



PATIENT PRESENTING CLINICAL SIGNS

Mia Shull
History: Patient originally presented on 12/13/22 for decreased appetite and discharge from eyes. P was diagnosed with conjunctivitis and anemia secondary to autoimmune issue vs neoplasia. P presented for recheck appts on 12/20/22 - Owner states P was lethargic, and the eye was worse. Dr. noted severe hyphemia in the left eye. P presented for another recheck on 12/28/22, O stated P was vomiting, however the eye was improving. Dr. suspected GI upset secondary to medications.

SPECIES

Canine

BREED

Other

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: Hyphemia OS. 12/13/2022: Fluorescein Stain - Negative OU. I/O Pressures - OS 15, OD 14. CBC - RBC 2.56, HCT 17.7, HGB 5.2, MCH 20.3, MCHC 29.4, RDW 28.1, RETIC 496.6, RETIC-HGB 16.1, WBC 49.30, NEU 23.42, BANDS, LYM 20.94, MONO 4.64, PLT 1, PCT 0. CHEM - CREA 0.4, GLOB 4.7. 12/20/2022: CBC - RBC 3.17, HCT 23.2, HGB 7.4, MCHC 31.9, RETIC 171.5, WBC 38, NEU 32.91, MONO 1.67, EOS 0.1, PLT 1592, PCT 1.81. 12/28/2022: CBC - RBC 3.05, HCT 23.9, HGB 7.5, MCV 78.4, MCHC 31.4, RDW 26.6, RETIC 394.7, WBC 17.42, NEU 12.92, PLT 753, PCT 0.96. 1/5/2023: CBC - RBC 3.79, HCT 25.5, HGB 8.9, MCV 67.3, MCHC 34.9, RDW --, RETIC 181.9, PLT 660, PC 0.83.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

6 Years 5 Months

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.

WEIGHT

13.2 Pounds

No evidence of medial iliac or sublumbar lymphadenopathy.

INTERPRETED BY

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

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 4.1 cm in length. The right kidney measured 4.0 cm in length.

IMAGING PERFORMED BY

Mack

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.61 cm width at the caudal pole.

HOSPITAL NAME

Norrrthside VC

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.47 cm width at the caudal pole.

Spleen

REFERRING VET

Dr. Mack

The spleen was normal to mildly subnormal in size, potentially suggestive of splenic volume contraction. Symmetrical capsule and finely textured homogenous parenchyma were maintained. Splenic vascularity was normal. No masses or nodules were noted.

INVOICE

Liver

20393

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

1/5/23



PATIENT The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Mia Shull

Gastrointestinal

SPECIES

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mild prominent intact wall layering was noted. The stomach contained a mild amount of retained anechoic fluid.

Canine

BREED

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 obstruction or foreign material. No evidence of intestinal metabolic/mechanical ileus.

Other

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

SEX

Pancreas

Spayed Female

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.

AGE

6 Years 5 Months

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

WEIGHT

13.2 Pounds

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically unremarkable abdomen
- Possible mild splenic volume contraction
- Mild gastritis pattern

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as an obvious cause of the patients CBC abnormalities. As needed GI support and empirical therapy for mild gastritis is recommended if clinically indicated. CBC pathology review +/- infectious disease serology is warranted. Empirically, some or all of the following protocol may be considered.

