



PATIENT

Chisos McGinty

SPECIES

Canine

BREED

Husky Mix

SEX

NM

AGE

8 years 9 months

WEIGHT

83.1

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Ashley Douglass,
DVM

HOSPITAL NAME

Mt. Yonah Animal
Hospital

REFERRING VET

Ashley Douglass,
DVM

INVOICE

14831

DATE

9/7/22

PRESENTING CLINICAL SIGNS

Patient is still very lethargic, low platelets, suspect cancer.
Abnormal PE/Chem/CBC/UA Results: Low platelet count 95,000

Please submit In DICOM format if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

No evidence of pathology in the area of the iliac trifurcation, 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.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology exhibiting subjective normal size, shape, and position. 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/ Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Potential for mild retained progressively shadowing ingesta was noted. No evidence of mechanical pyloric outflow obstruction, as well as no evidence of gastric distention with retained to significant ingesta, fluid, or overt 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.



PATIENT

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

Chisos McGinty

Pancreas

SPECIES

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 were evident.

Canine

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Free Abdomen

Husky Mix

No omental masses, lymphadenopathy, or evidence of peritoneal free fluids were noted.

SEX

ULTRASONOGRAPHIC FINDINGS

NM

- Sonographically unremarkable abdomen

AGE

8 years 9 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

No overt evidence of significant abdominal visceral pathology, specifically no overt evidence of intraabdominal neoplastic criteria / masses, as a definitive or obvious cause of the patient's clinical signs and thrombocytopenia.

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Resting cortisol level to rule out occult Addison's Disease, could be considered. Three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor. Based on the clinical impression of the thrombocytopenia, CBC pathology review +/- infectious diseases serology could be indicated.

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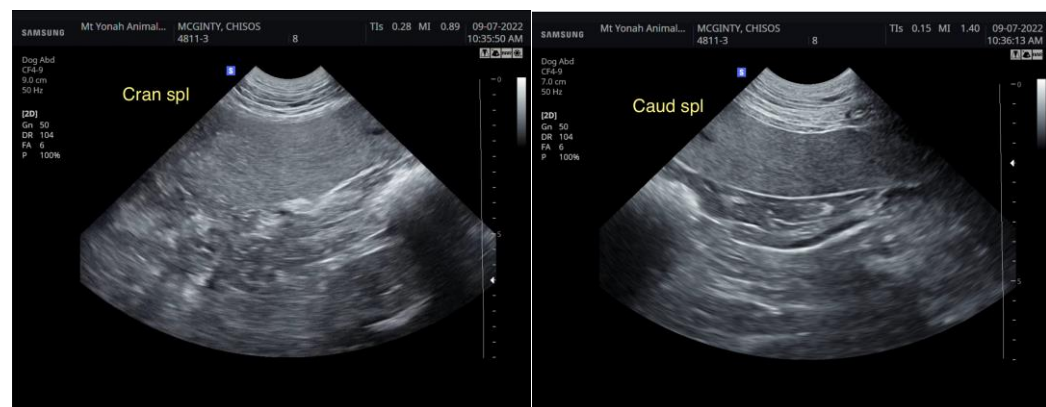
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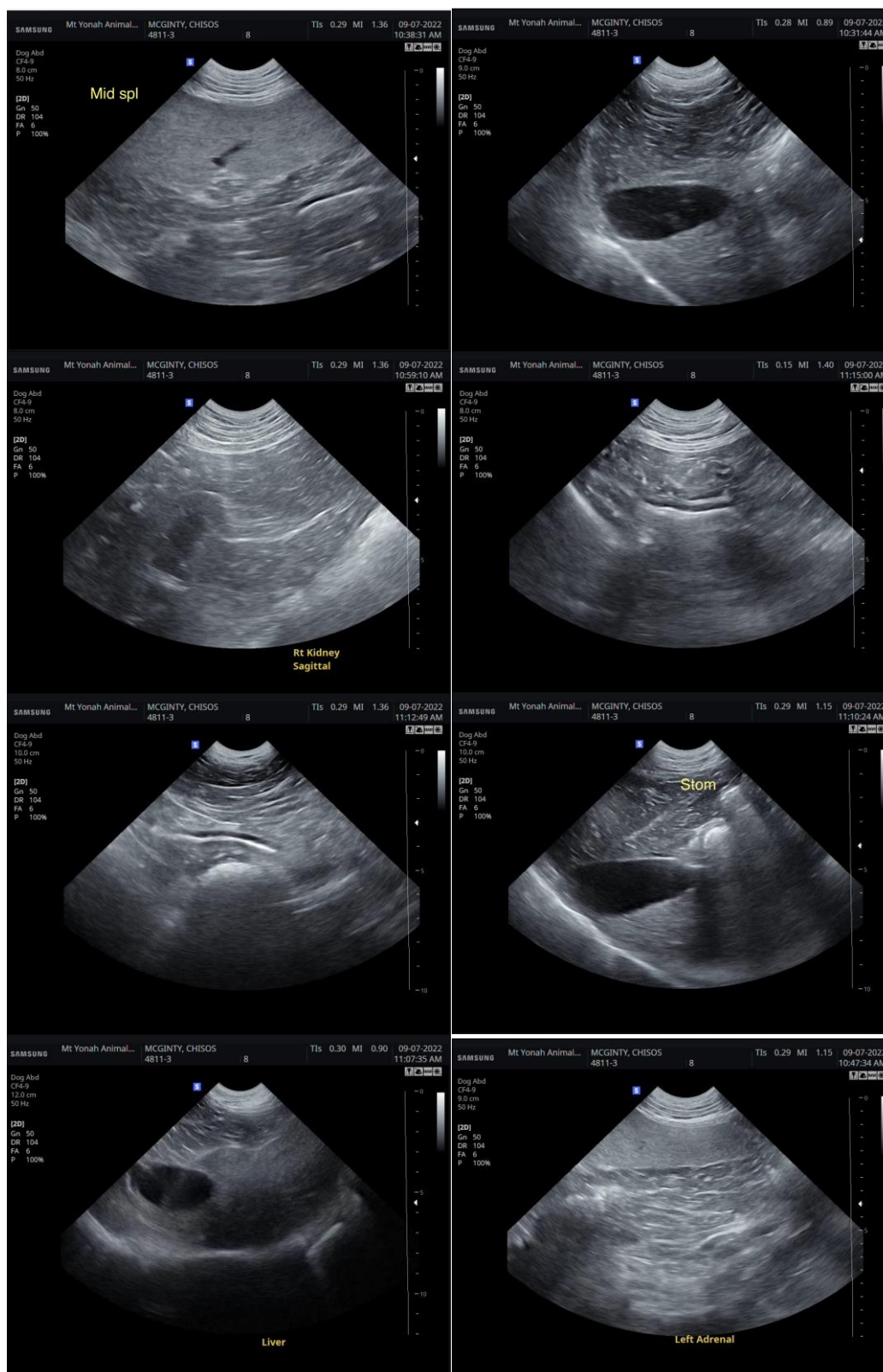
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com