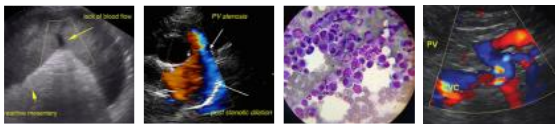

PATIENT
Beast Glenn

SPECIES
Canine

BREED
Rottweiler

SEX
MN

AGE
6 years

WEIGHT
86 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Reid Veterinary Hospital

REFERRING VET
Dr. Gonzales

INVOICE
15748

DATE
12/29/22

PRESENTING CLINICAL SIGNS

Patient was presented for surgery for a growth removal when pre-surgical bloodwork showed mild anemia, significantly decreased platelets. Rechecked CBC, anemia and thrombocytopenia still present. No surgery occurred that day, recommended send bloodwork to Idexx lab to check platelets and clotting factors. On exam the P does not show signs of spontaneous bleeding (nopetechiation, no ecchymoses).

Abnormal PE/Chem/CBC/UA Results: Current Medications Prednisone Radiographic Findings N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate was free of overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 7.9 cm in length. The right kidney measured 7.7 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 3.2 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was not definitively visualized potentially owing to suppression secondary to Prednisone therapy. No overt pathology was observed in the area of the right adrenal gland.

Spleen

The spleen presented subjective normal size and primarily maintained a symmetrical capsule contour with generalized mild nonuniform to heterogeneous splenic parenchyma. A solitary, mildly expansive, hypoechoic to mild nonhomogeneous nodules were present in the subjective cranial spleen without evidence of associated capsule distortion, measuring ~2.0 cm in diameter.

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

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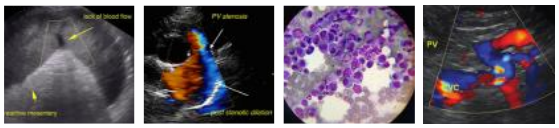

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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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 omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild heterogeneous spleen with solitary, mildly expansive nodule
- Otherwise, sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenic parenchyma heterogeneity and solitary mildly expansive splenic nodule were nonspecific. Considerations may include hyperplasia, hematopoiesis, small hematoma, and incidental splenitis, while the possibility of emerging neoplastic criteria cannot be definitively excluded. Assuming normal clotting status and using a 25-gauge needle, splenic parenchyma and if accessible splenic nodule FNA cytology are warranted for further assessment.

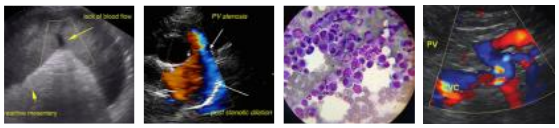
Sonographic monitoring of the spleen with initial recheck in 2-3 weeks would be a more conservative approach. Three-view chest radiographs are suggested if not done. Infectious disease serology may be considered if clinically indicated.

Empirically, some or all of the following protocol may be considered.

(*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



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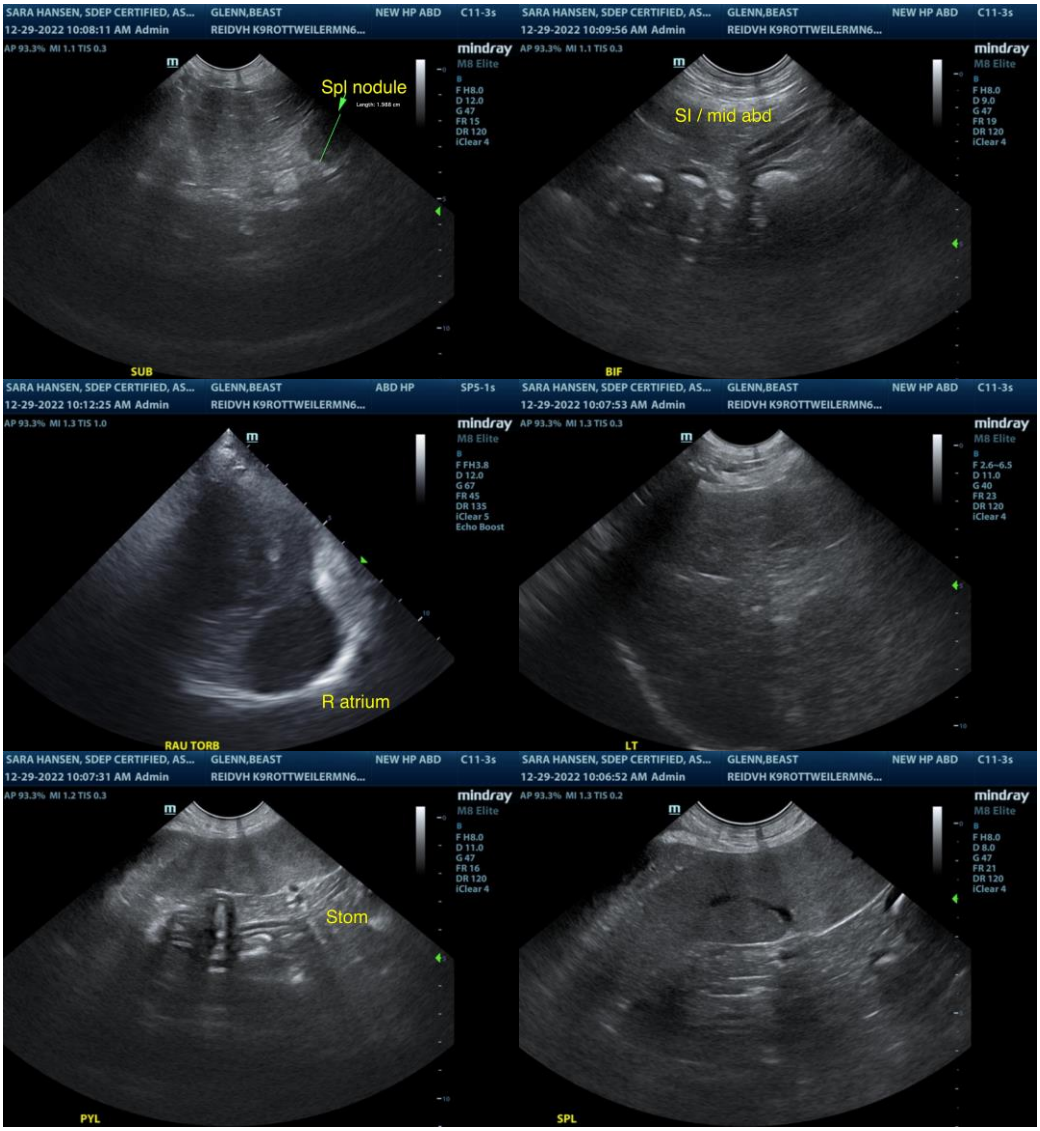
Doxycycline if infectious suspected clinically or based on CBC path review:
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

