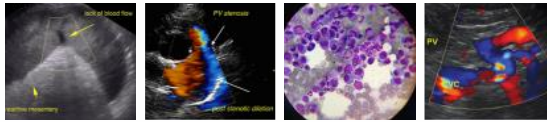
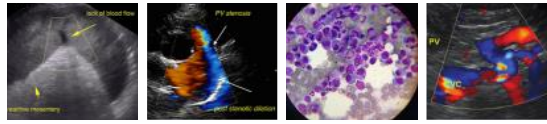


PATIENT	PRESENTING CLINICAL SIGNS
Brodie Taylor	History: Hypochromic normocytic mildly regenerative anemia - suspect IMHA
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC: Hct 14.8 (L), MCH 20.6 (L), retic 76.7, WBC 21.7 (H), Neut 16.37 (H), Mono 1.52 (H), Plt 294 Chem17: ALP 689 (H), bilirubin 2.2 (H) EPOC: K 3.2 (L), Lact 2.68, BUN 28 (H), Creat 0.73, Hct 14 (L) PCV/TS: 16%/8.0 Radiographs: one cystolith in the bladder, two urethroliths, no obvious evidence of pulmonary metastasis, splenomegaly 4DX: negative Blood smear: anisocytosis, polychromasia, spherocytes
Canine	
BREED	
Schnauzer	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	The urinary bladder was normal in size and tone. Mild nonuniform thickening of the urinary bladder wall was present. A solitary cystic calculus was present, measuring 1.2 cm in diameter. Potential adherence to the cystic calculus to the inner luminal wall cannot be definitively excluded yet no evidence of inflammatory or neoplastic urinary bladder mural changes. Concurrent moderate nondependent particulate sediment was noted, which may indicate cellular debris/protein, crystalline debris or mucus. The urethra was normal in structure and tone to a depth of 3.0 cm without evidence of urethral urine distention.
AGE	
9 Years	
WEIGHT	
8 kg	The residual prostate was normal, measuring 1.1 cm in diameter.
INTERPRETED BY	Normal size and margination was 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 pyelectasia or hydronephrosis was present. Focal areas of nonobstructive medullary mineral were present. The right kidney measured 5.4 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Jenna Walsh, CVT	The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm in length x 0.58 cm at the caudal pole in width.
HOSPITAL NAME	Spleen
Wilvet of Salem	The spleen revealed generalized asymmetrical enlargement, exhibiting areas of mild capsule asymmetry. Maintained finely textured homogeneous splenic parenchyma noted. No masses or nodule were noted. Splenic vascularity was subjectively normal. The spleen exhibited mild folding.
REFERRING VET	Liver
Dr. Mezen	The liver revealed mild hepatomegaly, exhibiting evidence of mild hepatic vein congestion, most notable at the level of the hepatic vein/caudal vena cava junction. Concurrent mild cranial abdominal caudal vena cava dilation was present. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. No evidence of caudal vena cava thrombosis.
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10/14/22	The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is



PATIENT	consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Anechoic content was noted in the gallbladder with mild nondependent mildly echogenic nonorganized luminal debris.
Brodie Taylor	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	<i>Pancreas</i>
Schnauzer	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.
SEX	<i>Free Abdomen</i>
Neutered Male	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Other</i>
9 Years	A rapid view of the heart revealed no evident pathology.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8 kg	<ul style="list-style-type: none"> • Cystic calculus with concurrent moderate particulate sediment • Asymmetrical splenomegaly with maintained homogeneous parenchyma and evidence of splenic folding- subjectively benign • Hepatomegaly, exhibiting evidence of hepatic vein congestion, concurrent subjective caudal vena cava congestion • Mild gallbladder debris with evidence of gallbladder wall edema • Scant pocket of scant perihepatic free fluid • Bilateral mild chronic renal changes with mild nonobstructive medullary mineral- no overt pyelectasia/hydronephrosis
INTERPRETED BY	<i>Other</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	No overt evidence of intraabdominal neoplastic criteria. Screening hepatosplenic FNA cytology could be considered primarily to ensure only benign changes are present and assuming normal clotting status. Without evidence of pericardial effusion or overt structural cardiomyopathy, a definitive cause of the subjective hepatic and caudal vena cava congestion was not apparent. This patient may be at
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Wilvet of Salem	
REFERRING VET	
Dr. Mezen	
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PATIENT

