



PATIENT PRESENTING CLINICAL SIGNS

Stewie Ortiz
SPECIES Canine
BREED Mix
SEX Neutered Male
AGE 10 Years
WEIGHT 34.8 Pounds

History: presented last week : lethargic, pale gums, slight icteric hue. Started treating for IMHA. On prednisone 20 mg x 1.5 bid; doxycycline 200mg x 3/4 bid, reglan,
 Abnormal PE/Chem/CBC/UA Results: 7/23/22: ALKP 510, tbili 1.5, HCT 29 low, Hb 9.7 low, NRBC 16, RBC low 3.9

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 iliac trifurcation was free of pathology, including no evidence of medial iliac or sublumbar lymphadenopathy/masses.

The residual prostate 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. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 6.1 cm in length. The right kidney measured 6.7 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 2.5 cm in length x 0.57 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.8 cm in length x 0.52 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 presented 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. Evidence of hepatic vein dilation, most notable at the level of the hepatic vein /caudal vena cava junction with mildly prominent cranial abdominal caudal vena cava. No evidence of overt thrombosis.

Mild gallbladder wall edema was noted. Anechoic content was present in the gallbladder with mild nondependent mildly hyperechoic debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Lind

INVOICE

16571

DATE

7/28/22



PATIENT	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.
Stewie Ortiz	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Mix	The pancreas was mildly prominent in size in the area of the pancreas and right pancreatic limb with heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	Free Abdomen
Neutered Male	No omental masses, lymphadenopathy or peritoneal free fluid was present.
AGE	Other
10 Years	A rapid view of the heart was normal .
WEIGHT	ULTRASONOGRAPHIC FINDINGS
34.8 Pounds	<ul style="list-style-type: none"> • Mild hepatomegaly, exhibiting evidence of hepatic vein distention, concurrent mildly prominent cranial abdominal caudal vena cava • Minor gallbladder wall edema with mild luminal debris (non-mucocele) • Mild age-related kidneys • Sonographically unremarkable spleen/GI tract
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of significant abdominal visceral pathology, specifically neoplastic criteria or significant hepatic disease as an obvious cause of potential hemolytic anemia or icterus. The evident hepatic vein and caudal vena cava congestion may be owing to sedation, if the patient was sedated at the time of the ultrasound. Otherwise, possible obstructive disease, given the lack of pericardial effusion or right cardiomegaly in the caudal thorax could be considered. Chest radiographs are recommended, if not done.
IMAGING PERFORMED BY	IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome
Diane McFadden	<i>(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)</i>
HOSPITAL NAME	
Andover AH	
REFERRING VET	
Dr. Lind	Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)
INVOICE	Consider Onion/Garlic derivative ingestion if Heinz bodies present.
16571	Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
DATE	Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
7/28/22	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:



