



PATIENT	PRESENTING CLINICAL SIGNS
Rebel Barnhart	Presented to local emergency clinic after breathing "funny" and then sneezing up blood. Diagnosed with thrombocytopenia (immune mediated, r/o infectious or secondary to neoplasia) late last night. Has been started on prednisone, doxycycline, sucralfate, omeprazole, and gabapentin. Ultrasound to screen for neoplasia. Patient not fully fasted (at this morning, then had meds)
SPECIES	
Canine	CBC - platelets 22, low normal hematocrit at 38%
BREED	Chem - mild azotemia, hyperglobulinemia
Labrador Retriever	PT/PTT normal 4Dx and infectious anemia panel - pending
SEX	Thoracic rads taken - no evidence of neoplasia, emergency vet suspected mild pulmonary hemorrhage but I don't appreciate it
FS	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
6.5yr	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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	
42kg	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild bilateral medullary mineral was present. The left kidney measured 7.8 cm in length. The right kidney measured 8.0 cm in length.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
IMAGING PERFORMED BY	Adrenal Glands
Elyse Hauer	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 0.56 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
Mariposa Veterinary Hospital	The spleen exhibited mild generalized enlargement with overall normal parenchymal echogenicity exhibiting mild non-homogenous echotexture. The capsule was smooth and regular without apparent expansion. Normal to adequate splenic vascularity was present. A discrete soft tissue echo was noted in the splenic vein which did not appear to be obstructive to splenic blood flow. The soft tissue echo measuring ~ 1.0 cm in diameter.
REFERRING VET	Liver/Gallbladder
Dr. Hauer	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. Mild parenchymal remodeling was present. 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 with
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PATIENT	primarily anechoic luminal content and mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Rebel Barnhart	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.
BREED	Pancreas
Labrador Retriever	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.
SEX	Free Abdomen
FS	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	
6.5yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
42kg	<ul style="list-style-type: none"> • Mild chronic renal changes with mild medullary mineral. • Non-specific mild splenomegaly with subtle heterogenous echotexture, suspect very early to emerging splenic vein thrombus. • Mild hepatic parenchyma remodeling-benign, possible emerging vacuolar hepatopathy pattern. • Gallbladder debris (non-mucocele). • Sonographically unremarkable GI tract with gastric ingesta-suspect post prandial presentation.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, there is no overt evidence of significant abdominal visceral pathology or definitive neoplastic criteria. The mild splenomegaly and splenic parenchymal changes may indicate incidental hyperplasia, hematopoiesis or splenitis. The possibility of infiltrative splenic neoplasia is considered less likely yet cannot be definitively excluded. If PLT levels can be stabilized and assuming continued normal clotting status, screening splenic FNA cytology using a 25g needle could be considered.
IMAGING PERFORMED BY	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Correlation with pending additional diagnostics is suggested. Sonographic monitoring of the suspected early to emerging splenic vein thrombus would be ideal yet did not appear to be clinically significant at the stage.
Elyse Hauer	
HOSPITAL NAME	
Mariposa Veterinary Hospital	
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PATIENT