Brodie Taylor

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

increased risk for thrombus formation given the possible hypercoagulable state. Sonographic reassessment of the liver for evidence of progressive congestive criteria may be considered if progressive hepatomegaly or peritoneal free fluid. Some or all of the following protocol may be considered.

IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome

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

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.

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

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

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Wilvet of Salem

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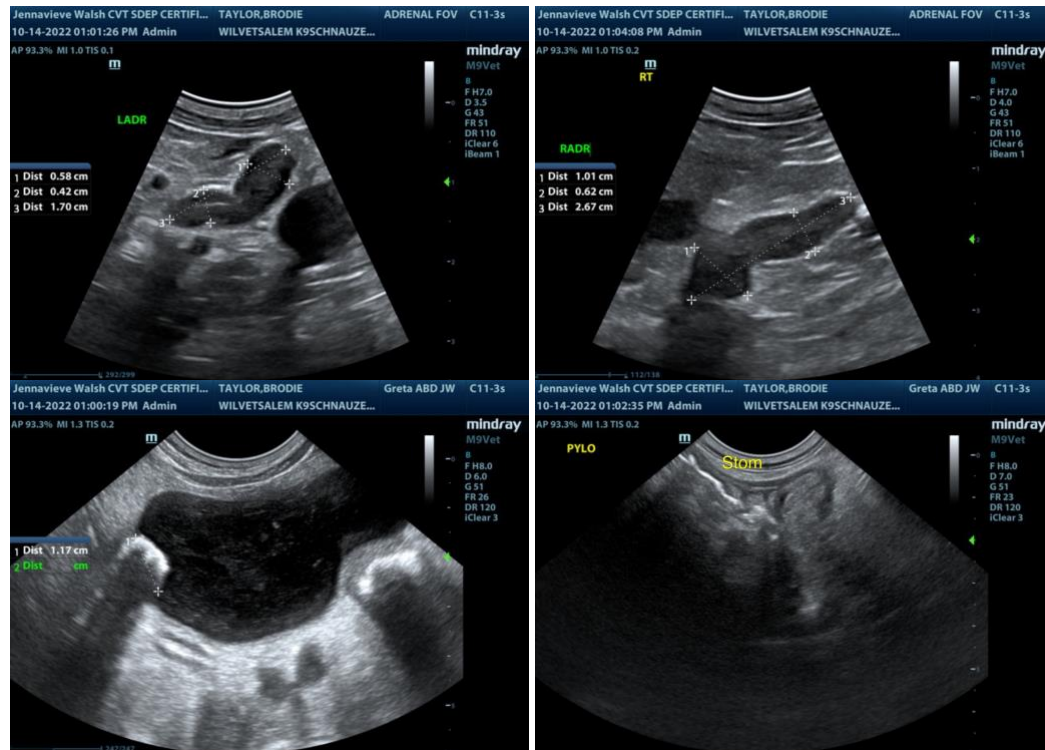
Dr. Mezen

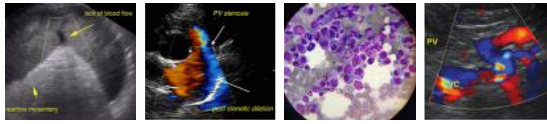
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PATIENT

