



PATIENT

Sammy Ferrell

SPECIES

Canine

BREED

Pub Mix

SEX

MN

AGE

7 years

WEIGHT

18.93 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barrett

INVOICE

13311

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: IMHA. PCV dropping and checking for possible splenic mass Current Medications Plavix, prednisone, omeprazole Radiographic Findings Area of possible splenic mass appreciated on radiographs today

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 changes was noted.

The area of the residual prostate was free of pathology.

No evidence of pathology was noted in the area of the aortic trifurcation including no evidence of sublumbar masses, medial iliac or sublumbar lymphadenopathy.

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. The left kidney measured 4.7 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited potential for mild subnormal size likely owing to Prednisone therapy. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland measured 0.40 cm width at the caudal pole.

Spleen

The spleen exhibited mild subnormal size potentially owing to volume contraction. The spleen maintained a primarily symmetrical capsule contour with focal areas of mild asymmetrical medial capsule contour. Normal overall splenic parenchyma echogenicity exhibiting moderate coarse echotexture was noted. Multiple, small, non-expansive, mildly echogenic mid to medial parenchymal nodules were present. An example of a nodule in the spleen measured 0.47 cm in diameter.

Liver/ Gallbladder

The liver exhibited generalized enlargement with symmetrical to mildly swollen hepatic capsule contour. Mildly nonuniform increased hepatic parenchyma echogenicity was present. Potential areas of hepatic parenchymal remodeling were present. No masses or nodules in the liver were noted. The gallbladder was non-distended in size with a mild amount of primarily dependent, hyperechoic to mineralized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of gastric mural pathology was noted. The ventral gastric body wall width measured 0.36 cm.

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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 ileus, obstruction, or foreign material. The jejunum wall width measured 0.36 cm.

SEX

Normal visible colon wall layers were present with apparent formed feces in lumen.

MN

Pancreas

AGE

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

7 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly exhibiting nonuniform increased parenchyma echogenicity and evidence of parenchymal remodeling - vacuolar hepatopathy or vacuolar hepatitis potentially owing to Prednisone therapy, chronic active hepatitis, cholangiohepatitis, early fibrosis, cirrhosis, or other hepatopathy possible, hepatic neoplasia cannot be definitively excluded
- Mild gallbladder mineral
- Mild chronic renal changes
- Volume contracted spleen with intermittent nonspecific yet likely benign nodules - nodules suggestive of probable benign myelolipomas with potential for focal medial capsule fibrosis - no evidence of masses noted
- Mild retained gastric ingesta / chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the liver using a 25-gauge needle could be considered primarily to assess for evidence of inflammatory cells and rule out the potential for neoplasia in the face of hemolytic anemia. Hepatosupportive medications including Ursodiol may be considered if hepatic enzyme elevations.

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Aside from the liver, which is nonspecific, no evidence of intra-abdominal masses, specifically no evidence of splenic neoplastic criteria was evident.

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(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.

