



PATIENT

Tucker Haffner

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9yr

WEIGHT

44kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

11305ag

DATE

08/08/2022

PRESENTING CLINICAL SIGNS

History: Fri Os noticed that Tucker had black, tarry stools, wasn't eating as much and his energy was down. By Sunday he was walking wobbly, lethargic and could barely be enticed to eat which is VERY abnormal for him. They took him to EVC where they found his gums were pale and he would knuckle on his RH. Os chose to wait to r/c BW here today since they had just done it last week. HR: 112, clear, no murmurs or arrhythmias Mild proprioceptive deficits in the RH - will adjust his foot but takes 1-2 seconds and is a bit weak doing so. Limping on the RH as well. A: pale MM - most likely anemic. Hemangiosarcoma? Ulcer? galliprant, not given in 48h

Abnormal PE/Chem/CBC/UA Results: HCT 17.9, Retic 50.9, WBC 18.2 w/neutophilia, monocytosis, PLT 113, ALB 20 Please see attached radiographs and bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate nondependent particular to pinpoint hyperechoic sediment which may indicate cellular debris/protein, crystalline debris, mucus or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 7.2 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.88 cm width at the caudal pole.

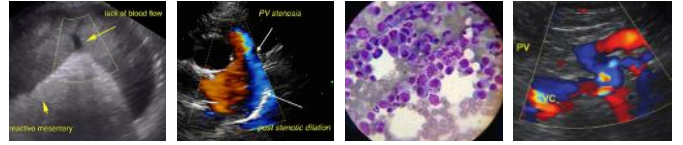
Spleen

The spleen exhibited normal size and symmetric capsule contour with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary nondisruptive well demarcated hyperechoic nodule measuring 0.81 cm in diameter was present. No splenic masses observed.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



PATIENT

Gastrointestinal

Tucker Haffner

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.70 cm in width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental nonshadowing ingesta/chyme with no signs of ileus, ulceration, obstruction or foreign material. The duodenum wall measured 0.44 cm in width. The jejunum wall measured 0.33 cm in width.

BREED

Lab Mix

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

Pancreas

SEX

MN

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

9yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

44kg

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with mild gastric and segmental small intestinal ingesta/chyme
- Unremarkable spleen with solitary subjectively benign nodule-consistent with benign myelolipoma, no evidence of splenic masses

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of abdominal pathology was present in this study as a reason for the patient's clinical signs and anemia. Potential for micro ulceration or non visualized ulceration given the anemia and reported melena cannot be definitively excluded.

IMAGING PERFORMED BY

Crystal Hill

Continued gastric protectant protocol would be reasonable. Although considered unlikely given the normal adrenal presentation, resting cortisol level +/- ACTH stim could be considered to rule out occult Addison's disease. Assessment for evidence of autoagglutination as well as three view chest radiographs to rule out occult thoracic pathology and neurological assessment is recommended. Some or all of the following protocol could be considered.

HOSPITAL NAME

Buck Animal Hospital

(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)

REFERRING VET

Dr. Galbraith

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.

