



**PATIENT**

Gracie Young

**SPECIES**

Canine

**BREED**

Yorkie Terrier

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

4.42 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Fish Creek PH

**REFERRING VET**

Fish Creek PH

**INVOICE**

23861

**DATE**

8/10/23

**PRESENTING CLINICAL SIGNS**

History: Dx with severe thrombocytopenia- suspected immune mediated. AUS to rule out underlying pathology.

Abnormal PE/Chem/CBC/UA Results: Severe thrombocytopenia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of medial iliac or sublumbar lymphadenopathy.

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 3.6 cm in length. The right kidney measured 3.8 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 0.55 cm width at the caudal pole and 0.55 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 0.45 cm 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 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 with primarily anechoic content and mild nondependent sediment in the caudal lumen in the area of the gallbladder neck. No evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented overtly normal visualized wall layering. The lumen of the stomach contained a moderate amount of progressively shadowing ingesta, sonographically suggestive of food. Correlation with most recent meal ingestion is recommended.



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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.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

**SPECIES**

Canine

***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 was evident.

**BREED**

Yorkie Terrier

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

- Early to mild age-related kidneys with pinpoint medullary mineral
- Subjective mild hepatomegaly- sonographically benign
- Mild gallbladder sediment (non-mucocele)
- Sonographically normal spleen
- Gastric ingesta- suspect likely post prandial presentation.

**WEIGHT**

4.42 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology as an obvious cause of the patients severe thrombocytopenia. No evidence of intraabdominal neoplastic criteria. Assessment of hepatic enzyme levels or monitoring of hepatic enzyme levels going forward for evidence of elevation or cholestasis is recommended. Infectious disease serology may be considered if clinically indicated.

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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/>.

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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>

