

PATIENT

Jasmine Hillard

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8yr

WEIGHT

37.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jordyn Walters

HOSPITAL NAME

Viking Veterinary
Hospital

REFERRING VET

Dr. Stanley

INVOICE

13032ag

DATE

02/20/2023

PRESENTING CLINICAL SIGNS

Presented for anemia with increased respiratory effort and weakness.

CBC: RBC 1.43, HCT 10.1, low reticulocytes, WBC normal, PLT 123,000

PT/PTT: WNL Na:K 32 ALB 2.9 Liver wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

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 7.7 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

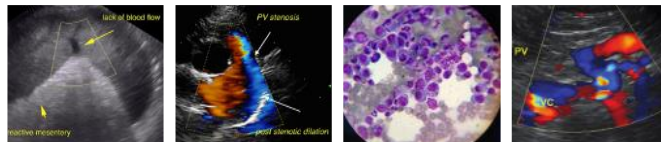
Liver/Gallbladder

The liver exhibited generalized enlargement with symmetrical capsule contour and non-homogenous generalized increased parenchyma echogenicity compared to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

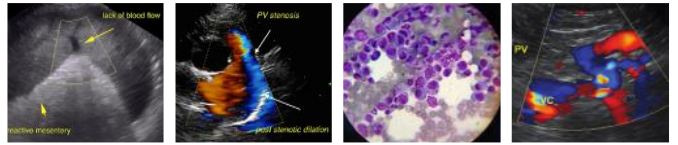
The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. The gallbladder wall measured 0.60 cm in width. Possible causes may include acute inflammation, edema and anaphylaxis.

The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
Jasmine Hillard	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild non-shadowing segmental ingesta/chyme with no signs of ileus, obstruction or foreign material.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Labrador Retriever	
SEX	Pancreas
FS	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.
AGE	Free Abdomen
8yr	No omental masses or overt lymphadenopathy was present.
WEIGHT	Mild volume subjective anechoic peritoneal free fluid was present.
37.2kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatomegaly exhibiting non-homogenous parenchyma hyperechogenicity • Non-distended gallbladder with generalized wall edema-acute inflammation, edema, anaphylaxis or neoplasia possible • Sonographically unremarkable spleen • Normal intact GI wall layering with gastric and segmental intestinal ingesta/chyme • Mild volume peritoneal free fluid
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jordyn Walters	The liver was non-specific given lack or reported hepatic enzyme elevations. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S, infectious disease serology if clinically indicated as well as a CBC path review all warranted. Assessment for evidence of gross agglutination on blood sample recommended if not done. Abdominal radiographs if not done may be considered to assess for non-obvious metallic opacity if evidence of hemolysis. Transfusion with HCT reassessment +/- some or all of the following protocol is recommended.
HOSPITAL NAME	<i>(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)</i>
Viking Veterinary Hospital	
REFERRING VET	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.
Dr. Stanley	
INVOICE	Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
13032ag	Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
DATE	Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry
02/20/2023	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