INVOICE

11305ag

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

DATE

08/08/2022



PATIENT

Tucker Haffner

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9yr

WEIGHT

44kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

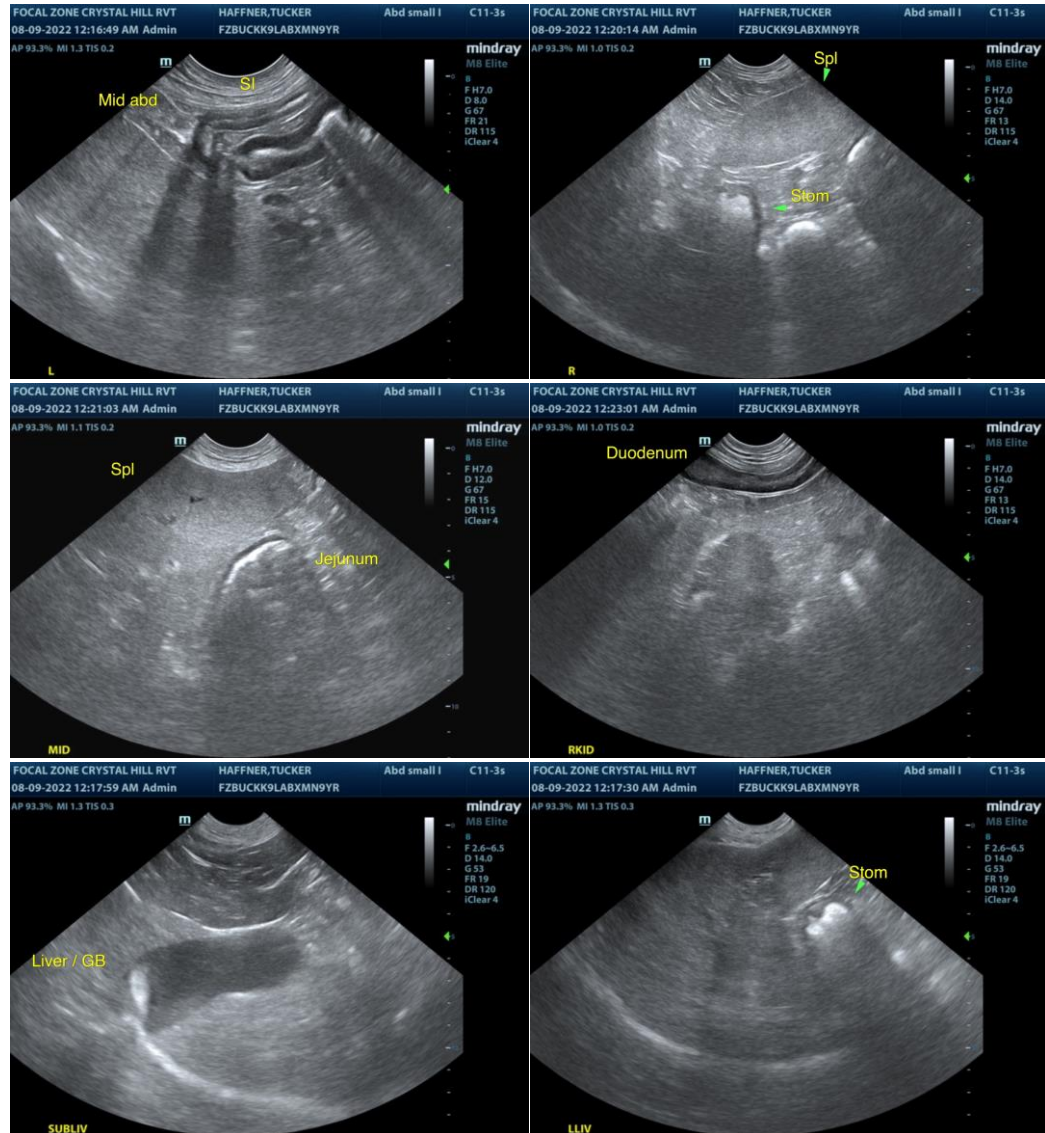
Dr. Galbraith

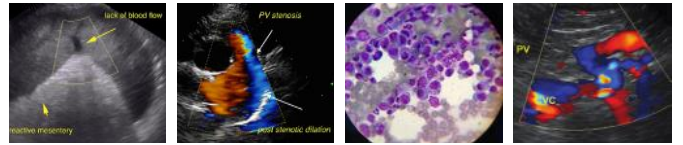