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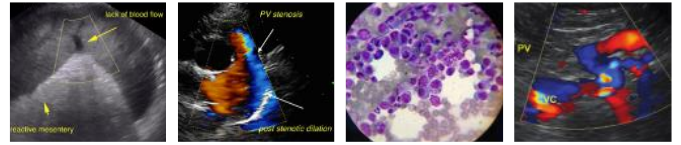
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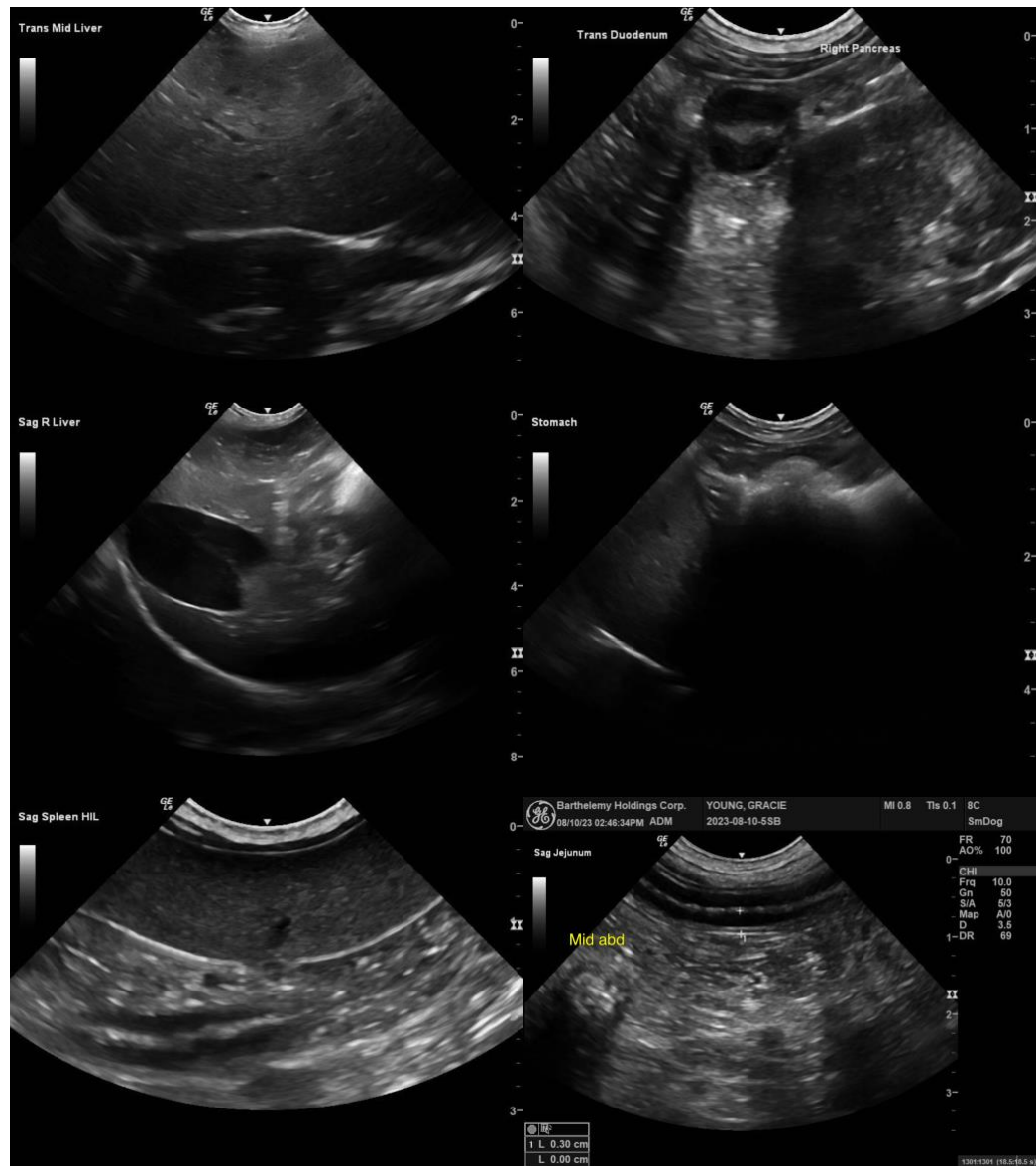
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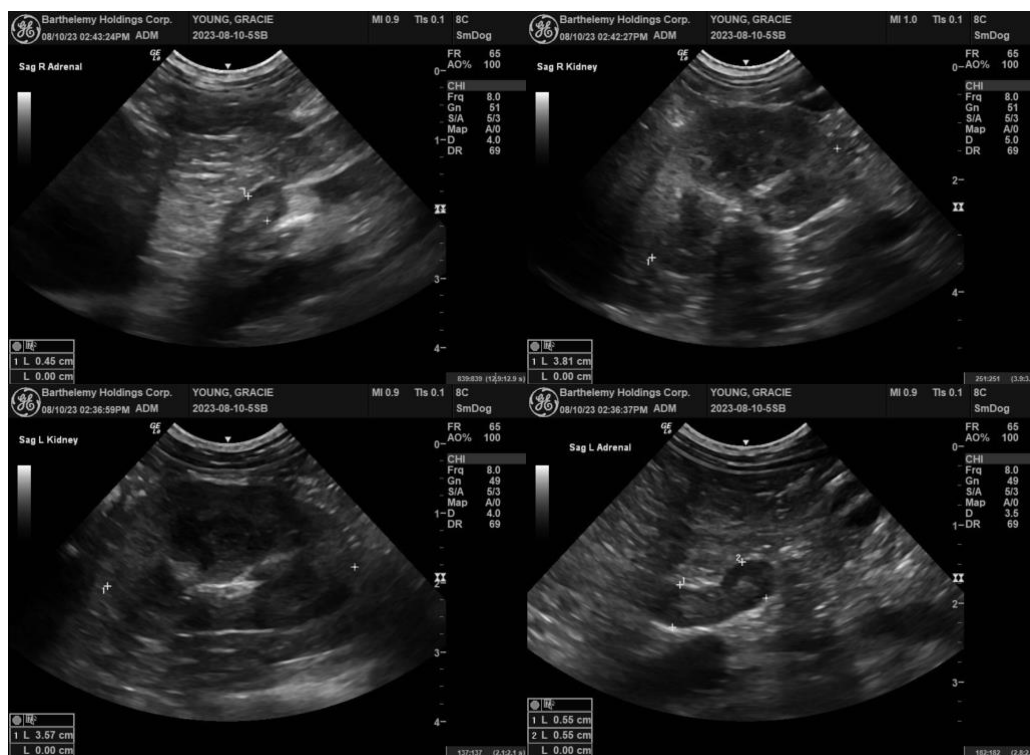
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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