



PATIENT

Molly Laurence

SPECIES

Canine

BREED

Havanese

SEX

Female

AGE

11 Years

WEIGHT

4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Matthew Olcha

INVOICE

15828

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Hx of tooth root abscess, presented today for COHAT Found to be pale and anemic on pre-anesthetic exam and bloodwork Acting normal per owners
Abnormal PE/Chem/CBC/UA Results: HCT 10%, confirmed with manual PCV (see attached CBC/Chem) Autoagglutination positive on slide test Chest x-rays unremarkable Lab CBC with pathologist review, Anemia PCR panel, UA: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Primarily anechoic urine was present. Focal areas of mild dependent mineral to small calculi were present. No evidence of inflammatory or neoplastic urinary bladder mural criteria. The urethra was normal to a depth of 2.0 cm.

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. Pinpoint areas of minor medullary mineral noted. The left kidney measured -4.2 cm in length. The right kidney measured 4.1 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 0.43 cm width at the caudal pole and 0.45 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 0.44 cm width at 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 to moderate ingesta, exhibiting strong distal acoustic shadowing. The stomach was otherwise normal.

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.



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No omental masses, lymphadenopathy or effusion was present.

Havanese

Other

SEX

The uterus was visualized and overall sonographically unremarkable with minor subjectively anechoic fluid noted in the proximal left and right uterine horns and uterine body lumen. The left and right ovaries were not definitively visualized.

Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Focal dependent urinary bladder mineral/small calculi
- Overtly normal uterus with minor anechoic luminal fluid- nonspecific, potential patient variant, although possible emerging pyometra, hydrometra, mucometra or similar possible. No evidence of uterine neoplastic criteria.
- Age-related kidneys with pinpoint to minor medullary mineral
- Strongly shadowing gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, an obvious cause of the patients significant anemia was not definitively evident. No evidence of intraabdominal neoplastic criteria, specifically no evidence of splenic neoplasia/masses. If not done, abdominal radiographs may be considered to rule out metallic gastric to gastrointestinal foreign body. Technically, the possibility of gastric foreign material cannot be excluded, although the strongly shadowing gastric ingesta may coincide with recent meal ingestion. Correlation with pending CBC pathology review, anemia PCR panel and urinalysis +/- urine culture and sensitivity to rule out underlying infection given the presence of bladder calculi recommended. Pending additional diagnostics, some or all of the following protocol could be considered empirically.

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Monitoring for vaginal discharge and recheck sonogram of the uterus if clinical signs suggestive of pyometra is recommended.

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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)

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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.

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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

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Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

