



PATIENT	PRESENTING CLINICAL SIGNS
Grizz Heinrich	Bruising seen after grooming . Normal presentation Attending concerned about IMTP
SPECIES	Abnormal PE/Chem/CBC/UA Results: Low platelets on C BC
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Pomeranian	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone to a depth of 2 cm. Anechoic urine was present in the lumen with minor nondependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	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 -3.2 cm in length. The right kidney measured 3.3 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
7yr	No evidence of pathology associated with the residual prostate.
WEIGHT	Adrenal Glands
5.2kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.39 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 0.49 cm width at the caudal pole and 0.42 cm width at the cranial pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Belan	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 with moderate dependent to nondependent focally congealed hyperechoic debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Alpine 24/7 Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
REFERRING VET	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.
Dr. Katz	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
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PATIENT

Pancreas

Grizz Heinrich

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.

SPECIES

Canine

Free Abdomen

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

BREED

Pomeranian

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Moderate mildly congealed gallbladder debris (non-mucocele)
- Sonographically unremarkable spleen
- Mild gastric ingesta/chyme

MN

AGE

7yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.2kg

No evidence of intra-abdominal pathology specifically neoplastic criteria as an obvious cause of the patient's bruising or thrombocytopenia. A CBC path review as well as an infectious disease serology if clinically indicated may be considered. Empirically some or all of the following protocol may be considered with continued monitoring of HCT/PLT level.

INTERPRETED BY

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

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

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.

IMAGING PERFORMED BY

Dr. Belan

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

HOSPITAL NAME

Alpine 24/7 Animal
Hospital

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

REFERRING VET

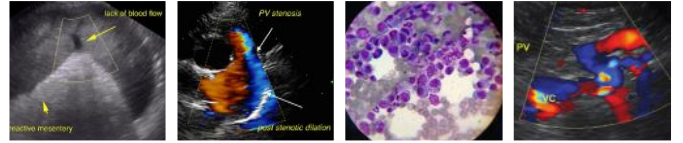
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PATIENT

Grizz Heinrich

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

7yr

WEIGHT

5.2kg

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HOSPITAL NAME

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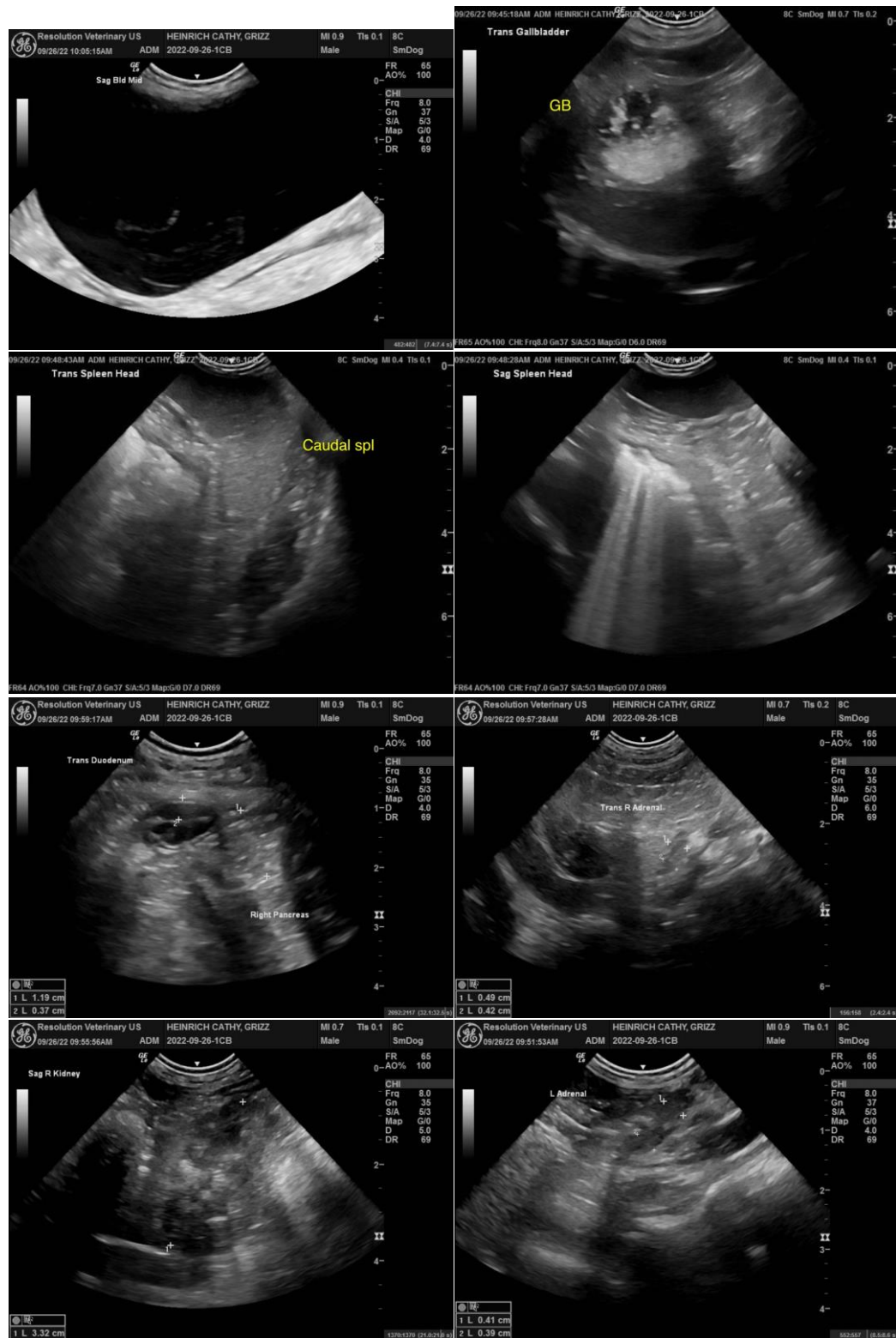
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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