



PATIENT

L.J. Wylie

SPECIES

Canine

BREED

Rat Terrier/
Chihuahua

SEX

M/N

AGE

10 years

WEIGHT

6.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Emergency
Veterinary Hospital

REFERRING VET

Patti Mayfield DVM

INVOICE

16422

DATE

3/22/23

PRESENTING CLINICAL SIGNS

-LJ presented as a transfer from Bailey Veterinary Hospital in Roseburg, due to concerns for acute onset of anorexia and weakness. -- LJ is a known diabetic and has been poorly controlled for some time. -- He typically receives 7 U Vetsulin SQ BID. -- When he skipped his breakfast and appeared weak this morning, the client brought him in for evaluation. -- Patient is also being treated for glaucoma OD, with dorzolamide. -- Hyperglycemia was detected this morning, but no ketosis. The suspected cause for his weakness is progressive and profound anemia, with a current HCT of 13%. Previously, on 3/10/23, the HCT was 33%. -- The anemia is regenerative, no agglutination detected and 4Dx neg x 4. No spherocytes were appreciated. -- No history of vomiting, melena, however LJ has been spending time with the client's mother, due to a new acquisition of a puppy in the household. -- LJ has been coughing with increased frequency in the last few months, mostly at night. -- Client is uncertain if his PU/PD is controlled, but no recent urinary accidents have been noted in the house. New findings today include grade 4/6 heart murmur Treatment plan: -- Cross match, then P'd RBC transfusion -- Gabapentin 100 mg PO TID (glaucoma pain) -- Dorzolamide 1 drop OD QID -- Vetsulin 7 U SQ BID -- BG and PCV monitoring

Abnormal PE/Chem/CBC/UA Results: PE: -- Cataract OS -- Buphthalmosis and mild exophthalmosis with corneal edema consistent with glaucoma and cataract OD -- Moderate dental disease -- 3/6 holosystolic heart murmur (L base), tachycardia -- ~ 5% dehydrated 3/22/23: CBC: --RBC: 2.01 M/uL (5.6-8.8) -- HCT: 13 % (37-61); was 33% on 3/10/2023 -- HGB: 5.4 g/dL (13.1- 20) -- RETIC: 169.4 K/uL (10-110) CHEM: -- BG: 449 mg/dL (70-143) -- CREAT: 0.4 mg/dL (0.5-1.8) -- BUN: 30 mg/dL (7-27) -- ALB wnl 2.5 g/dL (2.2-3.9) -- ALP: 232 U/L (23-212) UA: -- 1000 Glucosuria, no ketonuria, -- USG: 1.050 4Dx: NEG x 4 Saline agglutination: NEG No spherocytes detected on CBC 3-view thoracic rads: VHS 9.7, mild right atrial bulge appreciated, otherwise normal cardiac silhouette. No noted pulmonary nodules or infiltrates that would suggest neoplasia. Mild interstitial pulmonary parenchymal pattern, overall unremarkable. 2-view abdominal rads: -- mild ingesta noted within the pyloric region, but no obvious FB/obstruction. Mild gas throughout loops of SI and colon without obstructive pattern, nor obvious FB. Formed feces in the colon. Mild hepatomegaly suspected. Large urinary bladder, no obvious cystic calculi. Normal serosal detail. No obvious masses.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was free of 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.



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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.68 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.56 cm width at the caudal pole. No adrenal tumors were noted.

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 presented enlarged in 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 non-dependent, mildly congealed yet non-organized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without signs of 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

- Minor age-related renal changes
- Vacuolar hepatopathy pattern - benign
- Mild gallbladder debris (non-mucocele)



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- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Normal pancreas - no sonographic evidence of inflammatory criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

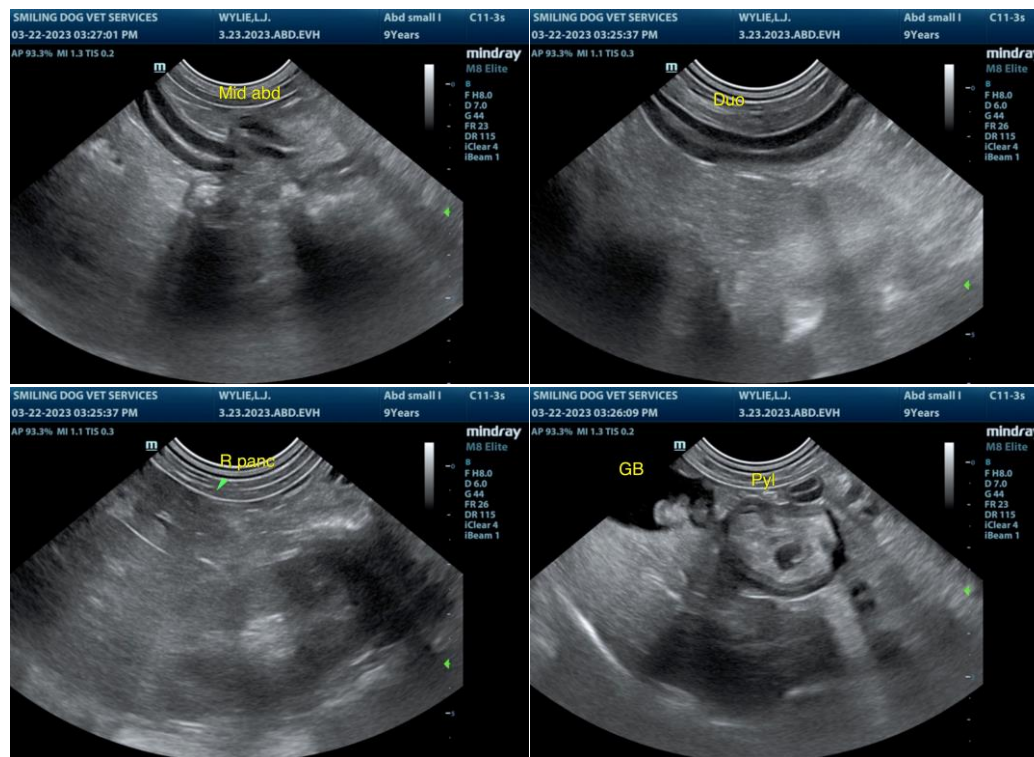
No sonographic evidence of significant visceral pathology, i.e., gastrointestinal mural pathology, active pancreatitis, or intraabdominal neoplastic criteria, as an obvious cause of the patient's anemia.

