



**PATIENT**

Ocean Figueroa

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

39972

**DATE**

7/30/22

**PRESENTING CLINICAL SIGNS**

ANEMIA WEIGHT LOSS SNEEZING BLOOD SOMETIMES  
Abnormal PE/Chem/CBC/UA Results: BW- ELEVATED LIVER ENZYMES, MILD LOW ALBUMIN, ANEMIA PCV IS 19 LOW PLT

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology in the area of the iliac trifurcation.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.4 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

**Adrenal Glands**

**Spleen**

The spleen exhibited subjective mild enlargement with primarily maintained symmetrical capsule contour. Overall normal splenic parenchyma echogenicity exhibiting subtle generalized parenchyma heterogeneity. No splenic masses visualized. Normal splenic vascularity.

**Liver**

The liver was moderately enlarged with rounded capsule contour and areas of minor capsule asymmetry. Overall normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No hepatic masses or nodules were visualized. The gallbladder was subnormal in size, likely owing to presence of gastric ingesta. Mild anechoic content with minimal non-dependent, mildly hyperechoic luminal debris. The common bile duct was normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing.

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**



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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.

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**Free Abdomen**

Small pockets of primarily perihepatic to intermittent anechoic free fluid noted. No evidence of omental masses or overt significant intraabdominal lymphadenopathy. Potential for mildly prominent isoechoic intermittent mesenteric lymphadenopathy possible.

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**PRIMARY FINDINGS**

- Hepatomegaly exhibiting mild non-uniform parenchyma
- Mild splenomegaly exhibiting subtle parenchyma heterogeneity
- Scant, primarily perihepatic to intermittent peritoneal free fluid
- Gastric ingesta – non-specific.

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**SECONDARY FINDINGS**

- Benign prostatic hyperplasia, prostatitis considered less likely potential

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Previously recommended hepatosplenic FNA, assuming normal clotting status and using 25-gauge needle, is indicated for cytology, if not yet done. Infectious disease serology could also be considered pending hepatosplenic FNA, and if hepatosplenic neoplasia is ruled out. GI panel to include PLI, TLI, cobalamin and folate, 3-view chest radiographs +/- resting cortisol level to rule out occult disease as a contributing factor to the patient's abnormalities could be considered. As previously mentioned, round cell hepatic or hepatosplenic neoplasia is a potential in this case, although not definitive. Sampling is considered essential for further assessment. Pending additional diagnostics, some or all of the following protocol could be considered.

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**IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome**

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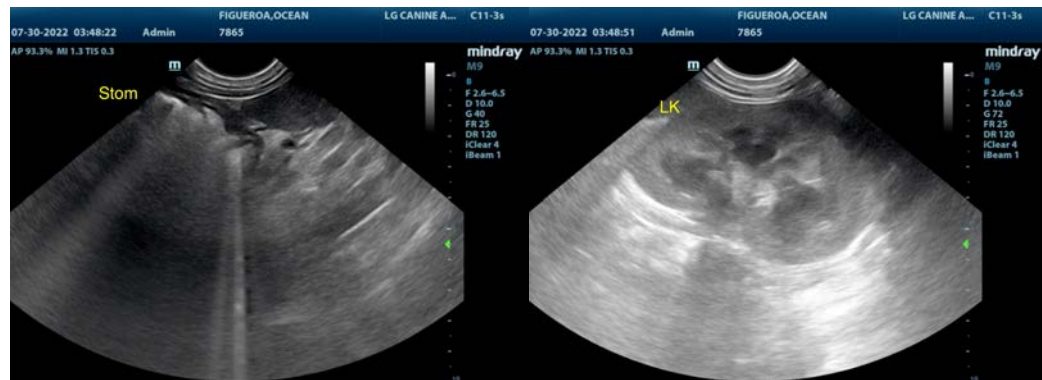
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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