INVOICE

11305ag

DATE

08/08/2022





PATIENT

Tucker Haffner

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9yr

WEIGHT

44kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

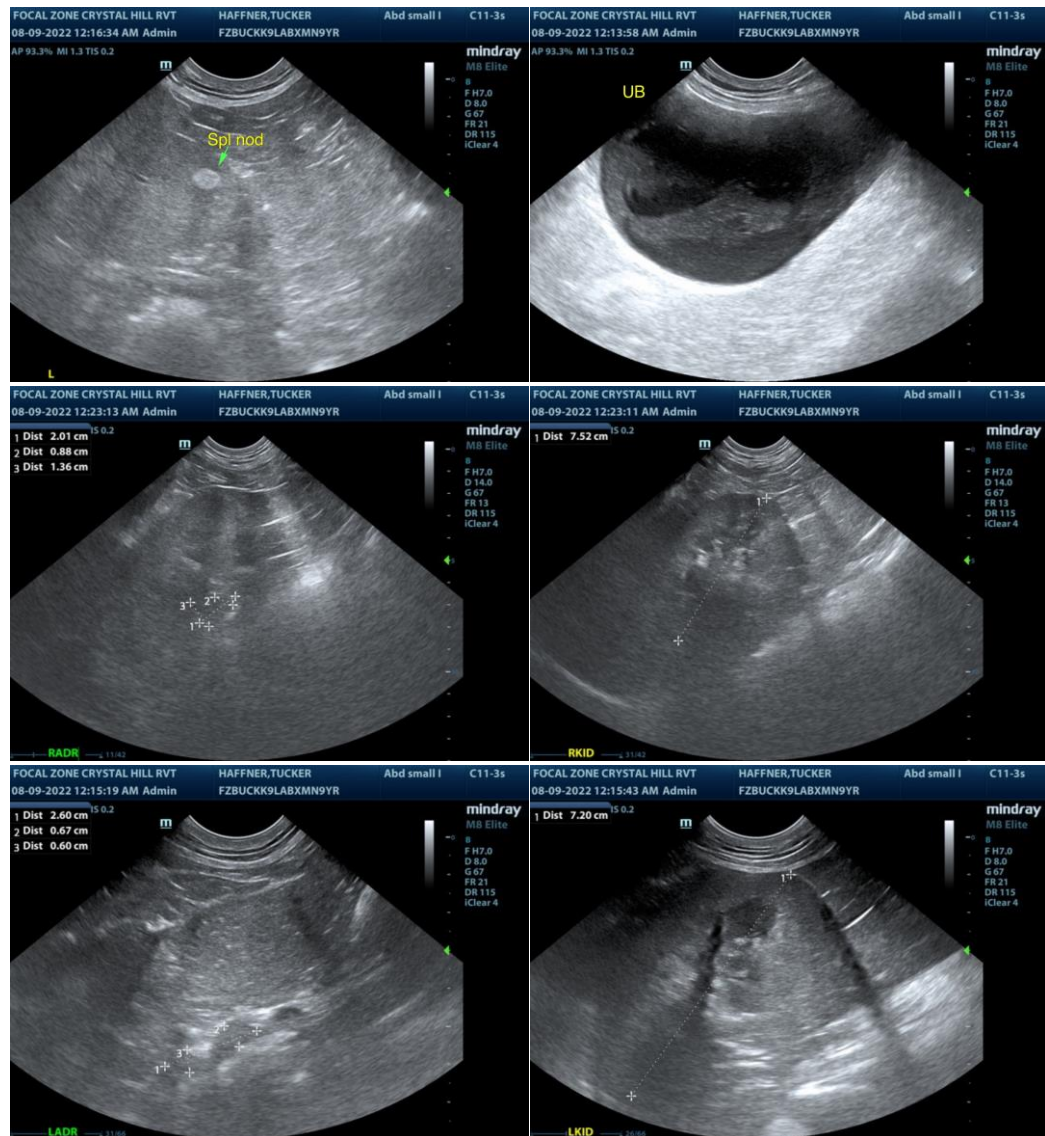
Dr. Galbraith

INVOICE

11305ag

DATE

08/08/2022



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