



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sora Fry
SPECIES Canine
BREED Doberman
SEX Spayed Female
AGE 4 Years
WEIGHT 89.6

P was running in field with other dog, came inside with epistaxis, p has hx of only 1 kidney, elevated liver enzymes, and had a small atrophied right ovary at time of spay. depigmentation throughout coat with well demarcated areas of skin, suspect vitiligo, dermal mass with papilloma type growths on right shoulder, bilateral epistaxis. P hospitalized and started on treatment for ITP. bruising noted on hocks, melena overnight, PCV/TS holding, petechiation in mouth remains stable.

Abnormal PE/Chem/CBC/UA Results: intake 8/11 diagnostics- CBC: PLT 8K/uL, MPV 17.8, PLT crit 0.01% Chem 17: ALT 738 U/L, GGT 13 U/L PT WNL (14), PTT WNL (89) Manual PLT count - 0-1/HPF 8/12 PCV 47%/ 7g/dl EPOC HCT 47%, GLU 132, pH 7.468,

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.

No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 7.5 cm.

The right kidney was not visualized, consistent with patient history.

Adrenal Glands

The adrenal glands were 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. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

44630

DATE

8/12/23



PATIENT *Gastrointestinal*

Sora Fry 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.

SPECIES

Canine 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.

BREED

Doberman

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

SEX

Spayed Female

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.

AGE

4 Years

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion.

WEIGHT

89.6

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable abdomen
- Non-visualized right kidney - consistent with patient history
- Sonographically unremarkable liver – consistent with benign hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology as an obvious cause of the thrombocytopenia including no evidence of intra-abdominal neoplastic criteria. The liver was non-specific yet may suggest non-specific inflammatory hepatopathy, given the ALT elevation. If thrombocytopenia resolves or is stabilized with adequate platelet count and normal clotting status, further assessment of the liver may include screening FNA cytology +/- Leptospiriosis titers/PCR, if clinically indicated.

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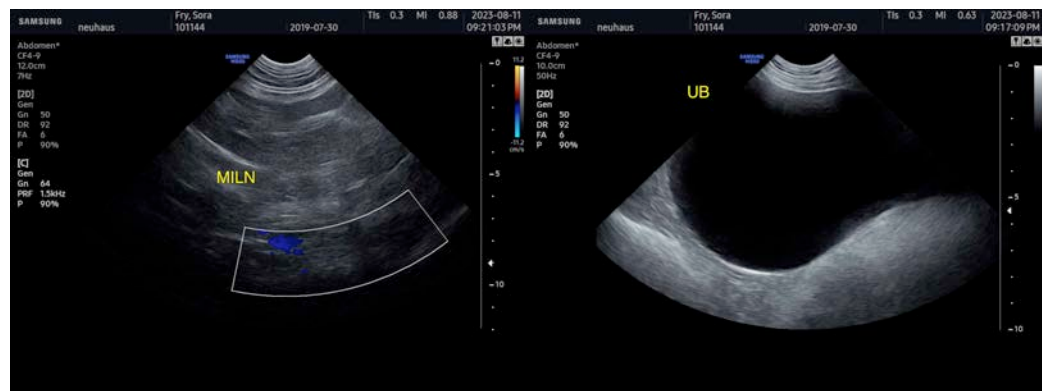
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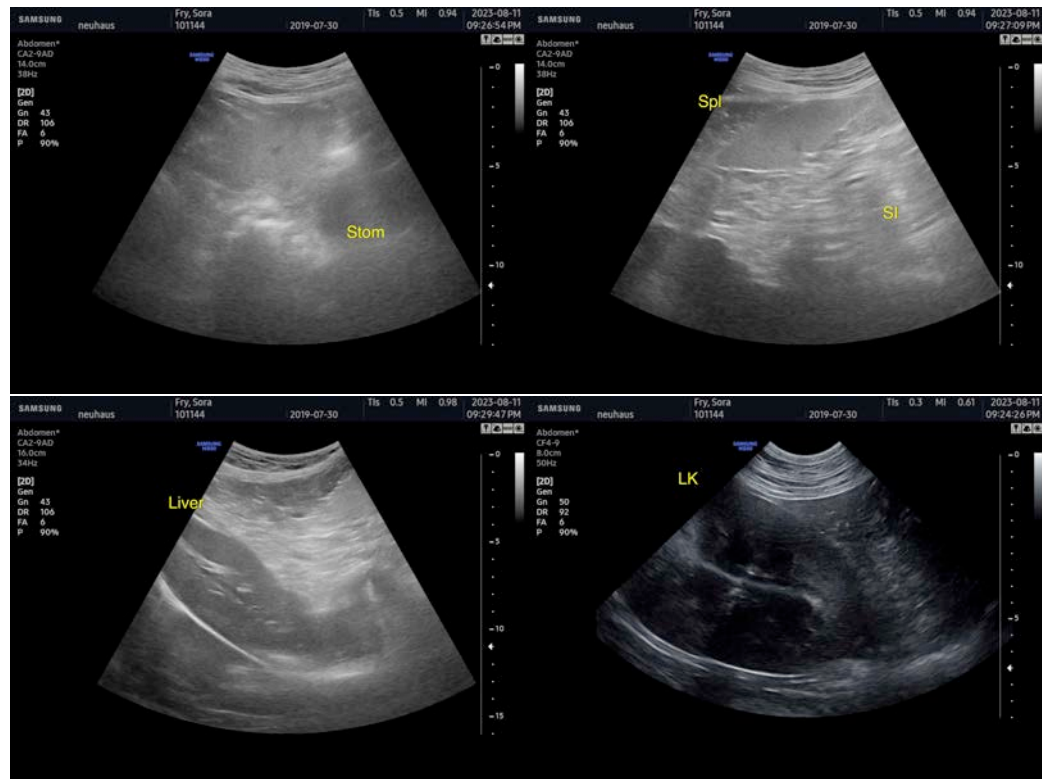
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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