Brodie Taylor

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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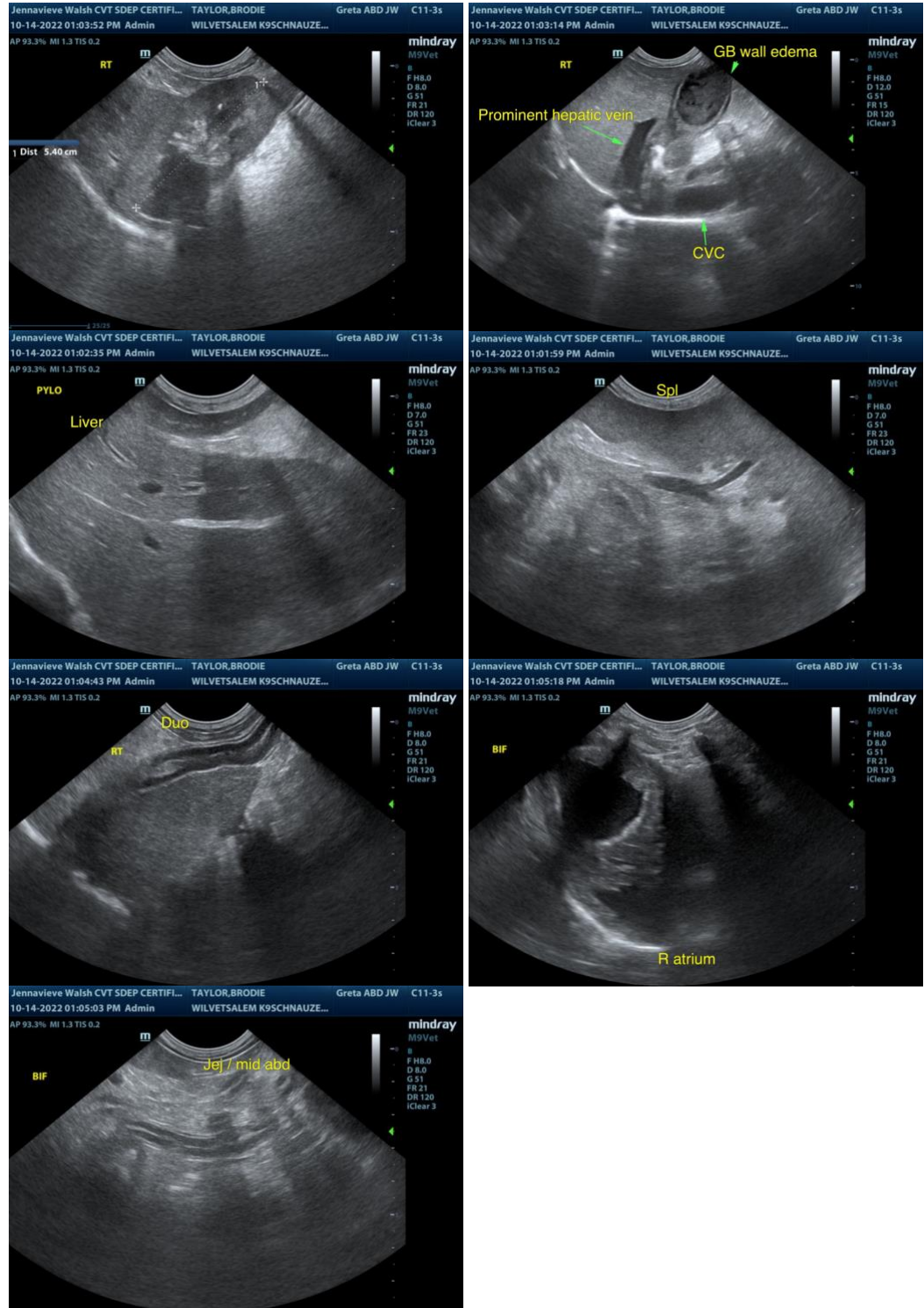
Dr. Mezen

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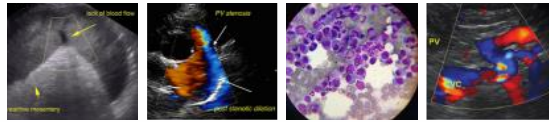
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Brodie Taylor 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.

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

INTERPRETED BY

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

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HOSPITAL NAME

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