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



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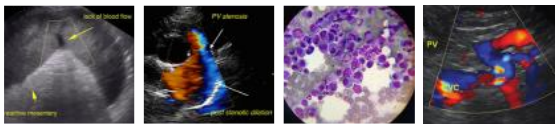

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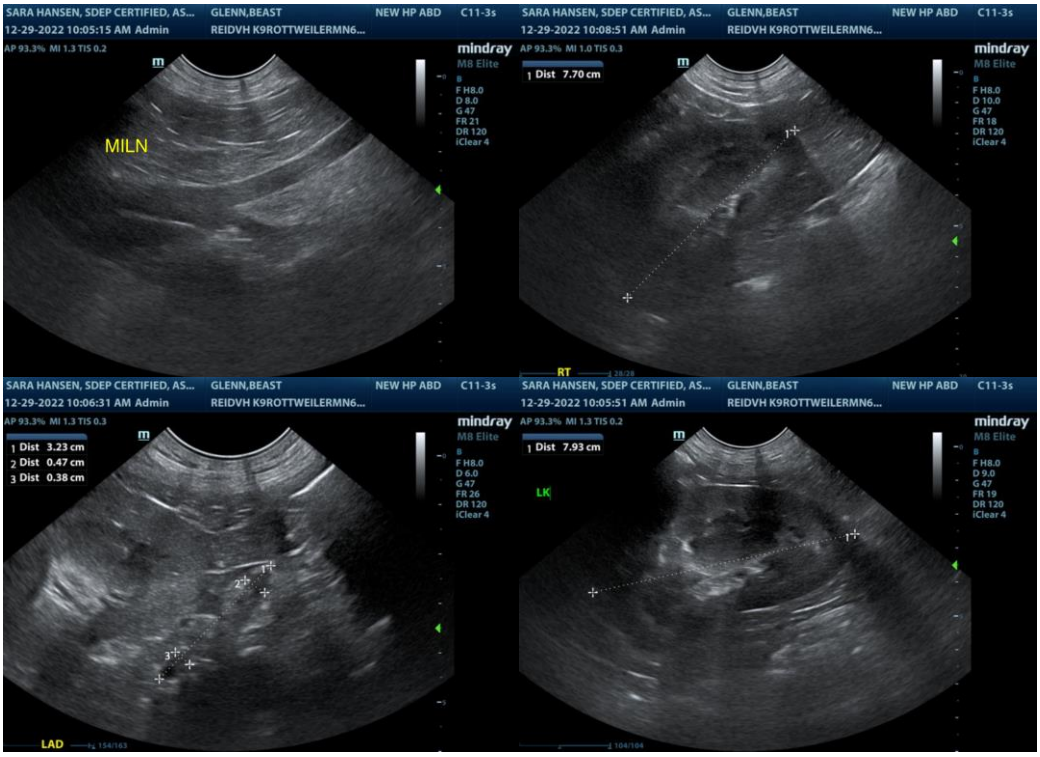

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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