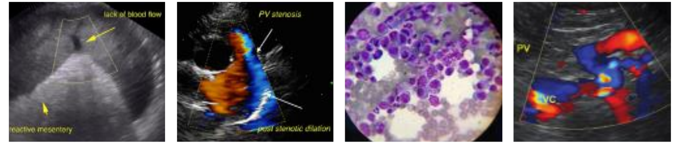

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1-800-838-4268 info@sonopath.com

PATIENT

Dyson Bittle

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

13 years 6 months

WEIGHT

21.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dena Owings, DVM

INVOICE

17342

DATE

7/21/23

PRESENTING CLINICAL SIGNS

BCS 4.5/9 P presented for dental on 7/3. In house bloodwork showed hematocrit of 23%. Abdominal radiographs showed possible enlarged spleen Tick panel negative
Abnormal PE/Chem/CBC/UA Results: HCT 23% on 7/3. Recovered to 40% today

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 was noted.

No overt pathology was noted in the area of the residual prostate.

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

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia and focal mild medullary mineral were present. The left kidney measured 4.1 cm in length. The right kidney measured 4.7 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 0.60 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.55 cm width at the caudal pole.

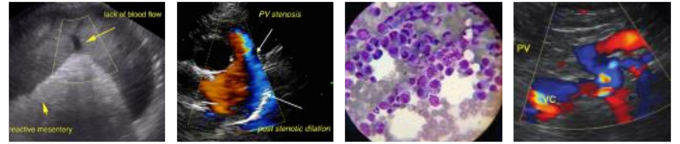
Spleen

The spleen exhibited mild generalized enlargement with a maintained symmetrical capsule contour. A finely textured subtly heterogeneous parenchyma was present. Normal splenic vascularity was noted. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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.

The gallbladder was non-distended in size containing primarily anechoic content with mild congealed gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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. The lumen of the stomach contained mild to moderate, variably echogenic ingesta exhibiting subtle progressive distal acoustic shadowing, sonographically consistent with food.

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 apparent 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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild pyelectasia and medullary mineral
- Mild splenomegaly exhibiting homogeneous parenchymal parenchyma and symmetrical capsule contour - subjectively benign, reactive hyperplasia or hematopoiesis secondary to the anemia suspected, potential for incidental splenitis, less likely occult infiltrative round cell neoplasia
- Subjective mild hepatomegaly - overtly benign
- Gallbladder sediment (non mucocele)

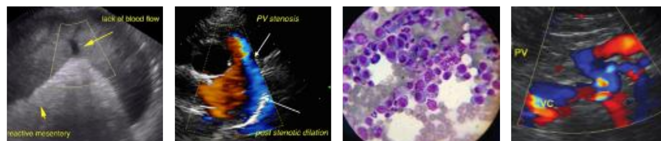
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using a 25-gauge needle and recommended Benadryl pretreatment, screening hepatosplenic FNA cytology could be considered primarily to ensure only benign-reactive changes are present. Hepatosupportive medications including Denamarin and Ursodiol may be considered If elevated hepatic parameters are noted. No obvious evidence of intrabdominal neoplastic criteria was noted. Some or all of the following protocol could be considered empirically or if clinically indicated.