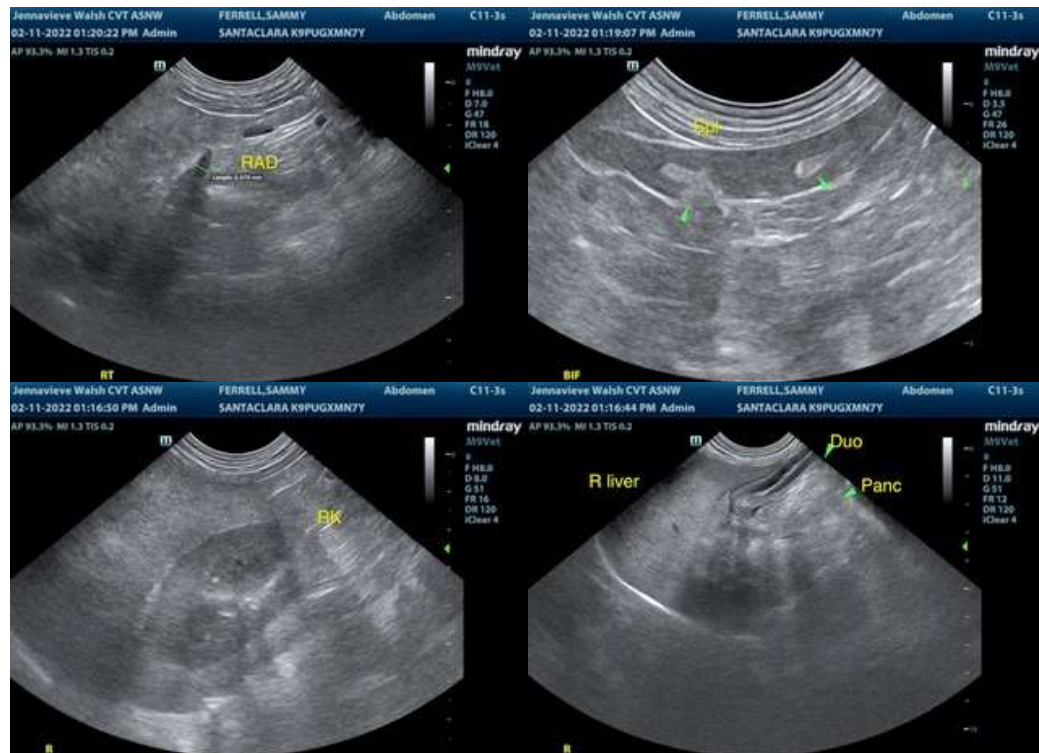
Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
Aspirin 0.5 mg/kg Sid owing to hypercoagulable state

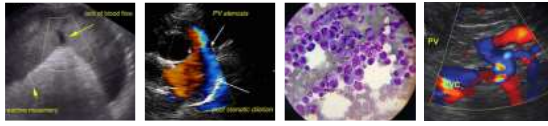
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry

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





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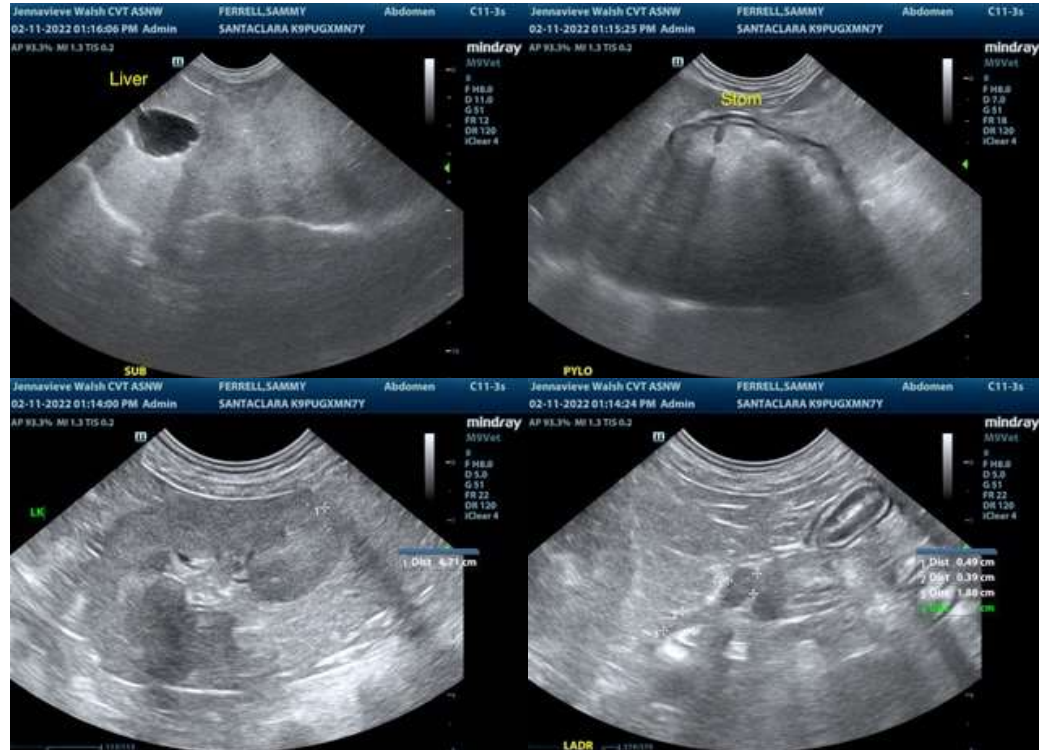
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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