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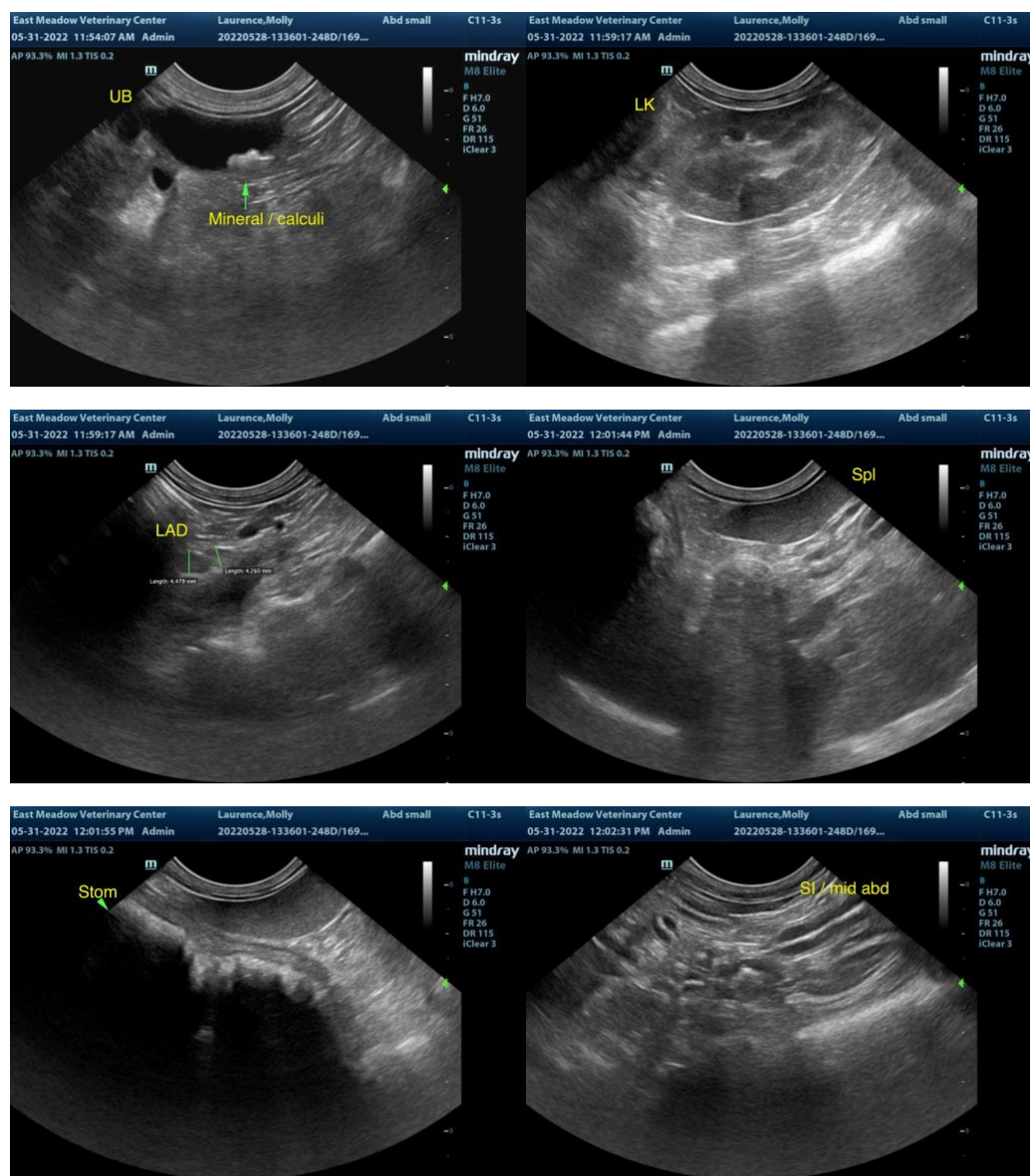
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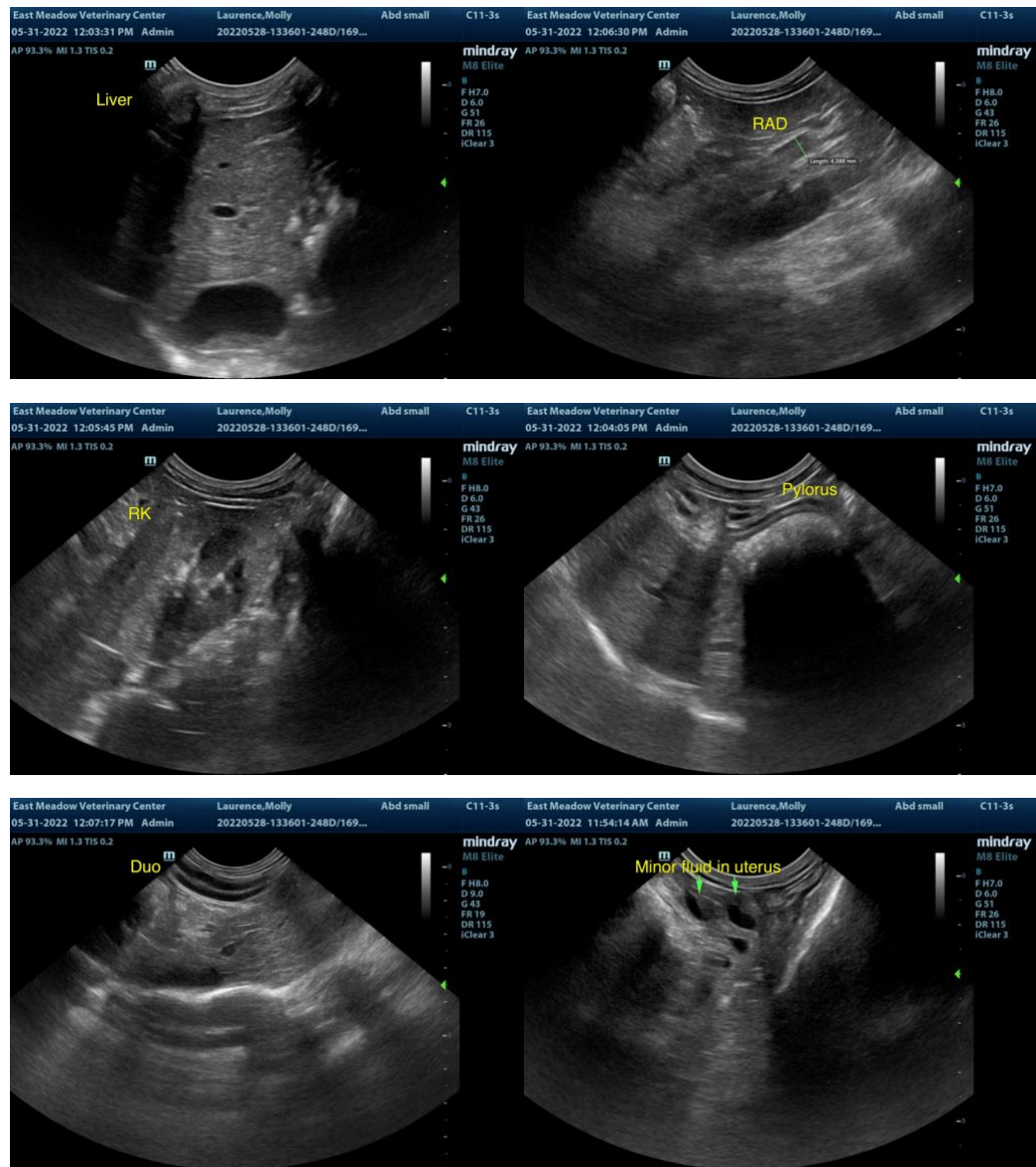
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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