



PATIENT

Rocky Coy

SPECIES

Canine

BREED

American Staff
Pitbull

SEX

CM

AGE

8 years

WEIGHT

55 lbs.

PRESENTING CLINICAL SIGNS

Hx of splenic mass 12/10/2020 Bx = Myelolipoma, hematoma, mass is benign, 2/22/22 presented for acute lethargy, MM= Pale RX: Doxycycline po 150 mg Q 12 hrs, Prednisone 30 mg po Q 12hrs. Abnormal PE/Chem/CBC/UA Results: PE: MM: Pale, BCS 4/9 Losing weight, BW: 2/22/22 CBC: WBC: 5.5 4.0-15.5 RBC: 2.3 (L) 4.8-9.3 Hemoglobin: 6.1 (L) HCT: 22% (L) 36-60% MCV: 98 (H) 58-79 MCHC 28 (L) 30-38 NRBC: 14 (H) WBC: 5.5 4.0-15.5 T4: 1.3 0.8-3.5 Slide agglutination: Negative 4DX Snap test: Negative Tick/Vector real PCR Comprehensive panel: Pending Chest X-Rays: No metastatic diseases; questionable right sided heart enlargement. 3/4/2022 RBC: 2.2 (L) 4.8-9.3 Hemoglobin: 5.9 (L) 12.1-20.3 HCT: 22% 36-60% MCV: 101 (H) 58-79 MCHC: 27 (L) 30-38 NRBC: 7 (H) 0-1

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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was unremarkable without evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Pinpoint medullary mineral was noted. 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 7.2 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.46 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was not present owing to the previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement potentially secondary to Prednisone therapy with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt evidence of hepatic neoplastic criteria was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic content with minor mineral present in the area of the gallbladder neck. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens FP

REFERRING VET

Dr. Mucera

INVOICE

13445

DATE

3/8/22



PATIENT

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic to echogenic fluid / chyme was present.

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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.

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

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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 evidence of peritoneal effusion or omental masses was present. Focal to intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.9 cm x 0.66 cm.

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55 lbs.

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ULTRASONOGRAPHIC FINDINGS

- Early age-related renal changes with pinpoint medullary mineral
- Mild hepatomegaly exhibiting mild parenchymal remodeling - subjectively benign
- Minor gallbladder mineral - incidental
- Focal to intermittent, subjectively benign to reactive mesenteric lymph nodes

IMAGING PERFORMED BY

Jose

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology was noted as an obvious cause of the anemia or weight loss. Further assessment of the weight loss may include a GI panel to include PLI/TLI/Cobalamin/Folate. Pending tick PCR, some or all of the following protocol in addition to current therapy could be considered. CBC pathology review is recommended to assess for parasitic disease ie Babesia given the breed.

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(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)

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Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)

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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



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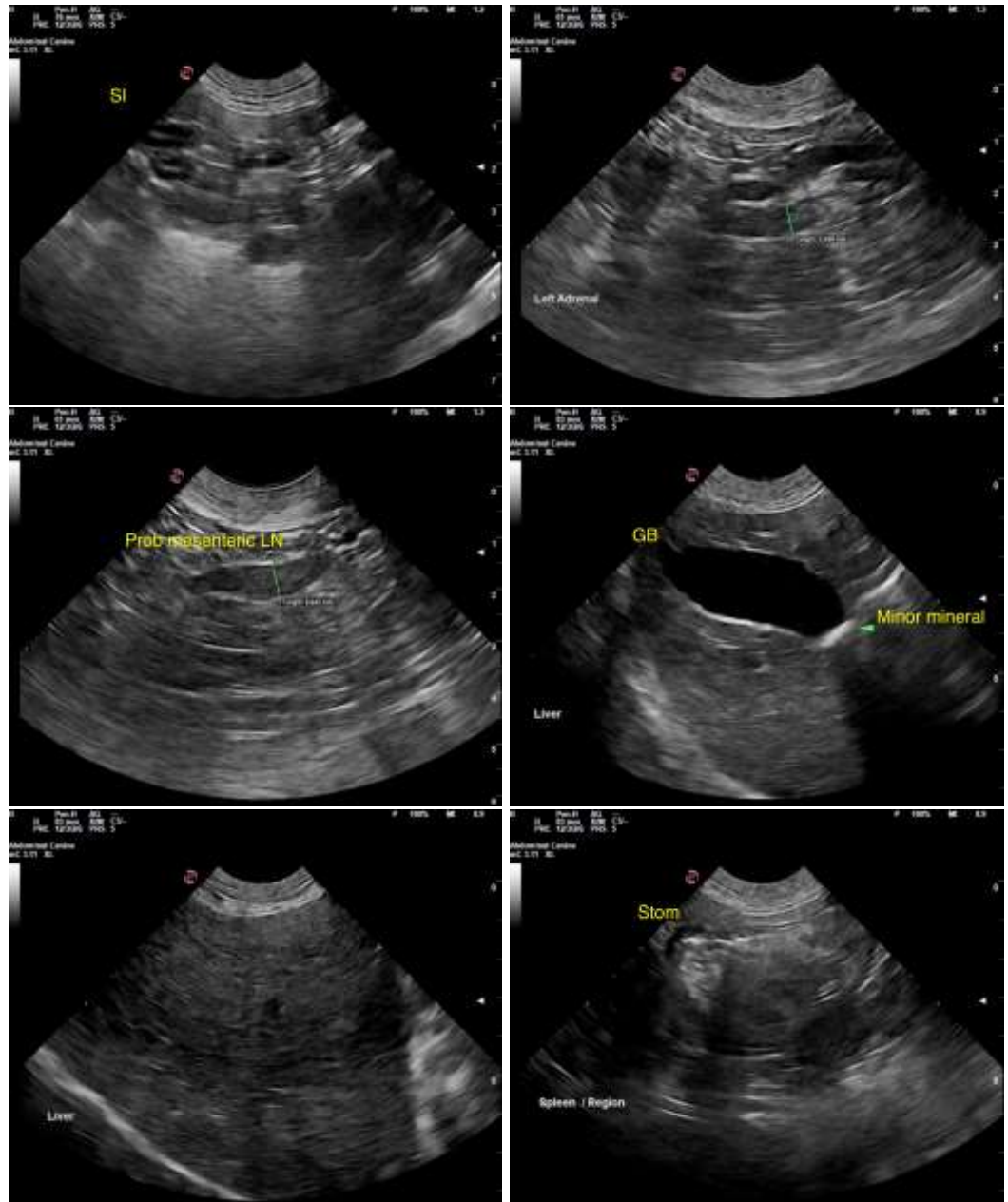
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Doxycycline if infectious suspected clinically or based on CBC path review:

