



PATIENT PRESENTING CLINICAL SIGNS

Sheba Brule History: Hyporexia; weight loss. Potential IMHA and IMPT - Evan's syndrome. Started Azathioprine 50 mg, 1/4 t q24h and prednisone 5 mg, 1 tab q12h. BW: HCT today 6.7%; Plt 39K; 4DX = neg

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length.

AGE

9 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

15.4 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.71 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited generalized enlargement and overall reduced parenchymal echogenicity primarily maintaining a finely textured homogeneous echotexture. A solitary mildly expansive mildly hypoechoic cranial splenic nodule was present measuring 1.6 cm in diameter. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Wood River Animal Hospital

The liver presented mildly 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.

REFERRING VET

Dr. Leah Fischer

The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.30 cm in width.

INVOICE

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Gastrointestinal

DATE

04/29/2022

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. The gastric body wall measured 0.32 cm in width.



PATIENT
 Sheba Brule
 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. The duodenum wall measured 0.50 cm in width. The jejunum wall measured 0.30 cm in width.

SPECIES
 Canine
 The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to non formed fecal matter was present in the colon lumen with lumen dilation.

BREED
 Mix
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 was evident.

Free Abdomen

SEX
 FS
 No overt omental masses, lymphadenopathy or peritoneal free fluid. Transdiaphragmatic view of the caudal thorax and apical heart revealed suspect mild pleural +/- pericardial free fluid.

AGE
 9 years
ULTRASONOGRAPHIC FINDINGS

- Subjective mild hepatomegaly
- Gallbladder wall edema-inflammation, edema secondary to decreased ALB, portal hypertension, etc., neoplasia or anaphylaxis possible
- Splenomegaly with decreased parenchyma echogenicity and cranial splenic nodule
- Overtly normal GI tract
- Suspect minor pleural +/- pericardial free fluid

WEIGHT
 15.4 pounds

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, strong concern for neoplasia associated/paraneoplastic IMHA and thrombocytopenia. Dependent on degree of anemia and PLT count with a coag panel, an ultrasound guided FNA of the spleen and liver specifically the cranial splenic nodule is recommended for screening cytology. If not done, three view chest radiographs recommended for further assessment of the thoracic cavity and cardiopulmonary status. Ideally sonographic assessment of the heart recommended to assess for evidence of cardiac or pericardial pathology. Continued empirical therapy for Evan's Syndrome is recommended. A guarded prognosis is indicated for this patient.

