



PATIENT

Zelda Scotti

SPECIES

Canine

BREED

American Bully

SEX

Female

AGE

7 years

WEIGHT

26.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Lakeview AH

REFERRING VET

Dr. Laura De Cordon

INVOICE

10844

DATE

4/30/26

PRESENTING CLINICAL SIGNS

P diagnosed with ITP in 2025; responded to steroid therapy.
1 week ago P came in with hematuria. P diagnosed with ITP & IMHA. Coombs test negative.
Ultrasound 1 year ago - no significant changes, P currently in Pred and losing weight

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and primarily symmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild indistinct corticomedullary border demarcation was present. The medulla and cortices were uniform in texture with some increased echogenicity. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.9 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 0.47 cm width at the caudal pole. The right adrenal gland was not definitively visualized

Spleen

The spleen exhibited generalized splenomegaly with rounded symmetrical capsule contour and possible mild splenic folding. Nonhomogeneous, mildly hypoechoic splenic parenchyma was present with no definitive masses or nodules. Subjective adequate splenic vascularity was noted.

Liver/ Gallbladder

The liver presented subjective mildly enlarged in size. Normal hepatic vascular volume was present. 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. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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, nonshadowing ingesta, most consistent with food echogenicity without signs of obstruction or foreign material.



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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.

Normal visible colon wall layers were present with 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 was evident.

Free Abdomen

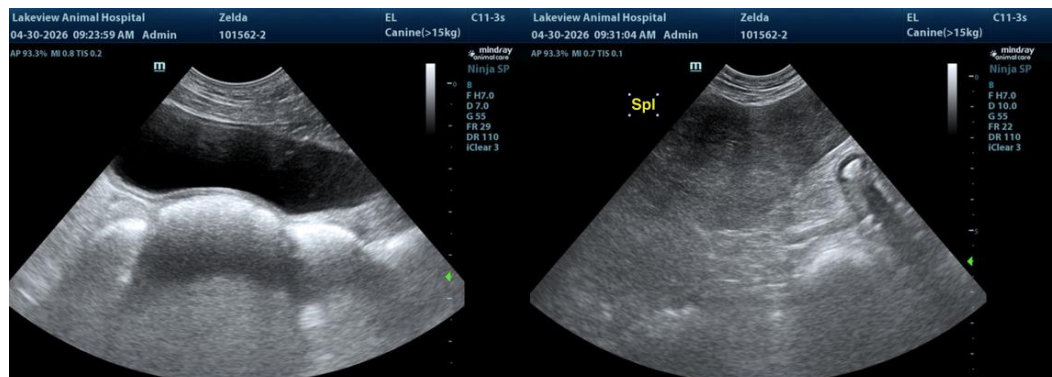
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with nonhomogeneous, mild hypoechoic parenchyma -hypoplasia or hematopoiesis, given anemia, splenitis, neoplasia or other
- Mild hepatomegaly – suspect probable vacuolar / steroid hepatomegaly, given historical Prednisone therapy
- Sonographically unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta
- Subjective early age-related renal changes
- Sonographically unremarkable urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status using a 25-gauge needle, and if stable / adequate hematocrit and platelet count, hepatosplenic FNA cytology is warranted for further clarification, specifically to assess for occult splenic neoplasia. Pending sampling if elected, a GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs are suggested, to assess for occult disease as a contributing factor to the patient's weight loss, may be considered.





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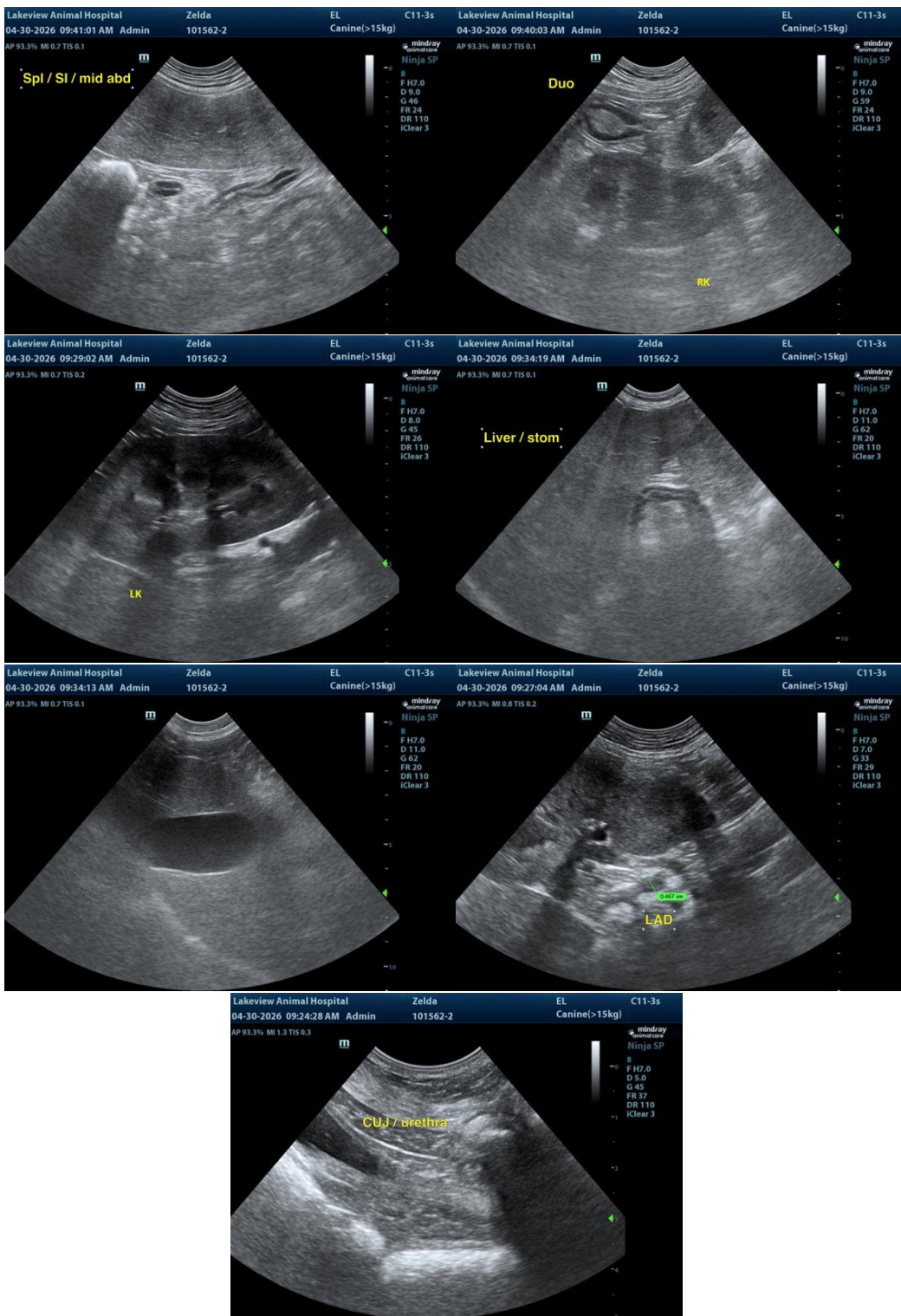
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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