



PATIENT PRESENTING CLINICAL SIGNS

Piper Parisotto History: P presented for vomiting and diarrhea. TPR was all normal meds: Cerenia, metronidazole

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Anemia- PCV is 34% Thrombocytopenia- PLT- 50 ALT appears to be so high it is unreadable TP- 105. GLOB- 86, ALB-19 Beta 2 globulins elevated on electrophoresis- 46.62 Gamma globulins elevated on electrophoresis- 22.68 4dx Negative

BREED

Collie X

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 were noted.

SEX

Neutered Male

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.5 cm in length.

AGE

12 Years

WEIGHT

17 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.44 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm at the caudal pole.

IMAGING

PERFORMED BY

Kelly Reschny

Spleen

The spleen exhibited generalized mild to moderate enlargement and subtle generalized splenic parenchyma heterogeneity. Solitary non-expansive heterogeneous nodule noted in the mid lateral spleen, measuring 2.5 cm in diameter.

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Acton VC

Liver

The liver exhibited subjective mild enlargement with subjectively normal structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Gajadhar

The gallbladder was non distended in size with mild nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor gastric ingesta was present.

DATE

1/31/22

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.



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

Piper Parisotto **Pancreas**

SPECIES 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 was evident.

Canine

Free Abdomen

BREED No effusion or overt lymphadenopathy were present.

Collie X

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Splenomegaly with solitary nonspecific heterogeneous nodule
- hepatopathy
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric ingesta
- Mild chronic renal changes

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

17 kg

Given the polyclonal gammopathy, inflammatory, infectious or potential neoplastic etiologies for the hyperglobulinemia possible. Assuming normal clotting status, ultrasound guided FNA of both the liver and spleen with specific FNA of the splenic nodule and parenchyma, using a 25-gauge needle warranted for screening cytology. The ALT elevation in conjunction with the hepatic presentation may suggest nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.). Leptospirosis titers/PCR recommended, if potential exposure. Appropriate antibiotic therapy for cholangitis/cholangiohepatitis, given the ALT elevation and pending cytology may prove beneficial as well as hepatosupportive medications, including Denamarin +/- Ursodiol. Continued (as needed) gastrointestinal supportive care recommended. If persistent decreasing hematocrit and platelets, potential for Evans syndrome may be considered in this patient.

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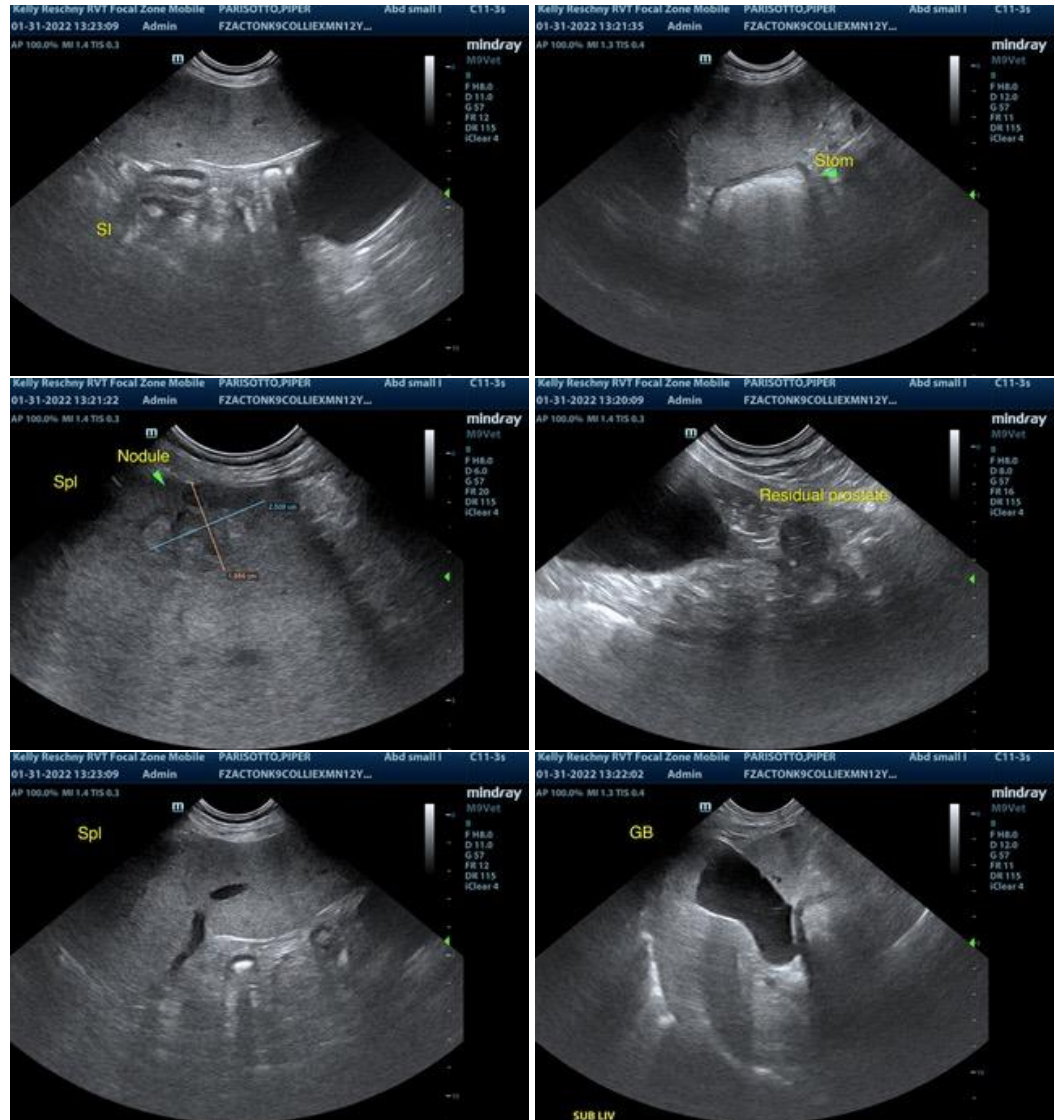
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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