Urine C/S on a sterile urine sample is suggested, given glucose urea.

The mild gastric ingesta was sonographically consistent with food. As needed gastroprotectants and GI support are recommended. Spec cPl could be considered to assess for low-grade pancreatitis as a contributing factor to the patient's gastrointestinal signs, which may present as sonographically normal. CBC pathology review and internal medicine consult are suggested.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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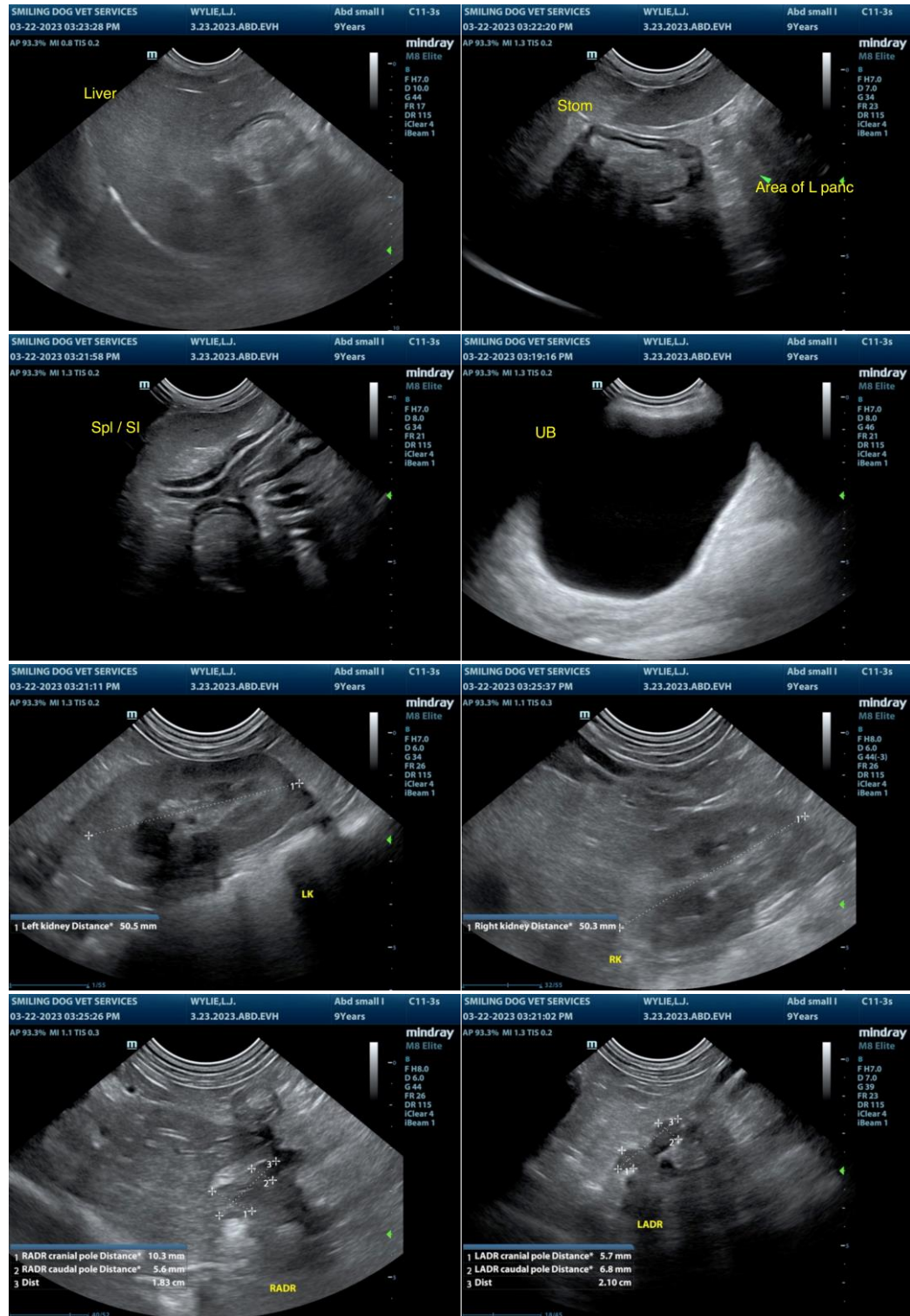
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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