



PATIENT

Sofia Rivera

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

8

WEIGHT

27 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Diaz

HOSPITAL NAME

Centro Veterinario
del Norte

REFERRING VET

Dra. Ileana Rivera

INVOICE

16367

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Dog was taken to emergency clinic on March 10 because she was weak and mucous membranes were pale. In bloodwork, Hct was in 19% and there was moderate hyperbilirubinemia and moderate increase in ALP and mild increase in ALT. She was given a blood transfusion that night. Over the weekend she was kept hospitalized for monitoring of HCT count and in intravenous medications.

Hct on 3/11 was 31.3 % and on 3/12 decreased to 26.6%. Chemistry on 3/12, still hyperbilirubinemia but less than previous value (1.8 mg/dL); liver values were still elevated (ALT 170 U/L, ALP 772 U/L). She was treated with dexamethasone, doxycycline, famotidine and cerenia over the weekend and transitioned to oral drugs on 3/13. HCT on 3/13 was 20.8 % and today is on 17.8%. Chemistry was repeated and all values except ALP (647 U/L) are within normal limits. In CBC today, there's moderate neutrophilia and blood still has autoagglutination. 4DX was negative to all four diseases; blood sample was submitted for pathology review but results are pending. Radiographs were taken yesterday, and no significant findings were observed on thorax and abdomen, per radiologist. Would like to rule out neoplasia or any other cause that may be inciting the auto immune crisis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 aortic trifurcation was free of pathology.

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 5.0 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was subnormal to flattened in size likely owing to corticosteroid therapy. No pathology was present in the left adrenal gland. The left adrenal gland measured 0.31 cm width at the caudal pole. The right adrenal gland was not visualized likely owing to subnormal size secondary to corticosteroid therapy.

Spleen

The spleen exhibited normal size with overall symmetrical capsule contour and a finely textured and homogenous parenchyma. Intermittent discrete emerging splenic myelolipomas and possible focal areas of medial capsule fibrosis were present, yet no evidence of neoplastic criteria was noted. Normal splenic vascularity was present.



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Liver/ Gallbladder

Sofia Rivera

The liver presented mild to moderately enlarged size. 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 mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

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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. Minor incidental anechoic pyloric fluid was noted.

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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.

8

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Normal spleen with emerging subjective benign myelolipomas
- Benign hepatopathy - consistent with reactive / vacuolar hepatopathy
- Gallbladder debris - not consistent with mucocele criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of visceral pathology, specifically no evidence of intraabdominal neoplastic criteria or other pathology as a definitive cause or contributing factor to the patient's anemia. Hepatosupportive medications may prove beneficial.