IMAGING PERFORMED BY

Mack

IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome

HOSPITAL NAME

Norrthside VC

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

REFERRING VET

Dr. Mack

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

INVOICE

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

Aspirin 0.5 mg/kg Sid owing to hypercoagulable state

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

DATE

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

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

1/5/23



PATIENT

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

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REFERRING VET

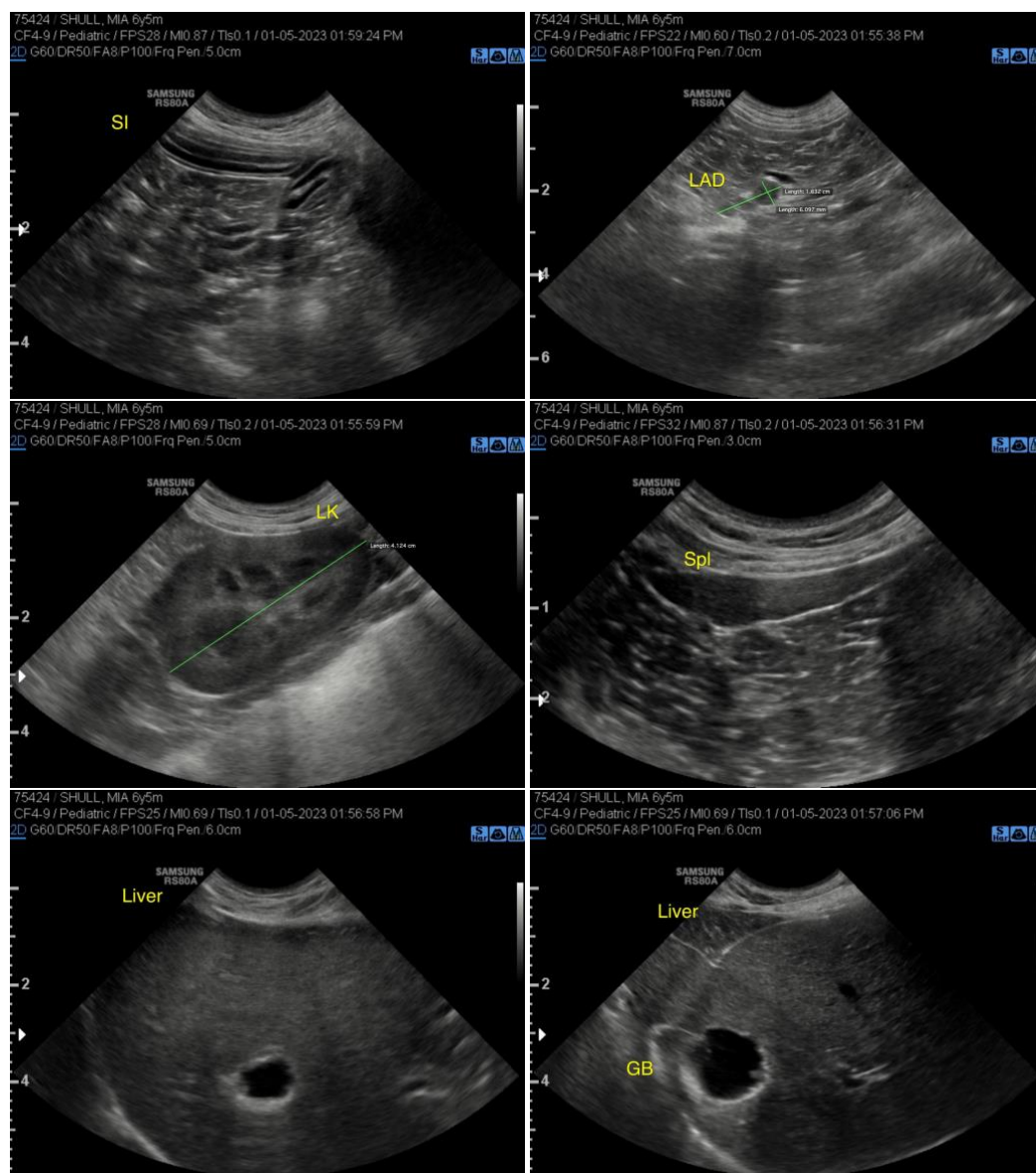
Dr. Mack

INVOICE

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DATE

1/5/23





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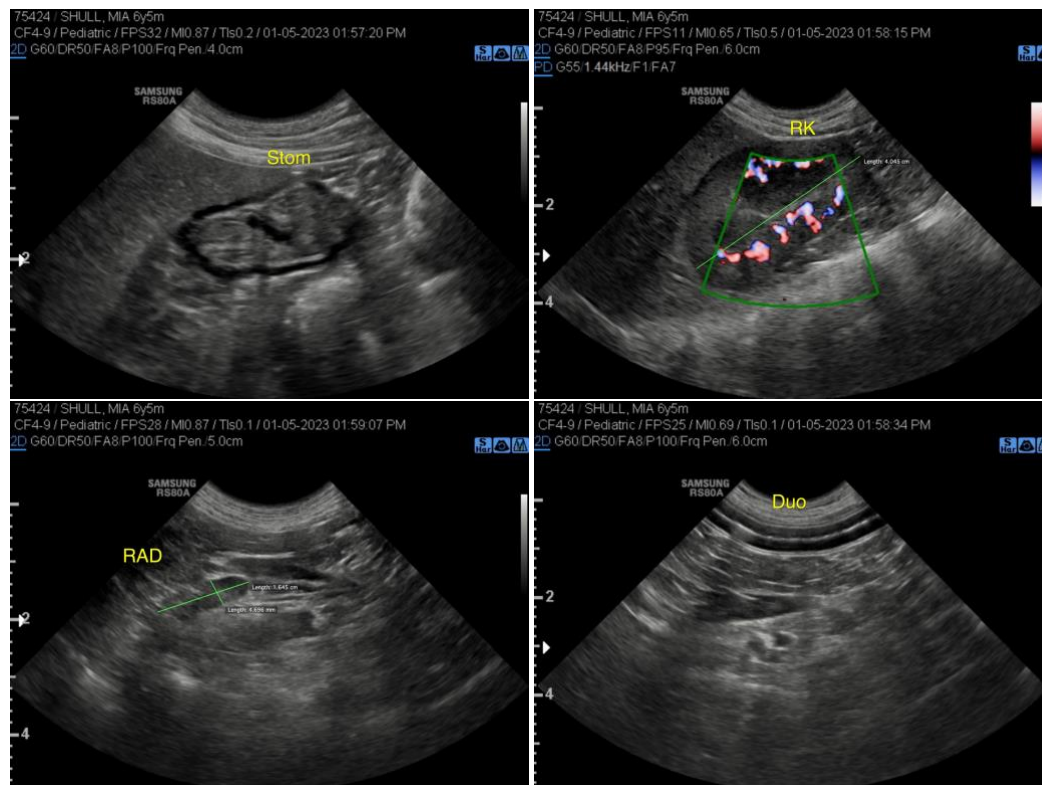
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DATE

1/5/23

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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