



**PATIENT**

Misty Emery

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Keller

**INVOICE**

20391

**DATE**

1/6/23

**PRESENTING CLINICAL SIGNS**

History: Onset of lethargy and anorexia for 1 week. Presented with pyrexia  
Abnormal PE/Chem/CBC/UA Results: Bloodwork showed neutropenia and thrombocytopenia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, primarily dependent particulate sediment was present, which may indicate cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy.

No overt pathology in the area of the uterine remnant.

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 3.5 cm in length. The right kidney measured 3.2 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 1.7 cm length x 0.41 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 1.4 cm length x 0.49 cm width at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

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.

The gallbladder was non-distended with anechoic content and mild to moderate nondependent yet nonorganized echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall layering was noted. The stomach contained a minor amount of retained anechoic fluid



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without evidence of gastric distention secondary to significant fluid or ingesta retention. No evidence of gastric foreign material.

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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 mechanical/metabolic ileus.

Normal visible colon wall layers were present with potential semi formed fecal matter in lumen.

**BREED**

Havanese

***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 was evident.

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***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor urinary bladder sediment
- Sonographically normal kidneys- no evidence of pyelonephritis
- Mild gastritis pattern, sonographically unremarkable small bowel/pancreas
- Mild gallbladder debris- not consistent with mucocele criteria

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, sonographically unremarkable or nonspecific abdomen without overt pathology as a definitive cause of the patients clinical signs and CBC abnormalities. The gallbladder debris is likely incidental, given no reported cholestasis. Spec cPL could be considered to assess for non-sonographically evident or low-grade pancreatitis. Empirical as needed gastrointestinal support and therapy for fever of unknown origin would be reasonable. Infectious disease serology may be considered if clinically indicated. Three view chest radiographs are suggested (if not done) to rule out occult thoracic pathology.

