrointestinal neoplastic criteria, ulcers, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation was nonspecific given the lack of reported hepatic enzyme elevations.

Assuming normal clotting status and using a 25-gauge needle, screening splenic or hepatosplenic FNA cytology is warranted for further assessment. Infectious disease serology including Babesia titers, given the breed, is recommended.



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Some degree of gastric nonobstructive hypomotility or stasis could be considered if documented NPO. Some or all of the following protocol may be considered.

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(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)

Canine

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)

BREED

Consider Onion/Garlic derivative ingestion if Heinz bodies present.

Pit Bull

Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper

SEX

Aspirin 0.5 mg/kg Sid owing to hypercoagulable state

FS

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry

AGE

Doxycycline if infectious suspected clinically or based on CBC path review:

7y

Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

WEIGHT

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

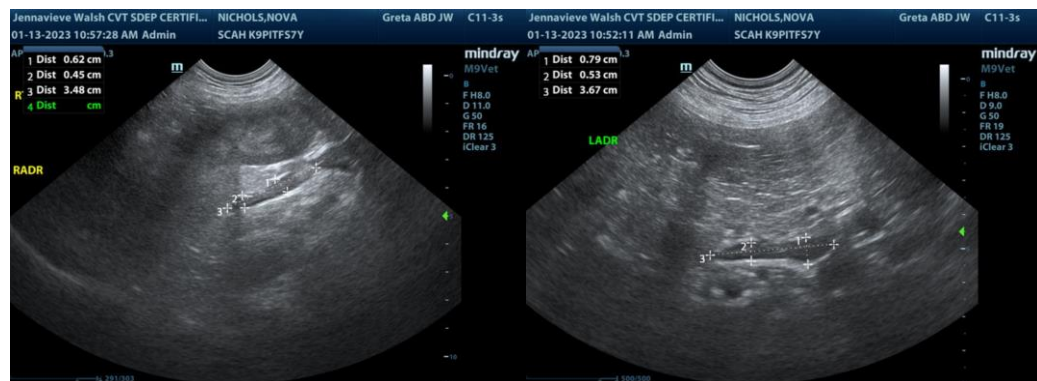
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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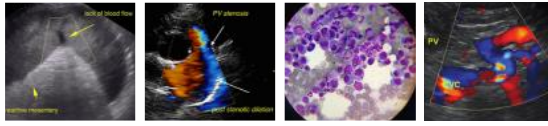
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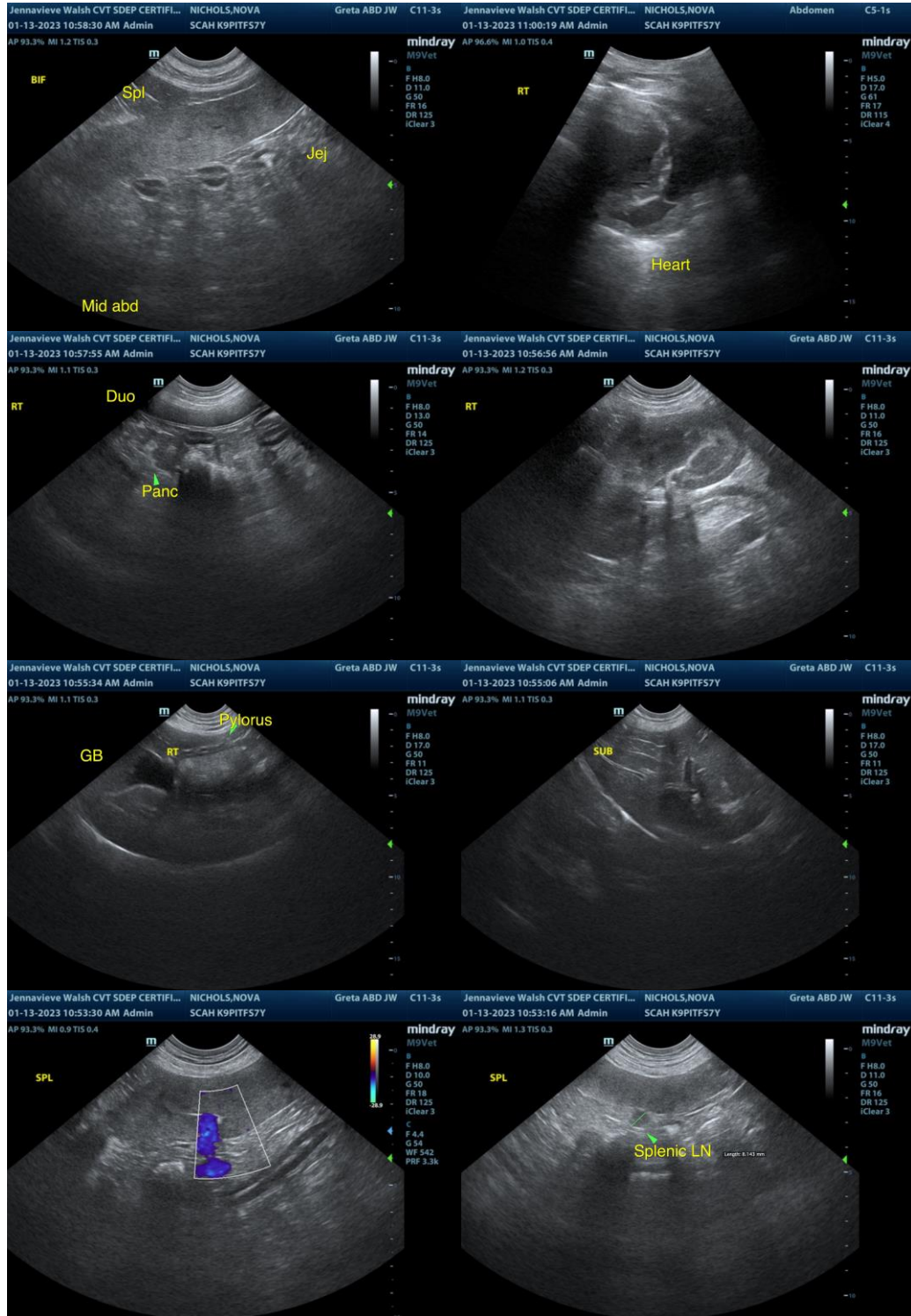
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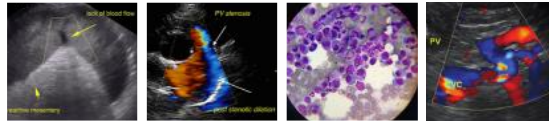
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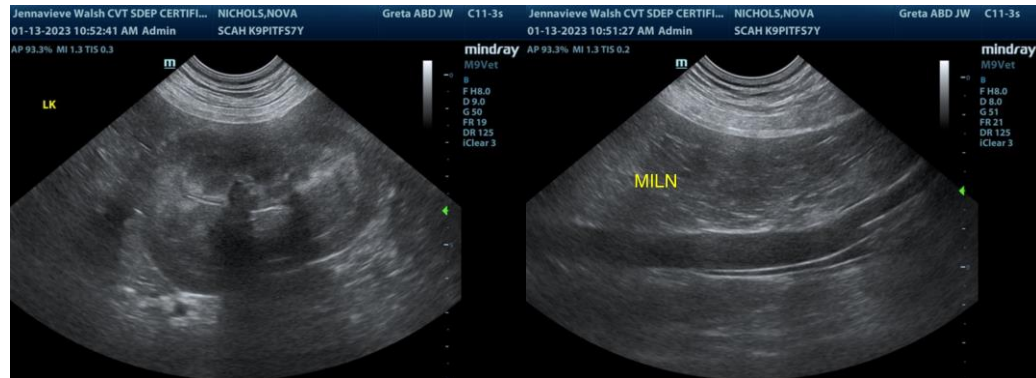
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com