



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Harlow Rose
History: Presented 2/20 afternoon after groomer noticed petechiation along ventral abdomen. P has not had any vomiting, diarrhea, or anorexia. No external blood loss. No recent vaccinations or medications. No known toxin exposure. No major medical history other than stifle surgery several months ago.

SPECIES

Canine

BREED

Havanese

Abnormal PE/Chem/CBC/UA Results: Exam: BAR. MM light pink, mild petechia on gums. Thoracic auscultation wnl, no murmur. Abd non painful. Diffuse petechiation across entire ventral abdomen. Afebrile. CBC = HCT 45%, leukogram wnl, platelets 1k manual platelet count = one platelet seen on entire film Chem17 = TP 8.7, glob 4.9, ALP 898, lipase 2622 EPOC = Na 154, lactate 2.84 wnl, k 4.0 wnl PT = 12 sec (wnl) PTT = 89 s (wnl) PCV/TS = 45%, 9.4 4Dx snap = negative for all 3 view thoracic rads = NSF 3 view abdominal rads = hepatomegaly, otherwise unremarkable. Submit blood to OSU for CBC w/ pathology review - pending UA - Still awaiting free catch UA sample

SEX

Spayed female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

9 years 6 months

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

WEIGHT

21.4 pounds

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 mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Evidence of mild pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology without evidence of sub lumbar or medial lymphadenopathy.

Adrenal Glands

IMAGING PERFORMED BY

Dr. Couser

Both adrenal glands were sonographically unremarkable without overt pathology. The left adrenal gland measured 0.48 cm in width. The right adrenal gland measured 0.48 cm in width.

Spleen

HOSPITAL NAME

Wilamette Veterinary
Hospital

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, splenic nodules, neoplastic criteria, or benign parenchyma changes were not noted.

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Liver

INVOICE

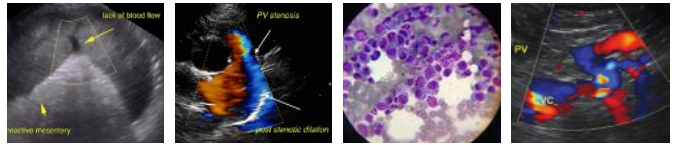
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The liver presented enlarged in size. The parenchyma of the liver exhibited mild parenchymal remodeling. A solitary non expansive uniformly hyperechoic nodule was noted in the deep right liver. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

02/21/2022

The gallbladder was non-distended in size with primarily mild nondependent yet non organized gallbladder debris. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Harlow Rose

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Havanese

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

SEX

Free Abdomen

Spayed female

No omental masses, lymphadenopathy or effusion was noted.

AGE

9 years 6 months

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting mild parenchymal remodeling with solitary benign nodule-nodule although nonspecific is consistent with probable lipogranuloma or focal nodular hyperplasia.
- Mild gallbladder debris-the gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.
- Mild bilateral pyelectasia.

WEIGHT

21.4 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Overall, no overt evidence of significant visceral pathology as a obvious cause of thrombocytopenia.

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The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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No overt evidence of hepatosplenic neoplastic criteria. Hepatosupportive medications including Ursodiol may prove beneficial. Pending CBC pathology review some or all of the following protocol may be considered empirically:

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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.

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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

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

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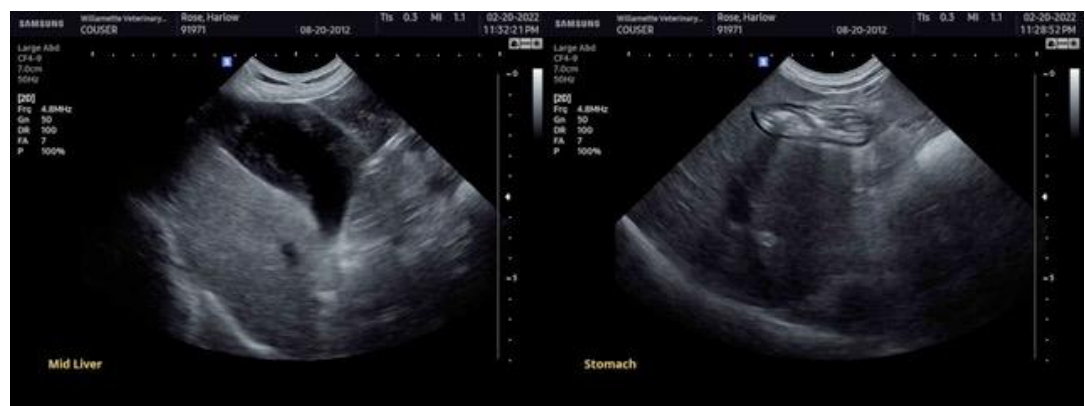
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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