IMAGING PERFORMED BY
 Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

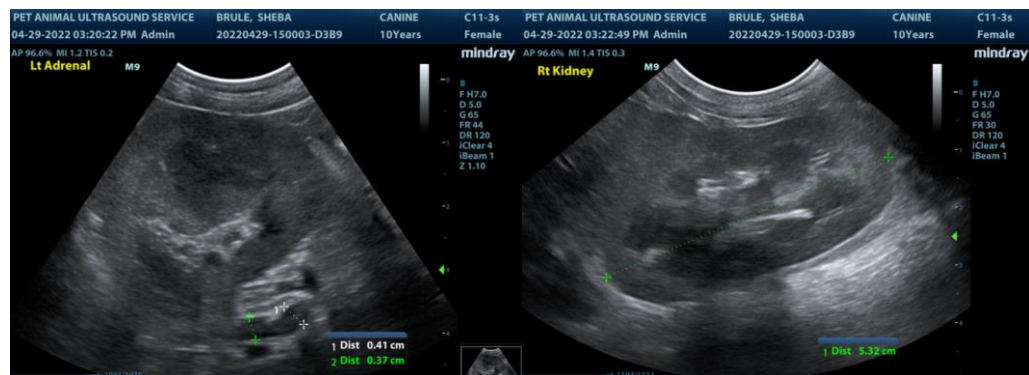
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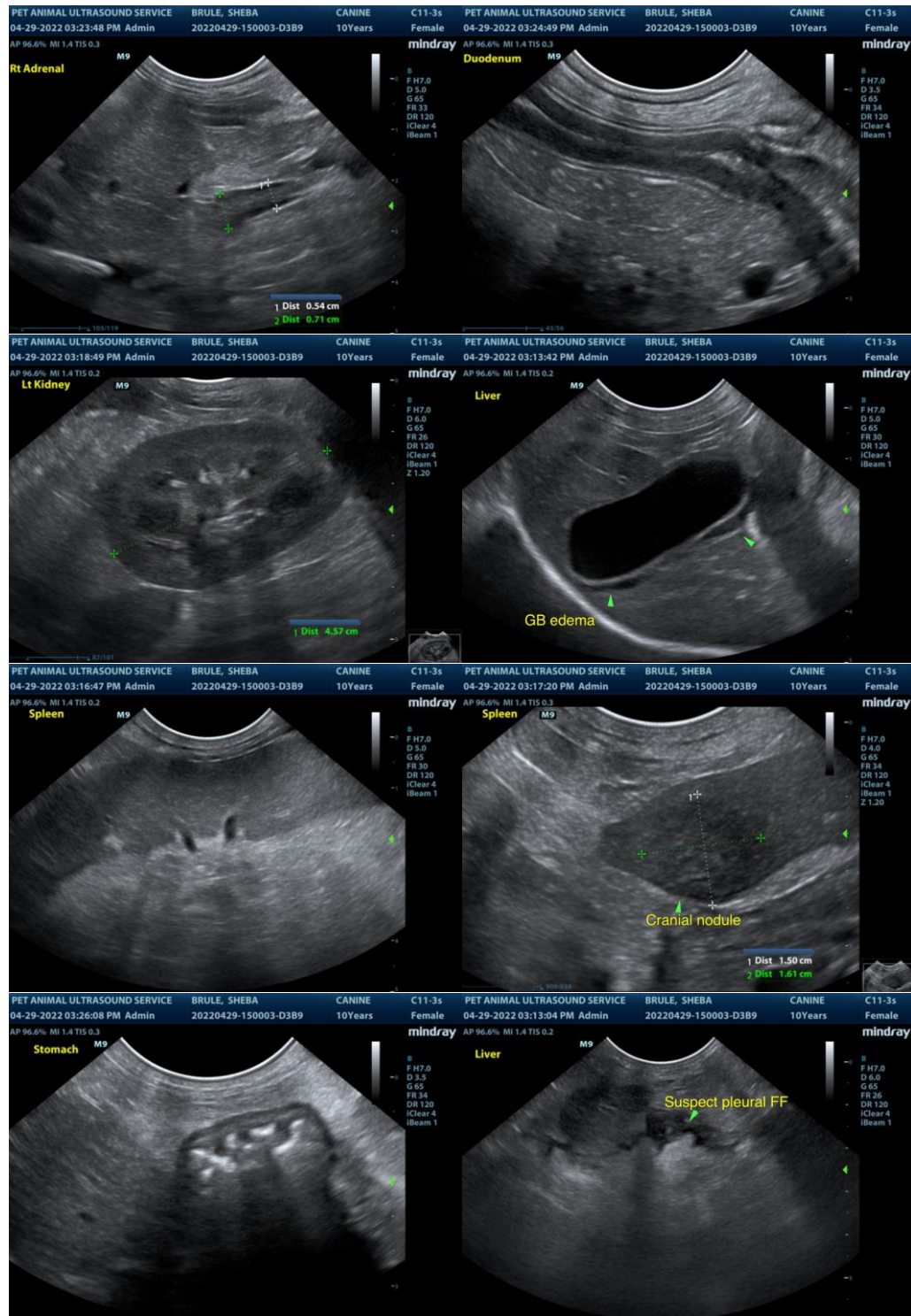
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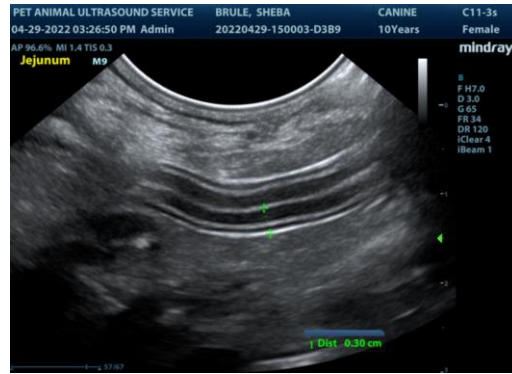
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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