Rebel Barnhart

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

6.5yr

WEIGHT

42kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Elyse Hauer

HOSPITAL NAME

Mariposa Veterinary
Hospital

REFERRING VET

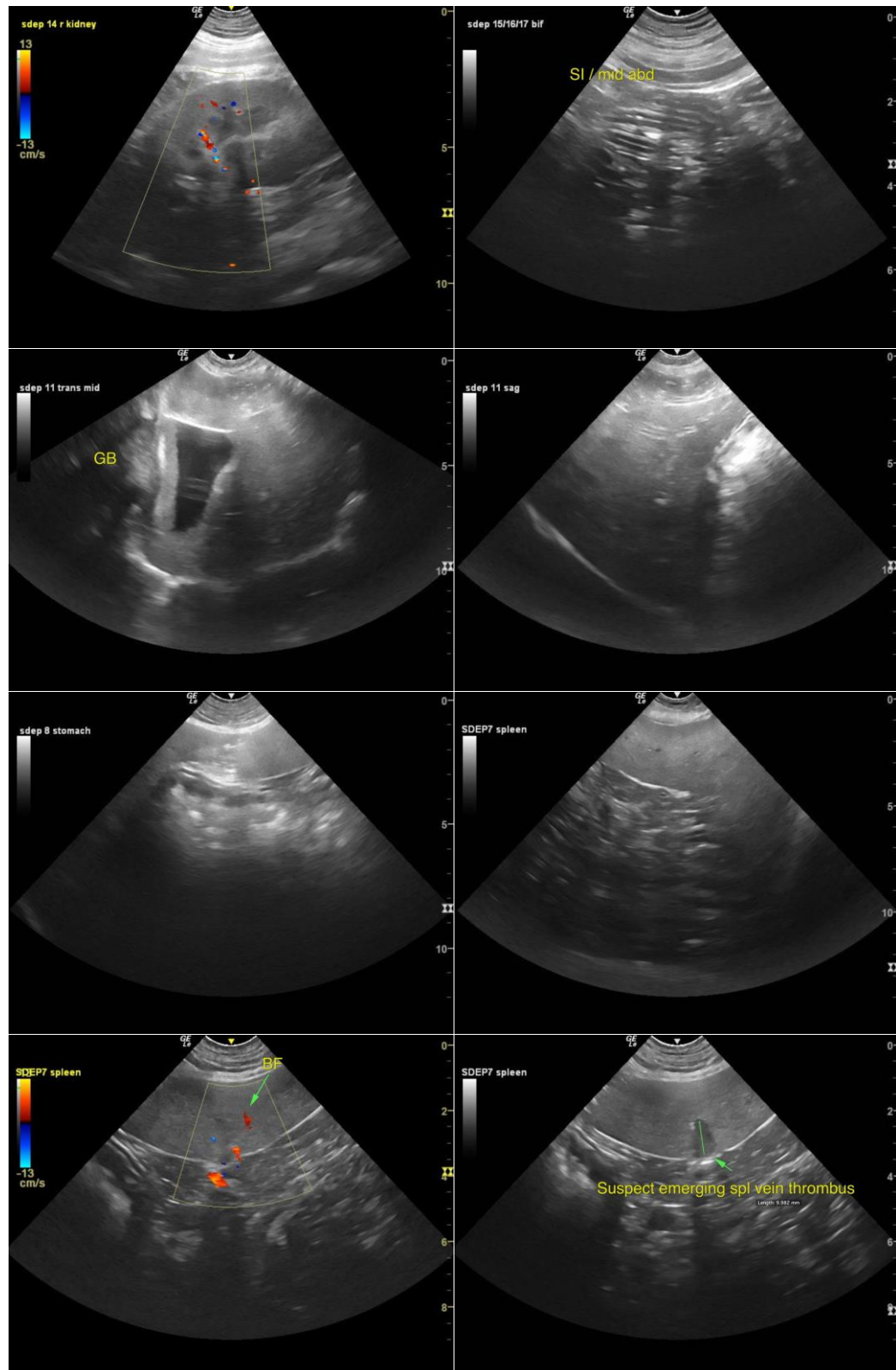
Dr. Hauer

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PATIENT

Rebel Barnhart

SPECIES

Canine

BREED

Labrador Retriever

SEX

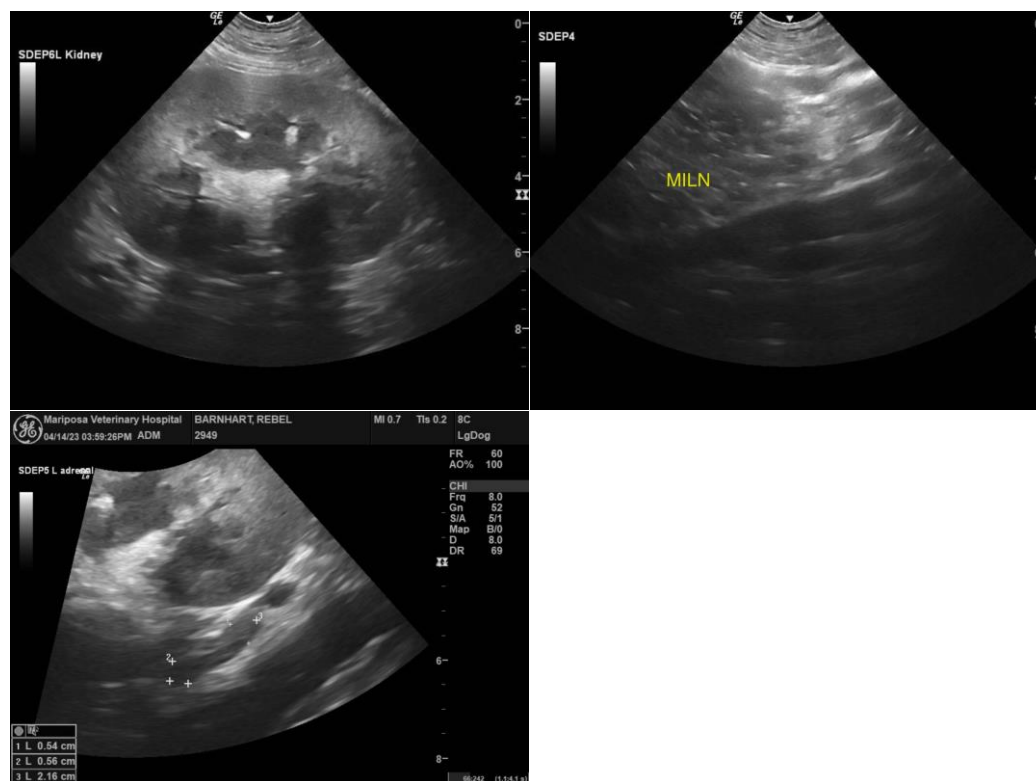
FS

AGE

6.5yr

WEIGHT

42kg



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R. McKenzie Daniel,
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(Canine and Feline)

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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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