



**PATIENT**

Addison Halsey

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

25 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brittany Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Brttany Gardner

**INVOICE**

39969

**DATE**

7/31/22

**PRESENTING CLINICAL SIGNS**

presented for routine mass removal, pre anesthetic blood work indicated low platelets, asymptomatic Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia r/o ITP, rodenticide, DIC, paraneoplastic, unlikely congenital coagulopathy due to age, other

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

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. The left kidney measured 6.2 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.63 cm at the caudal pole. The right adrenal gland was not definitively visualized.

**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. Minor non-dependent, mildly hyperechoic luminal debris was present, which is considered incidental. No evidence of gallbladder or peripheral gallbladder inflammation. 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 was empty with no signs of ileus, obstruction or foreign material.

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.



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**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**

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid.

**BREED**

Boxer

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal pathology (i.e., neoplasia, hemorrhage, or similar) as an obvious definitive cause of the patient's thrombocytopenia. Immune mediated or infectious etiologies could be considered. Clotting status is recommended. Some or all of the following protocol may be considered empirically, pending additional workup, based on the clinical impression of the patient.

**AGE**

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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)

**WEIGHT**

25 Pounds

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

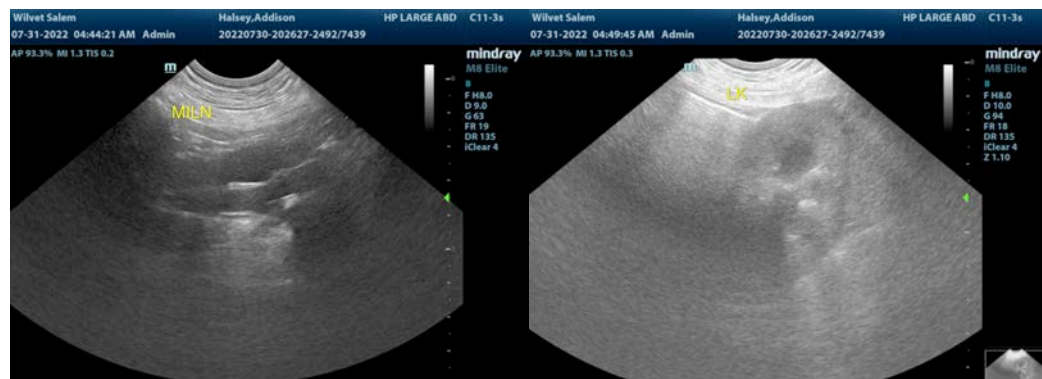
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**Long-term management dogs:** Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

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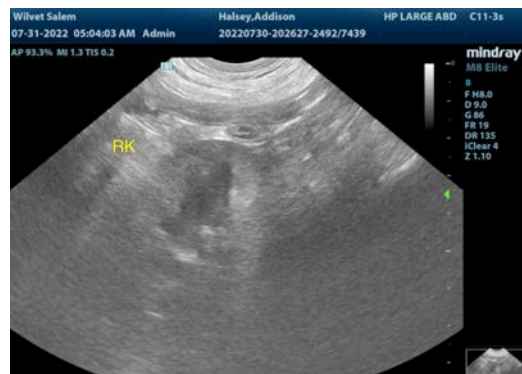
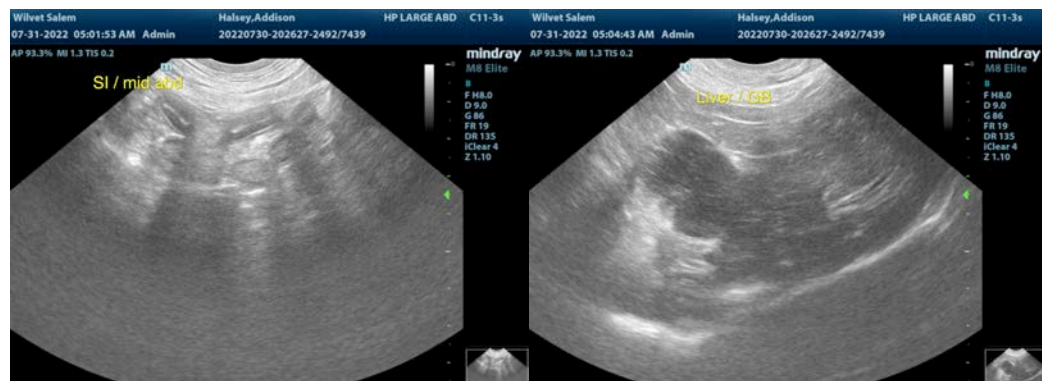
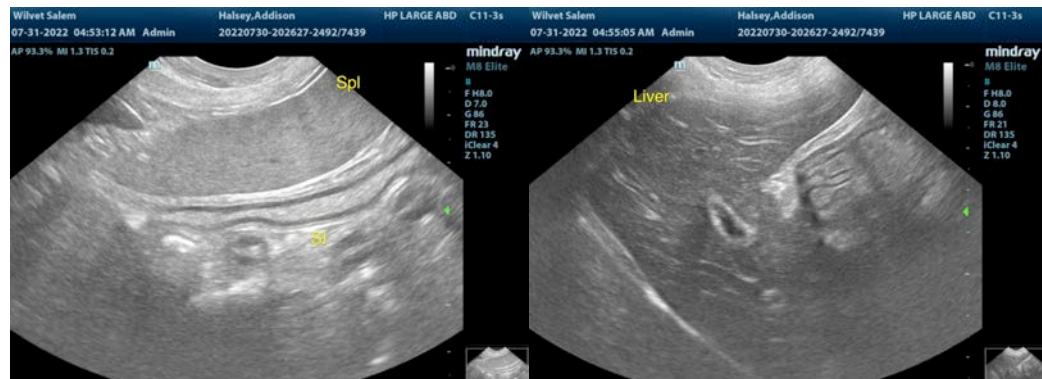
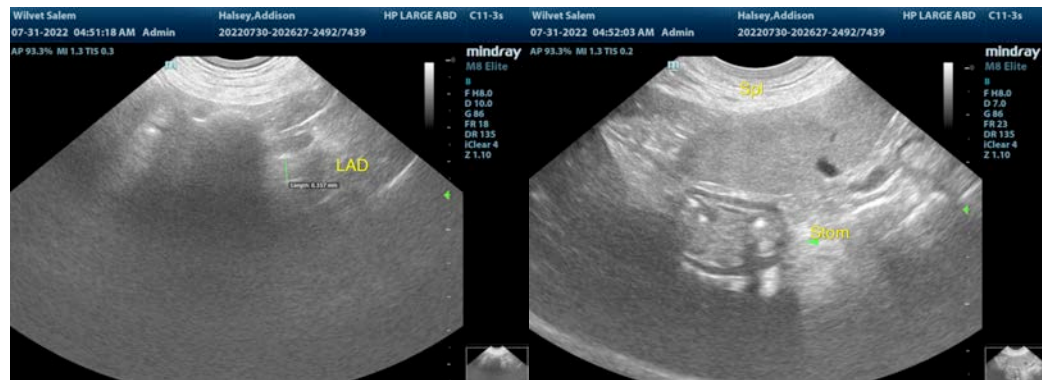
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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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info@SonoPath.com

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