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

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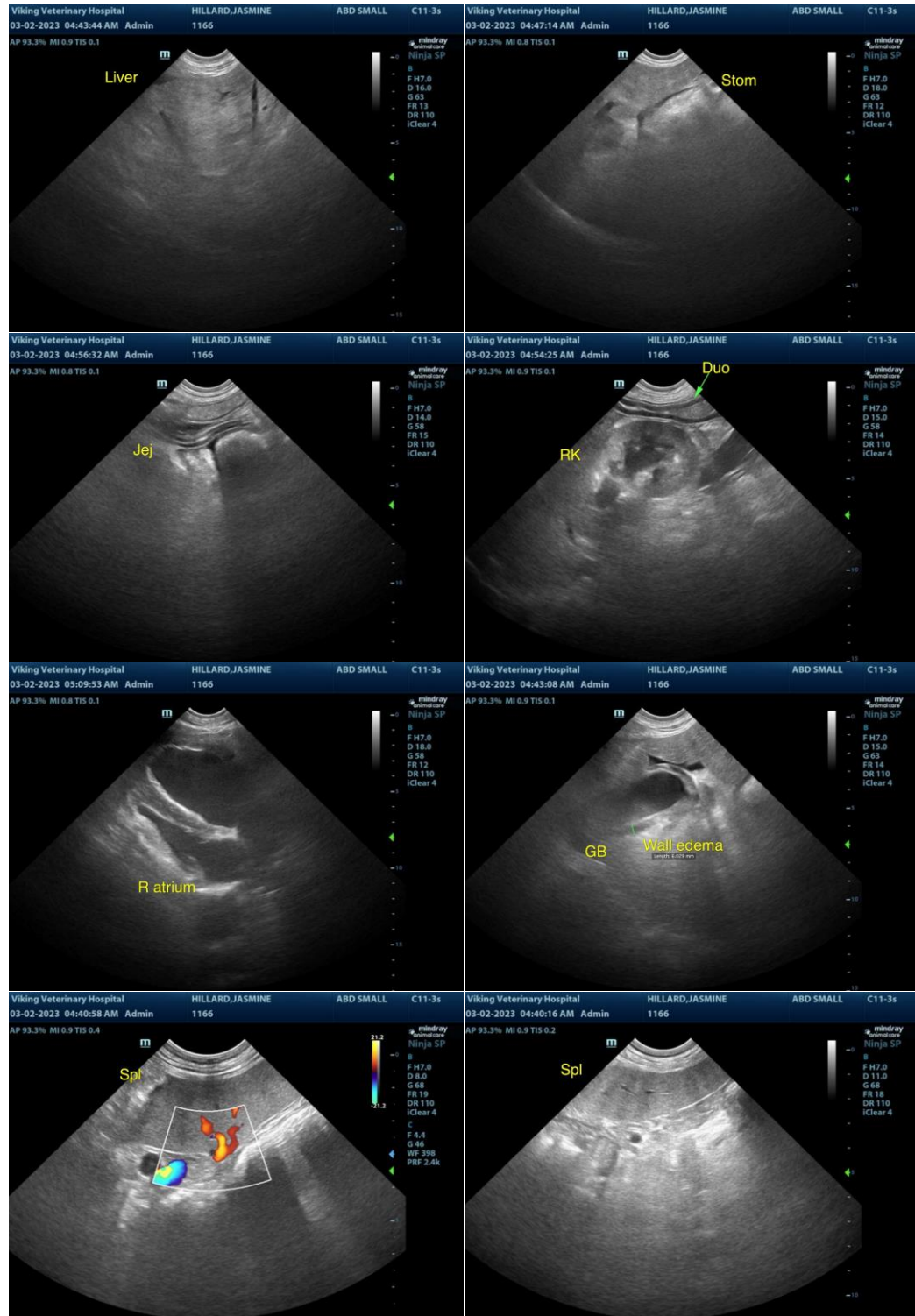
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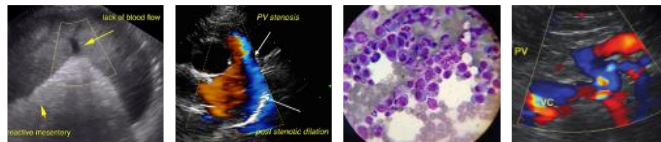
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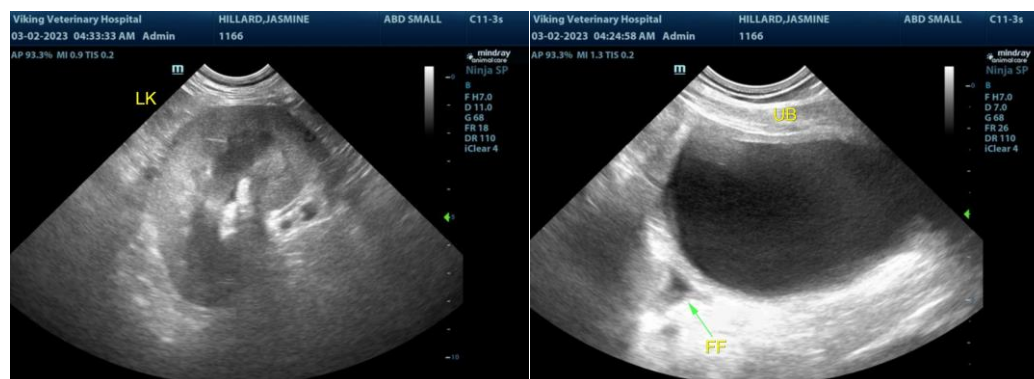
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

8yr

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.

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