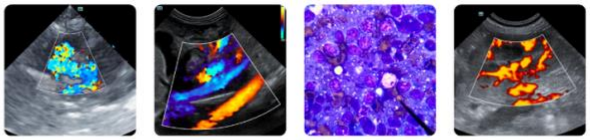


PATIENT

Ginger Zavala

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

11

WEIGHT

16 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Cutrone

HOSPITAL NAME

Greater Staten island Veterinary Services

REFERRING VET

Dr. Brackett

INVOICE

12804

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Acutely bleeding from mouth today

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 4.94 K/uL (L), NEU 2.94 K/uL (L), PLT 0 K/uL (L) - confirmed via blood smear Chemistry: TP 8.3 g/dL (H) PCV/TP: 49%, 8.6 CXR: no obvious metastatic lesions, subjective cardiomegaly, hepatomegaly Tick PCR: results pending CBC Path: results pending Petechiation on exam

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. 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 change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses. No evidence of distal aortic thrombus.

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 pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.75 x 0.54 cm in diameter. The left adrenal gland measured 0.45 cm width at the caudal pole.

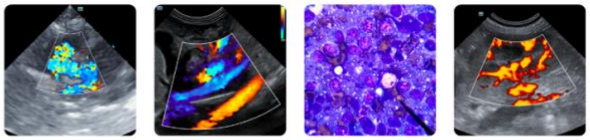
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Medial parenchyma to perihilar noncapsule deforming hyperechoic nodules were present with an example measuring 0.63 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver revealed borderline to possible mild hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to



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mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Borderline/mild noncongested hepatomegaly- subjective benign.
- Hyperechoic splenic nodules- most consistent with benign criteria i.e. myelolipomas.
- Mild nonorganized gallbladder debris.
- Age-related renal changes.
- Left adrenal nodule- hyperplasia, adenoma, lipogranuloma suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the thrombocytopenia i.e. abdominal tumor or neoplastic criteria was not obvious. The borderline to mild hepatomegaly and splenic nodules are most consistent with benign criteria. Sonographic monitoring of the liver and splenic nodules for evidence of progression would be reasonable. Some or all of the following protocol may be considered pending additional diagnostics.

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

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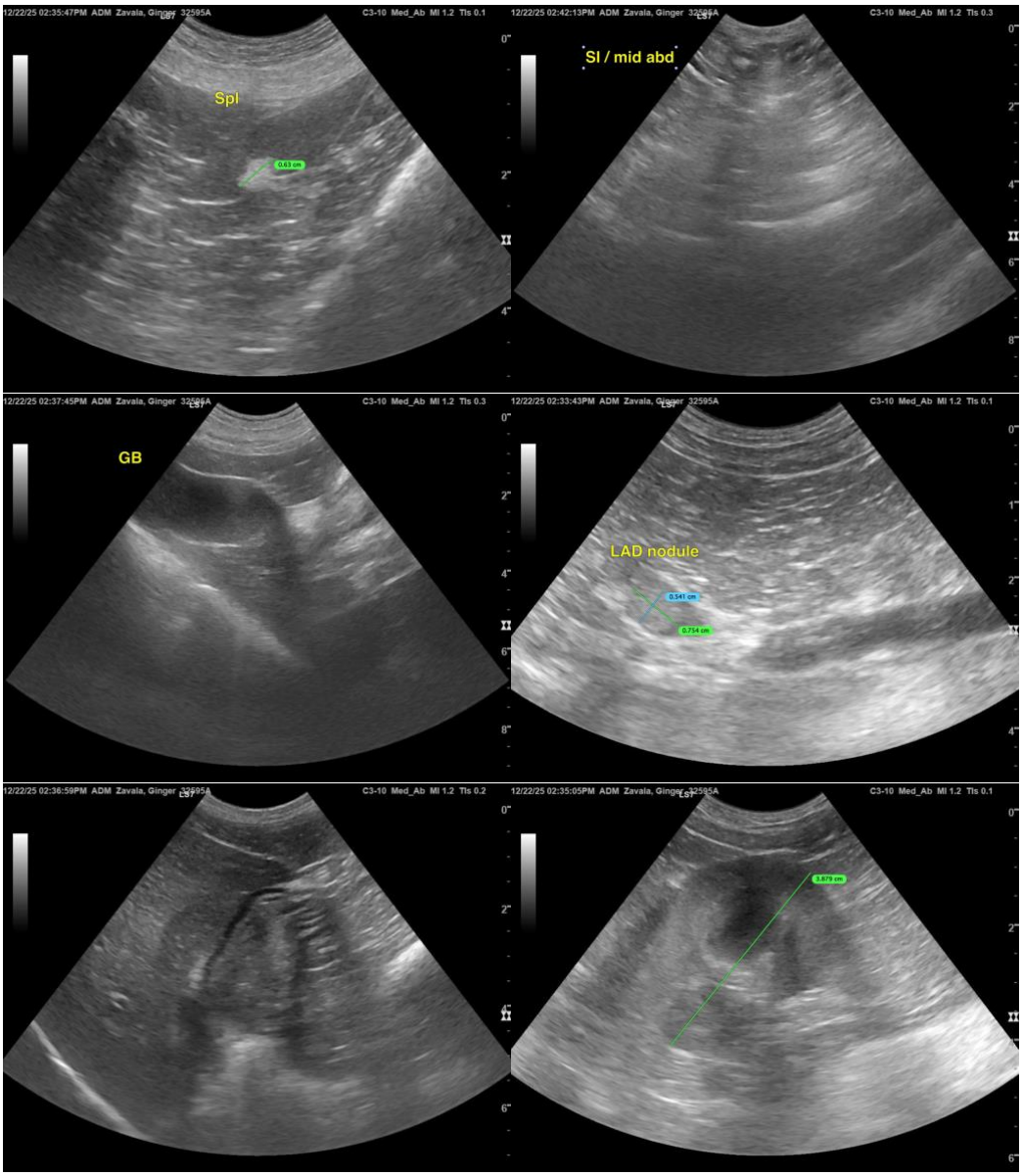
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry

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



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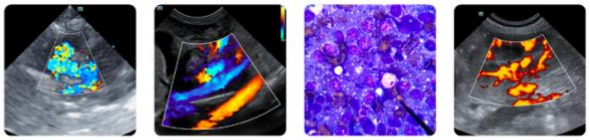

Clinical Sonography & Telecytology
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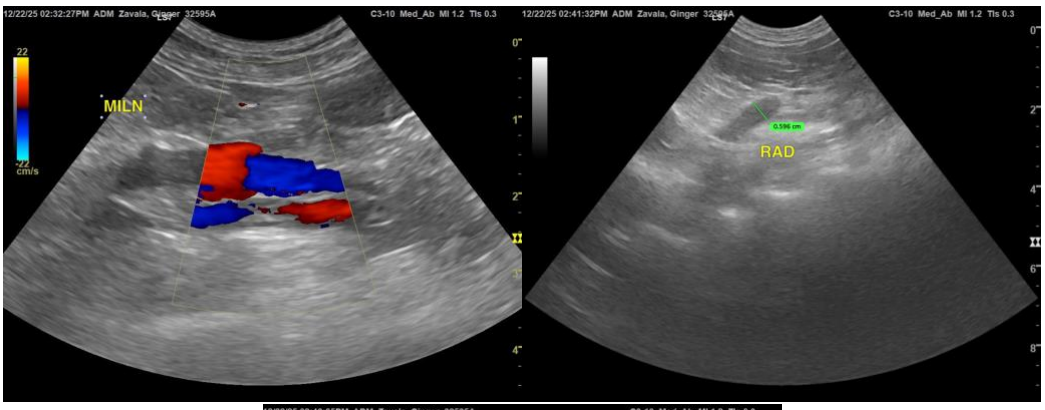

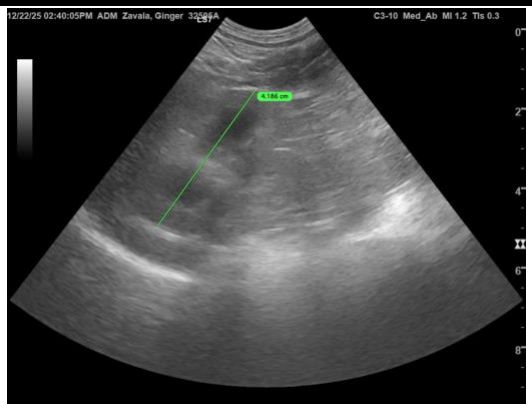

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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