PATIENT

Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

Stewie Ortiz

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

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

34.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

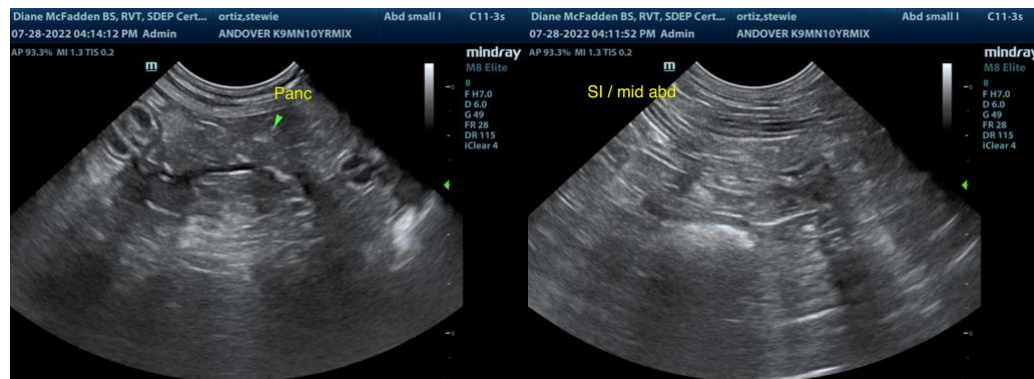
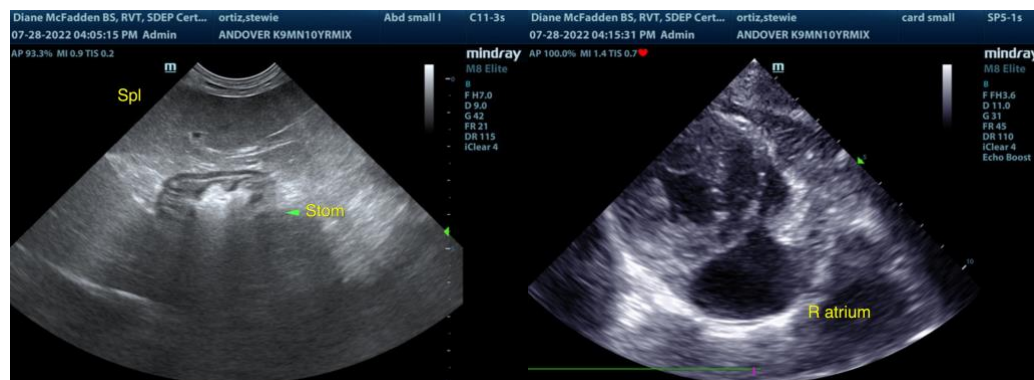
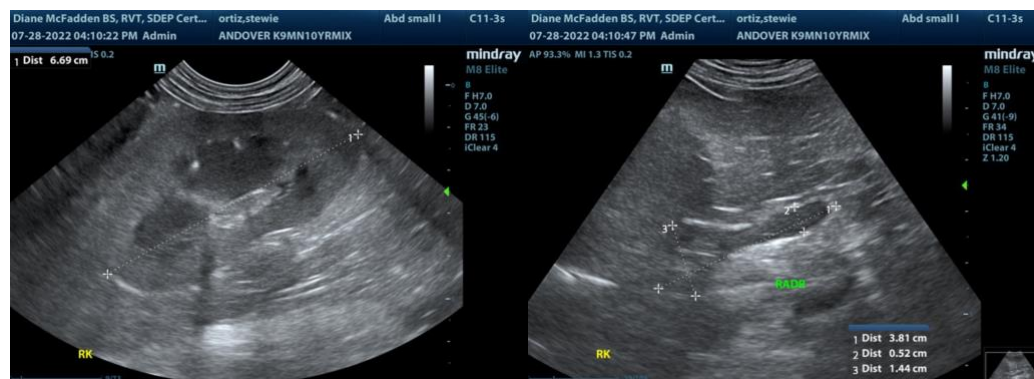
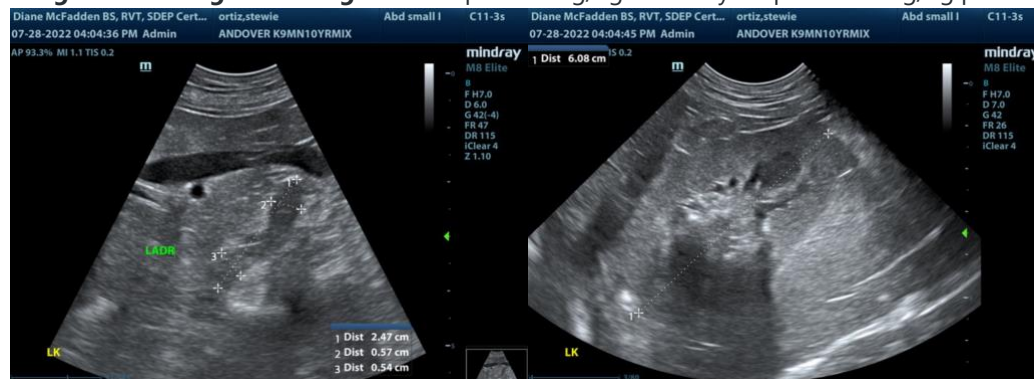
Dr. Lind

INVOICE

16571

DATE

7/28/22





PATIENT

Stewie Ortiz

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

34.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

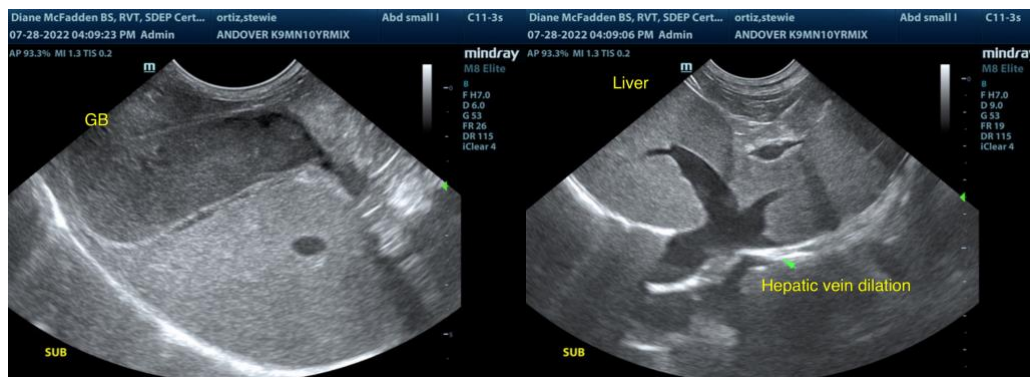
Dr. Lind

INVOICE

16571

DATE

7/28/22



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)
info@SonoPath.com