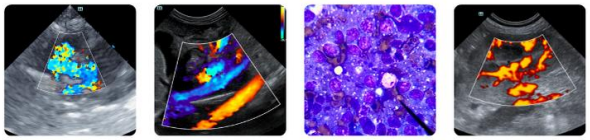


PATIENT

Murphy Kelly

SPECIES

Canine

BREED

Poodle Mix

SEX

NM

AGE

11Y, 2M

WEIGHT

11.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr.Rodriguez

INVOICE

75052

DATE

5-20-26

PRESENTING CLINICAL SIGNS

P was transferred from rDVM for concerns of thrombocytopenia. Patient initially had a grooming appointment today and when owner picked him up, patient vomited once and had diarrhea once. Owner also noted a cut on patients paw and bleeding in the ears and in the mouth. Owner immediately took patient to rDVM where only a CBC was performed and thrombocytopenia was noted. Patient was then transferred to Calusa. No previous pertinent medical history. Not on any medications and UTD on prevention.
Abnormal PE/Chem/CBC/UA Results: PT: 14 secs (WNL) PTT: 123 secs (Prolonged) PCV/TS: 50%, 8.0 g/dL CBC: PLT 0 (L) (confirmed via manual count) Chemistry: ALB 4.1 (H), ALT 129 (H)

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 were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy, masses, or distal aortic thrombus.

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. Pinpoint to focal areas of medullary mineral is present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the caudal pole. The right adrenal gland measured 0.45 cm width in the caudal pole.

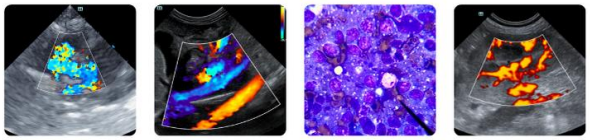
Spleen

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 generalized hepatomegaly. Intermittent, discrete, hypoechoic, intraparenchymal nodules are present. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mildly congealed nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained fluid was present without evidence of obstruction to the pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental nonobstructive duodenojejunal ileus pattern is present without 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

- Enlarged hyperechoic liver with discrete hypoechoic nodules.
- Nonorganized congealed gallbladder debris (nonmucocele).
- Normal spleen.
- Structurally unremarkable gastrointestinal tract with nonobstructive gastric and segmental intestinal ileus.
- Mild chronic renal changes with focal to mild medullary mineral.
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar, reactive, inflammatory hepatopathy, with potential for lipidosis, discrete areas of nodular hyperplasia, hematopoiesis, or occult hepatic neoplasia are all potentials.

No evidence of splenic pathology as a contributing factor.

CBC pathology review and infectious disease serology indicated. Initially, empirical therapy for nonspecific, immune mediated, idiopathic, or infectious thrombocytopenia with clinical monitoring would be appropriate.

Some or all of the following protocol may be considered with concurrent gastrointestinal support. If platelets can be stabled with persistent hepatopathy, assuming normal clotting status, using a 25-gauge needle, hepatic FNA cytology warranted for further clarification.

IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome

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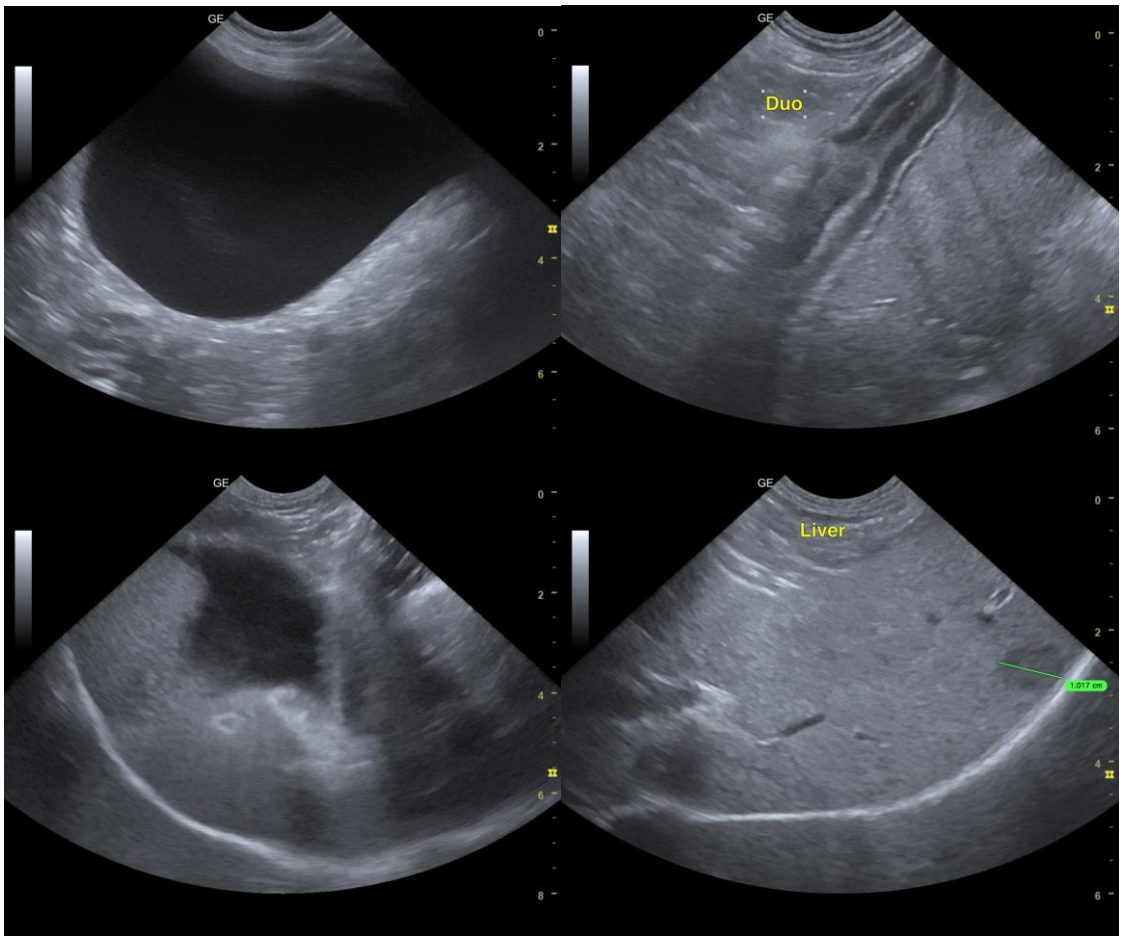
(*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia*)

