



PATIENT

Harley Agosto

SPECIES

Canine

BREED

Pomeranian

SEX

CM

AGE

11 YO

WEIGHT

5.08 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

14413

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Hx of Thrombocytosis, on pre dental BW high platelet count, post dental, persisting high platelet count, otherwise ok.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9 BW 07/06/22 CBC: Platelet: 804 (H) 170-400

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention. Minimal primarily anechoic fluid was present in the urinary bladder with no evidence of calculi.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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. Minor areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured 2.9 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 0.38 cm width at the caudal pole and 0.33 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 0.46 cm width at the caudal pole and 0.37 cm width at the cranial pole. No evidence of adrenomegaly or adrenal tumors.

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 subjectively 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. Mild to moderate, nondependent yet nonorganized, mildly hyperechoic gallbladder debris was present. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.



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Gastrointestinal

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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.

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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.

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

SEX

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Age-related kidneys with minor medullary mineral
- Sonographically unremarkable bilateral adrenal glands
- Nonspecific mild hepatomegaly
- Mild to moderate gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hepatomegaly is nonspecific given the lack of reported hepatic enzyme elevations yet not overtly suggestive of hepatic neoplastic criteria. Likewise, no evidence of intraabdominal pathology i.e., neoplastic criteria or evidence of inflammation as a contributing factor to the thrombocytosis.

Assuming normal clotting status screening hepatic FNA could be considered for cytology. Assessment of T4 levels is suggested if not done.

No evidence of gastrointestinal disease or pancreatitis as a potential cause of thrombocytosis. CBC Pathology review +/- internal medicine consultation could be considered.

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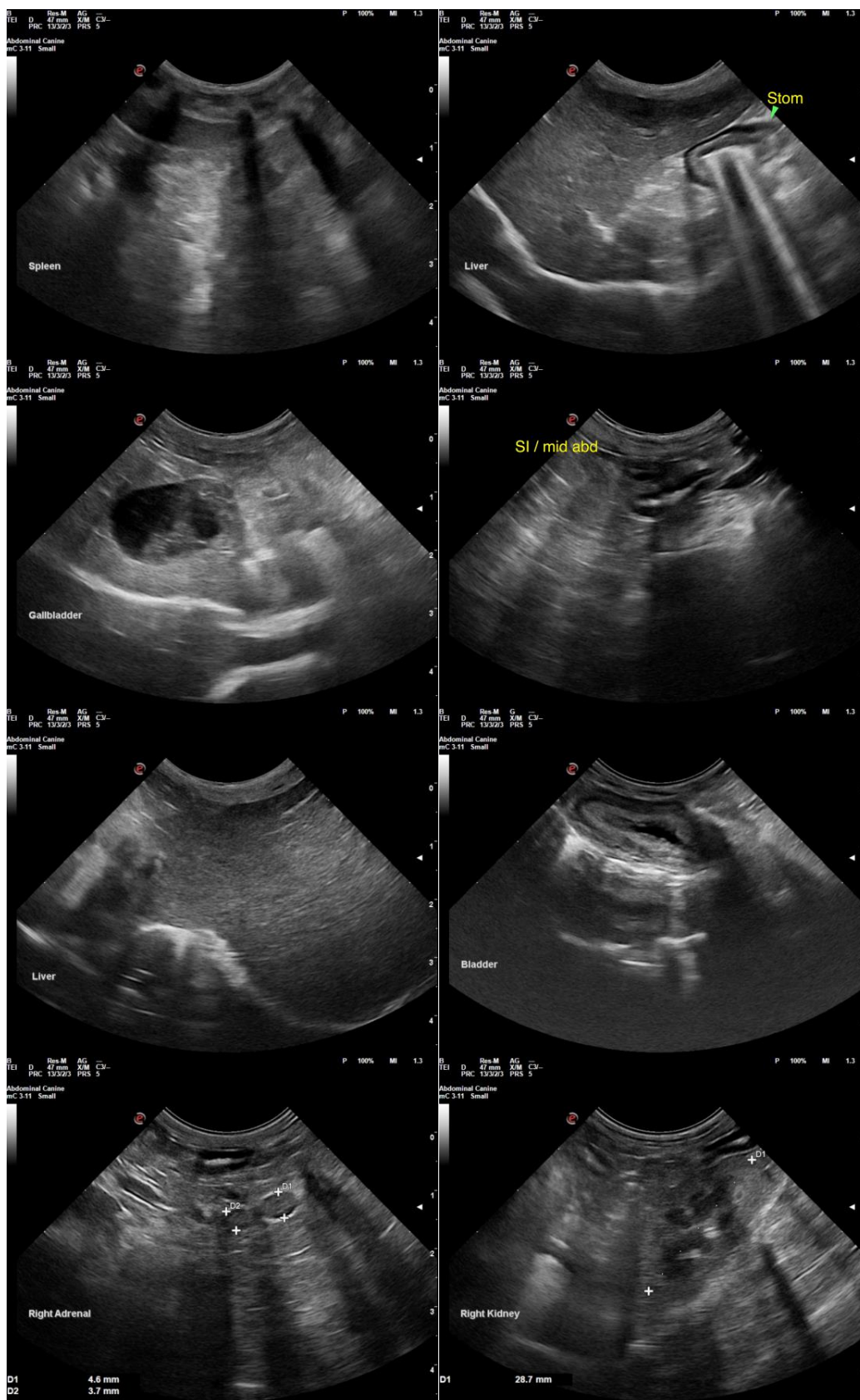
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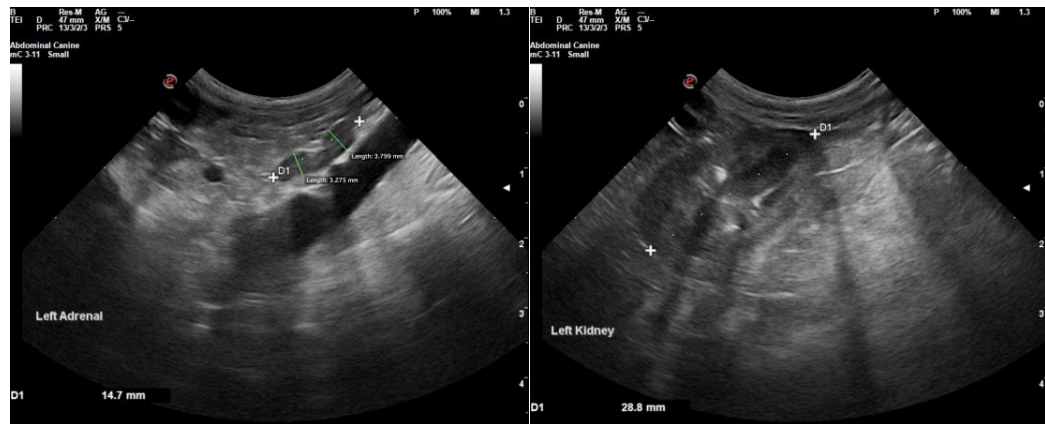
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>