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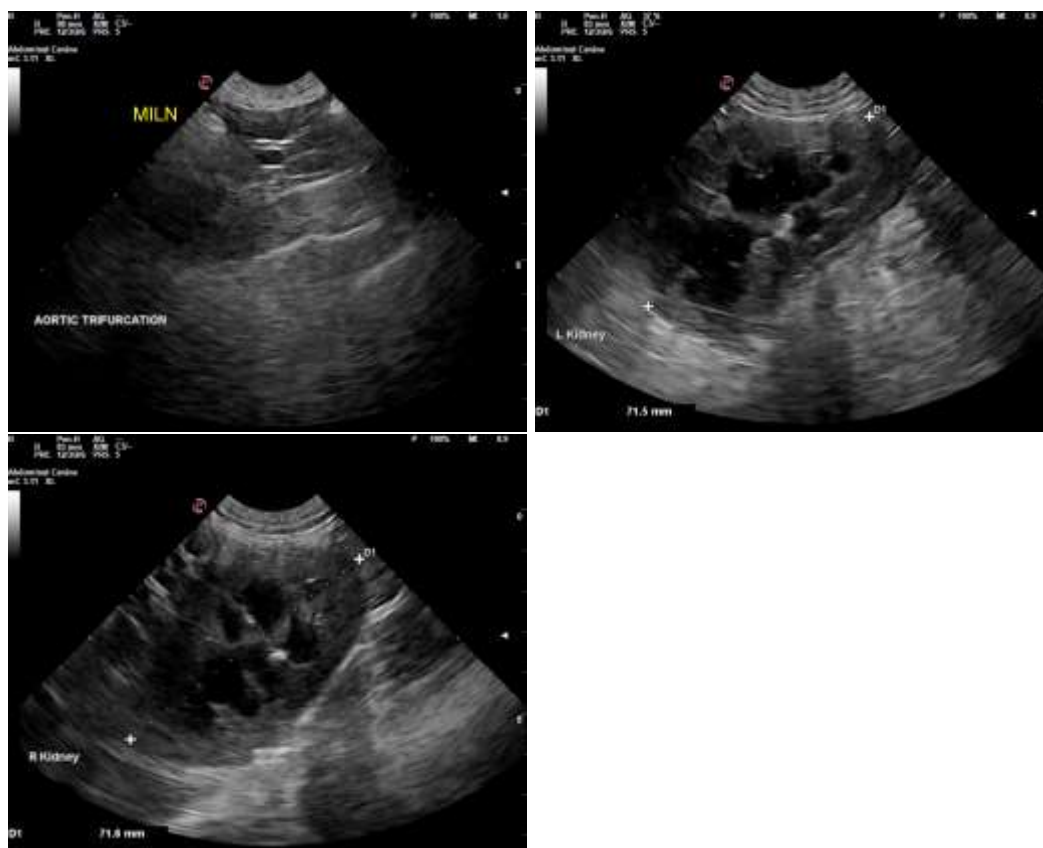
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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