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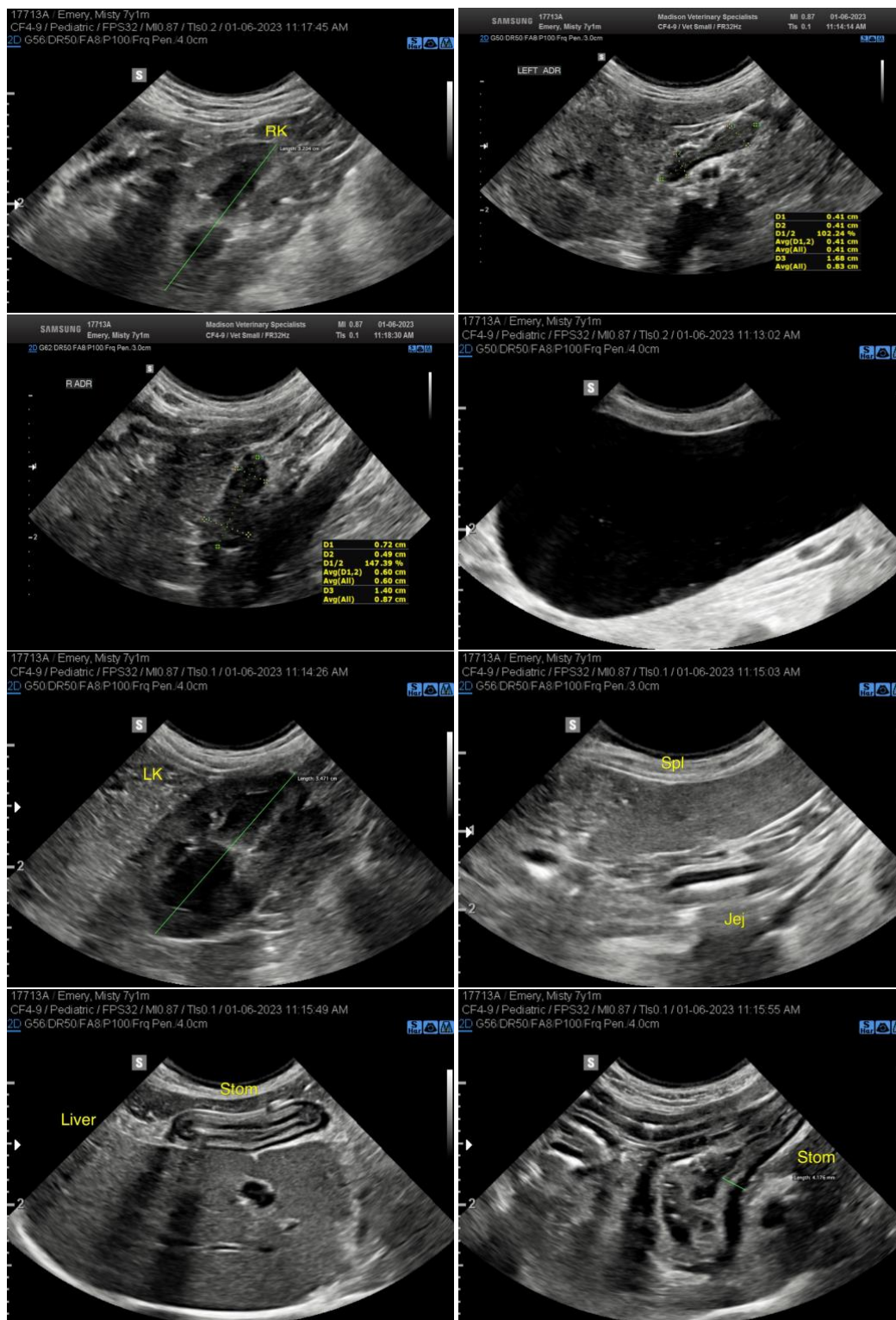
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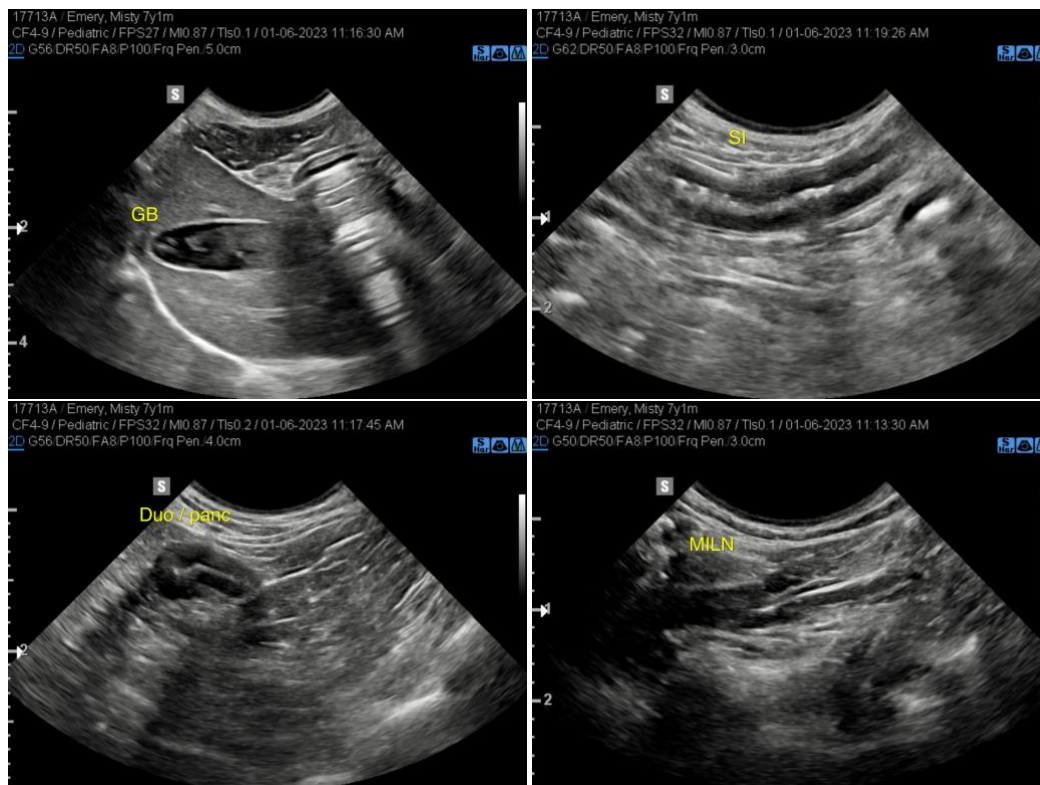
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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