(*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



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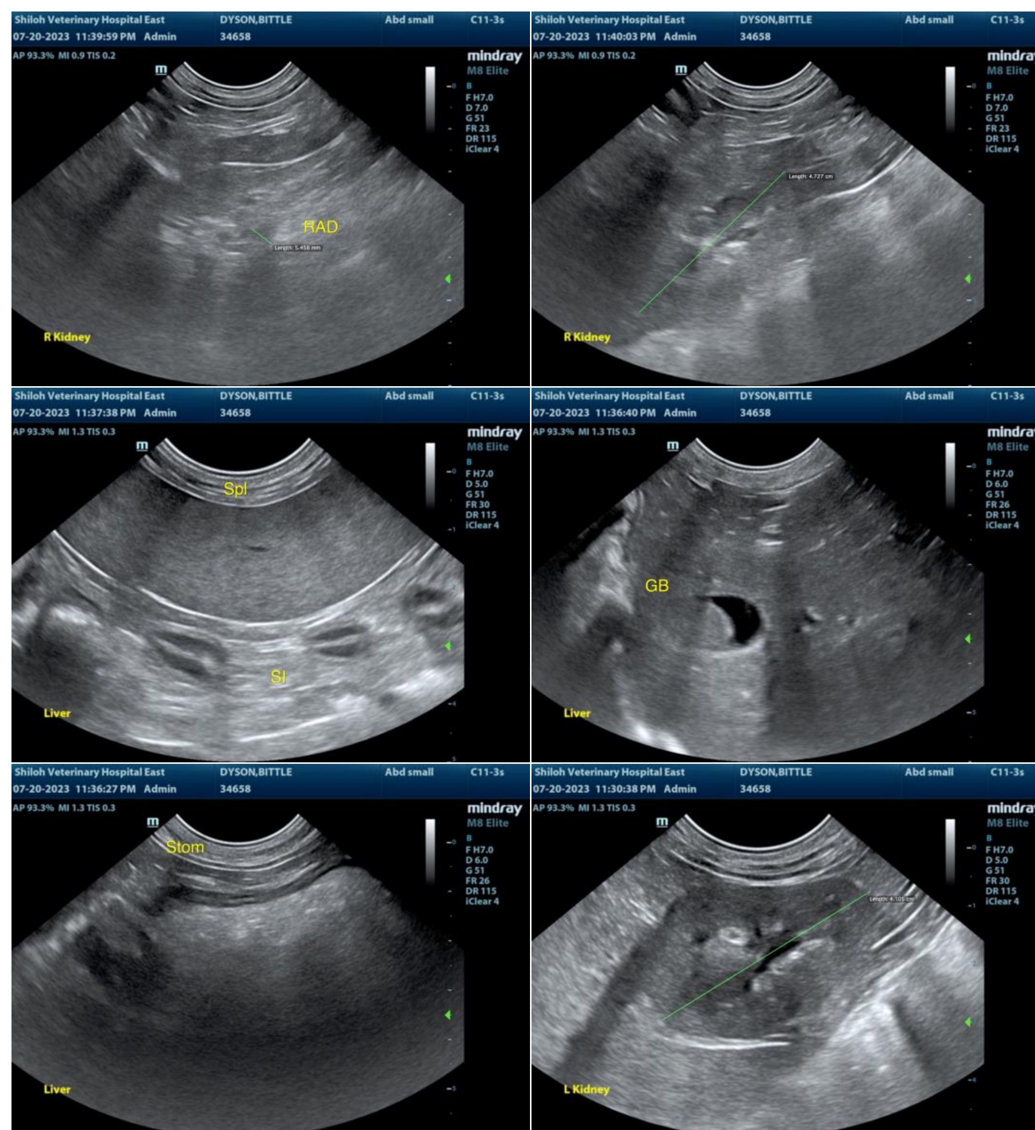
Doxycycline if infectious suspected clinically or based on CBC path review:
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

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



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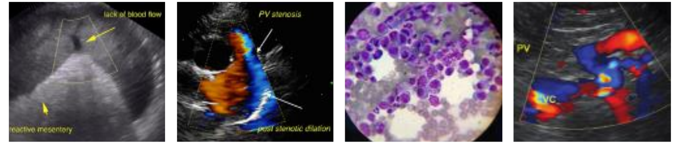

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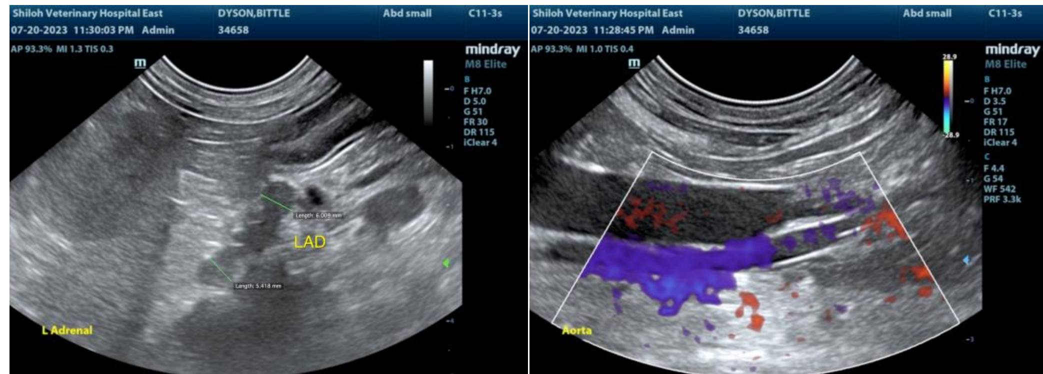

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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