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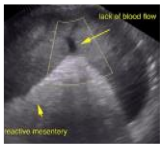

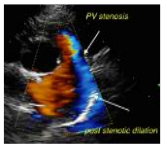

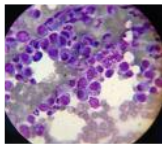
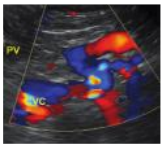

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kuma Spoor

SPECIES

Canine

BREED

Siberian Husky

SEX

MN

AGE

8y 7m

WEIGHT

53.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessica Evoniuk

INVOICE

15206

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Primary hyperparathyroidism with recent bilateral parathyroidectomy surgery at CSU 9/6. Upon their preanesthetic workup they had discovered hepatic and splenic thrombi. \medical treatment with clopidogrel and rivaroxaban 9/8. Bilateral small adrenals - hx of pred usage for chronic rhinitis, chronic cough of 7.5 year hx
Abnormal PE/Chem/CBC/UA Results: ionized calciums have been WNL. Doing well. Follow up on thrombi. is friendly but can be anxious so did sedate with low dose dexmed/butorphanol iv

Please submit studies in DICOM format if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate was free of overt pathology.

The area of the iliac trifurcation and sublumbar space was free of obvious pathology.

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.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen was overall normal in size with areas of minor medial capsule asymmetry and generalized mild parenchyma heterogeneity. No distinct splenic masses or nodules were visualized. Subjectively small splenic vein thrombus at the level of the hilus was present. Color doppler assessment of the spleen revealed subjective adequate to normal splenic vascularity.

Liver/ Gallbladder

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. No obvious evidence of hepatoportal vascular thrombus was noted. The gallbladder was non-distended in size with mild nondependent mildly echogenic debris. The cystic and common bile ducts were normal.

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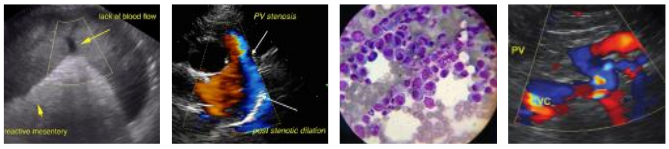

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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

No overt lymphadenopathy or peritoneal effusion was present.

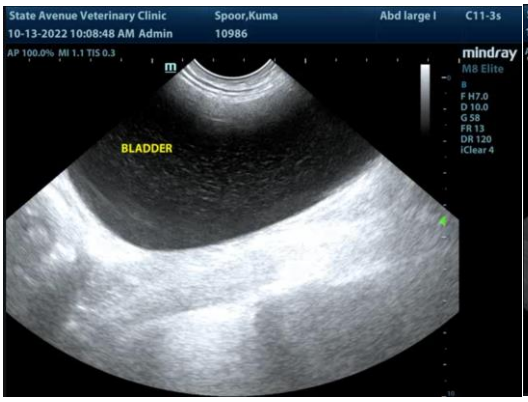
ULTRASONOGRAPHIC FINDINGS

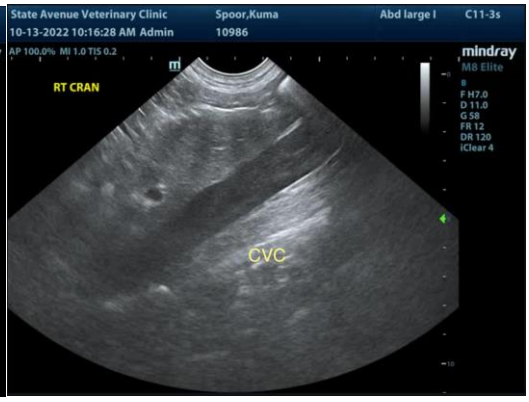
- Subjective small splenic vein thrombus, overtly normal to adequate splenic vascularity
- Overtly normal liver - no overt or visualized hepatoportal thrombus
- Subjective minor age-related renal changes
- Mild gallbladder debris - likely incidental assuming no evidence of cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for non-visualized possibly small hepatic thrombi could be present yet the overall hepatic parenchyma exhibited normal sonographic appearance without evidence of infarction or other pathology.

Likewise, the splenic vein thrombus does not appear to be a clinical issue at this point given subjective normal splenic vascularity, size, and overall echogenicity without evidence of splenic infarction. Continued current medical protocol would be reasonable with sonographic monitoring.





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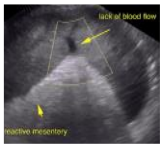
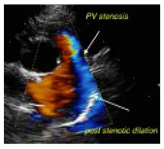
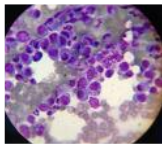
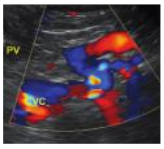

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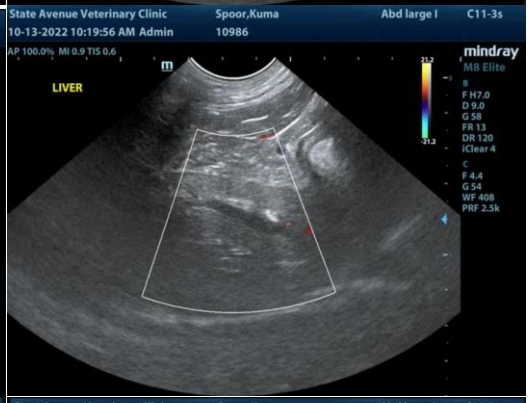

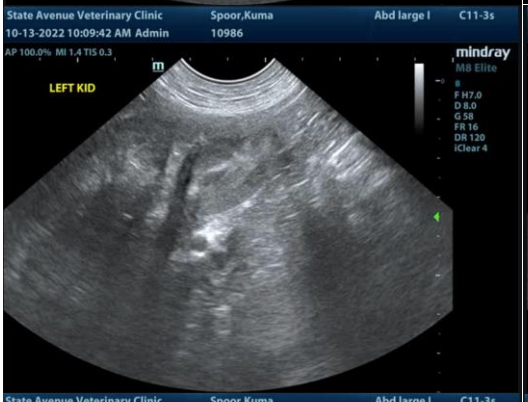

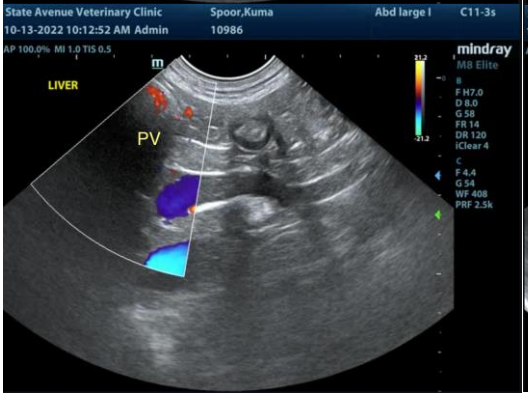

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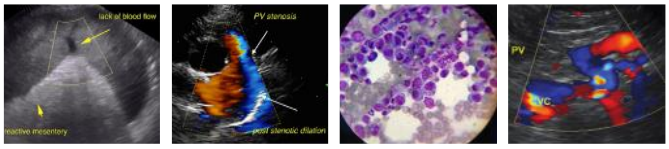

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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