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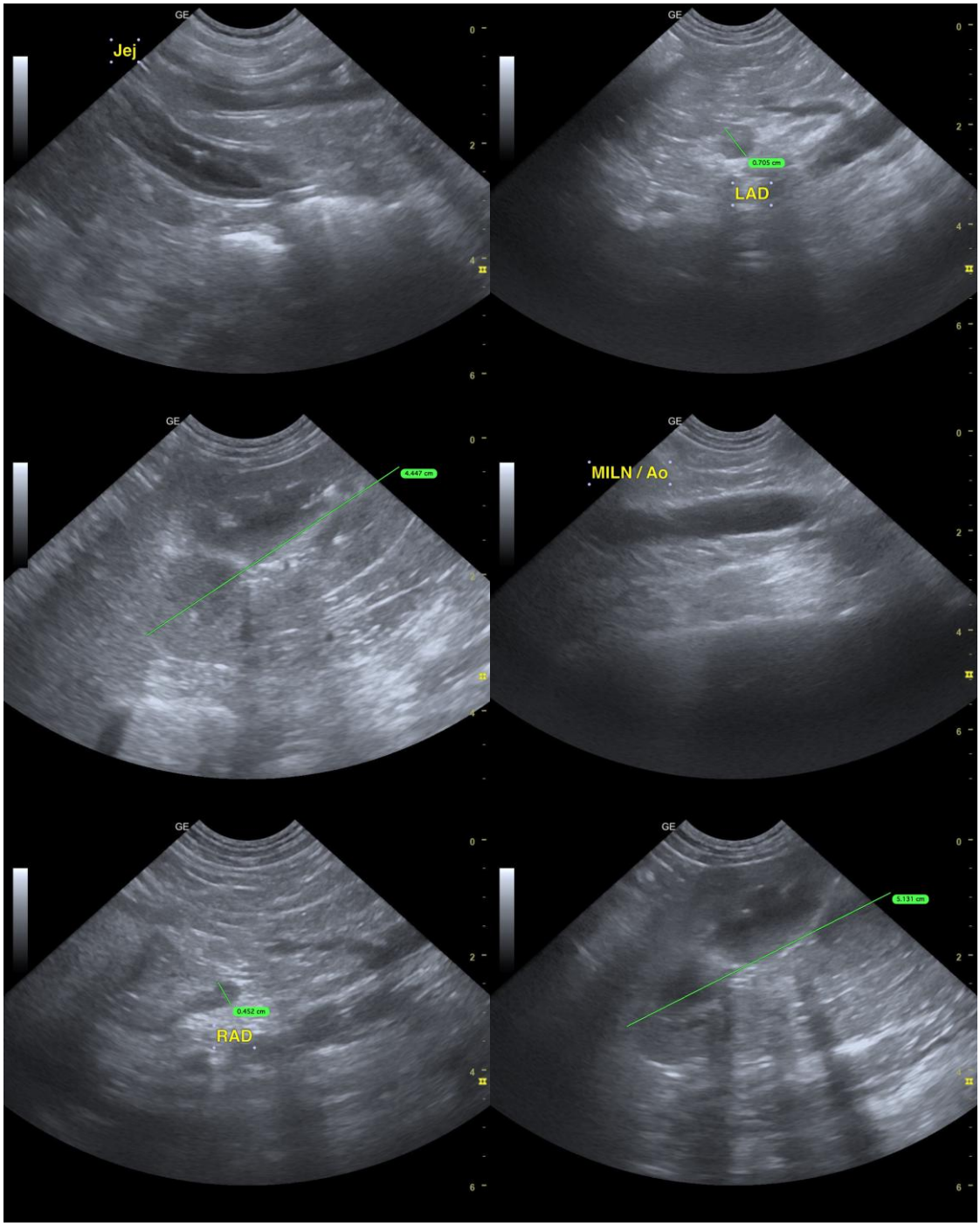

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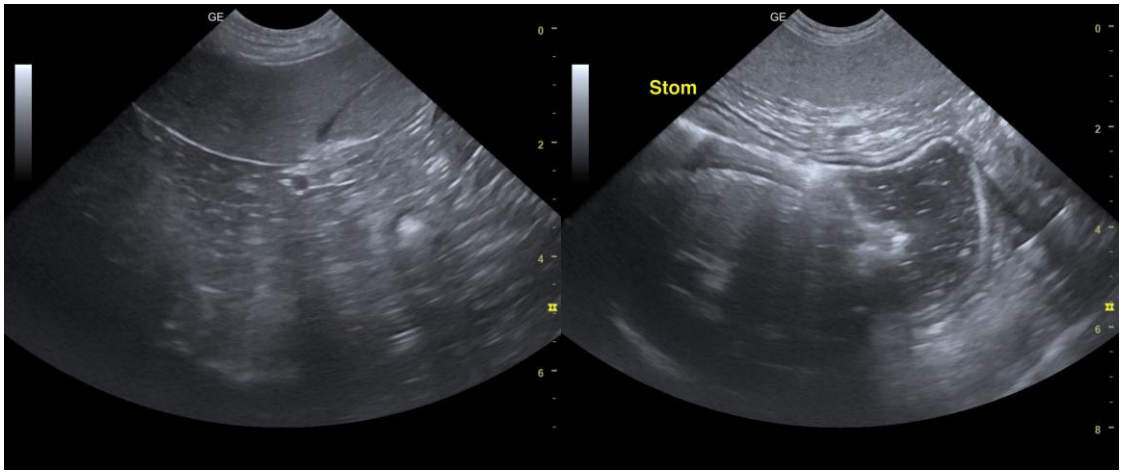

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com