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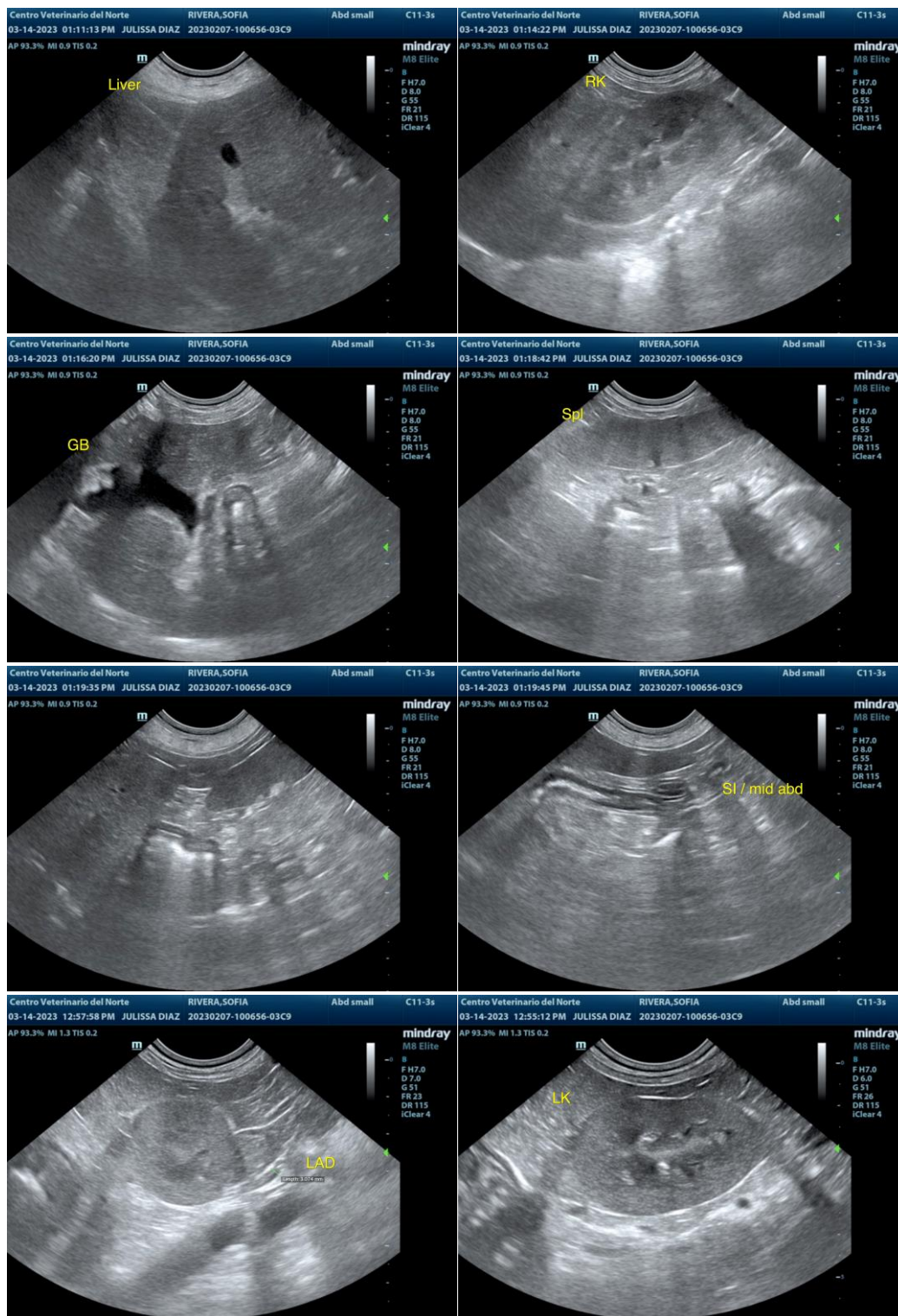
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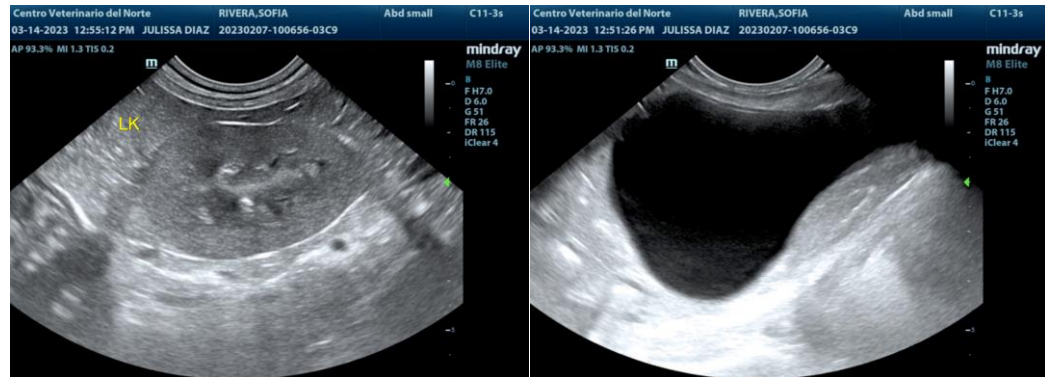
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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