



PATIENT	PRESENTING CLINICAL SIGNS
Polaris Sugerman	Patient presented for recheck CBC today, patient was diagnosed with IMTP on 8/19/21. Started on Prednisone and Doxycycline for 2 weeks, platelets count stabilized, so we started the taper. No bruising and pink gums seen today. Owner is seeing diarrhea and lethargy at home and possible black stools. Current Medications Started on Metronidazole and Omeprazole today, and tapered to 2 tabs 20mg Prednisone BID yesterday
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Platelets 152,000/uL WBC: 30.7 HCT: 30%, this is the first time it has been low
Alaskan Malamute	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	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 was noted.
7 years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
54 kg	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 7.8 cm in length. The right kidney measured 8.5 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.0 cm length x 1.0 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh	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.
HOSPITAL NAME	Liver/ Gallbladder
Silver Creek AC	The liver was mildly enlarged yet symmetrical contour was maintained. Generalized mild, primarily uniform increased hepatic echogenicity with mild to moderate coarse echotexture was present. No hepatic masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with minor echogenic,
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PATIENT	nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Polaris Sugerman	
SPECIES	Gastrointestinal
Canine	The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, echogenic ingesta exhibiting progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.47 cm. No overt evidence of mechanical obstruction was noted.
BREED	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. The duodenum wall width measured 0.45 cm. The jejunum wall width measured 0.43 cm.
Alaskan Malamute	The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft feces was present in the colon lumen with lumen dilation.
SEX	
Spayed Female	
AGE	Pancreas
7 years	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.
WEIGHT	Free Abdomen
54 kg	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none">Moderate retained gastric ingestaSonographically unremarkable visualized small bowel with suspect mild colitisMild hepatomegaly with generalized mild echogenic parenchyma - suggestive of vacuolar / steroid hepatopathyMinor gallbladder debris (non-mucocele)
Jenna Walsh	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Silver Creek AC	Given the documented NPO prior to the ultrasound, the presence of retained gastric ingesta may suggest some degree of metabolic gastric stasis. The appearance of the ingesta was most suggestive of food, without overt evidence of foreign material. Ideally, radiographic or sonographic monitoring over the next 12-24 hours for evidence of gastric emptying is recommended. Potential for microulceration within the gastrointestinal tract, given the possible melena, cannot be excluded yet overt evidence of gastrointestinal mural pathology or colonic mural pathology was not noted. In addition to the current protocol, Sucralfate and a limited antigen or hydrolyzed diet trial are suggested. Fresh fecal analysis to assess for ova / Giardia may be considered. Continued monitoring of HCT is suggested.
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PATIENT

Polaris Sugerman

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Spayed Female

AGE

7 years

WEIGHT

54 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Silver Creek AC

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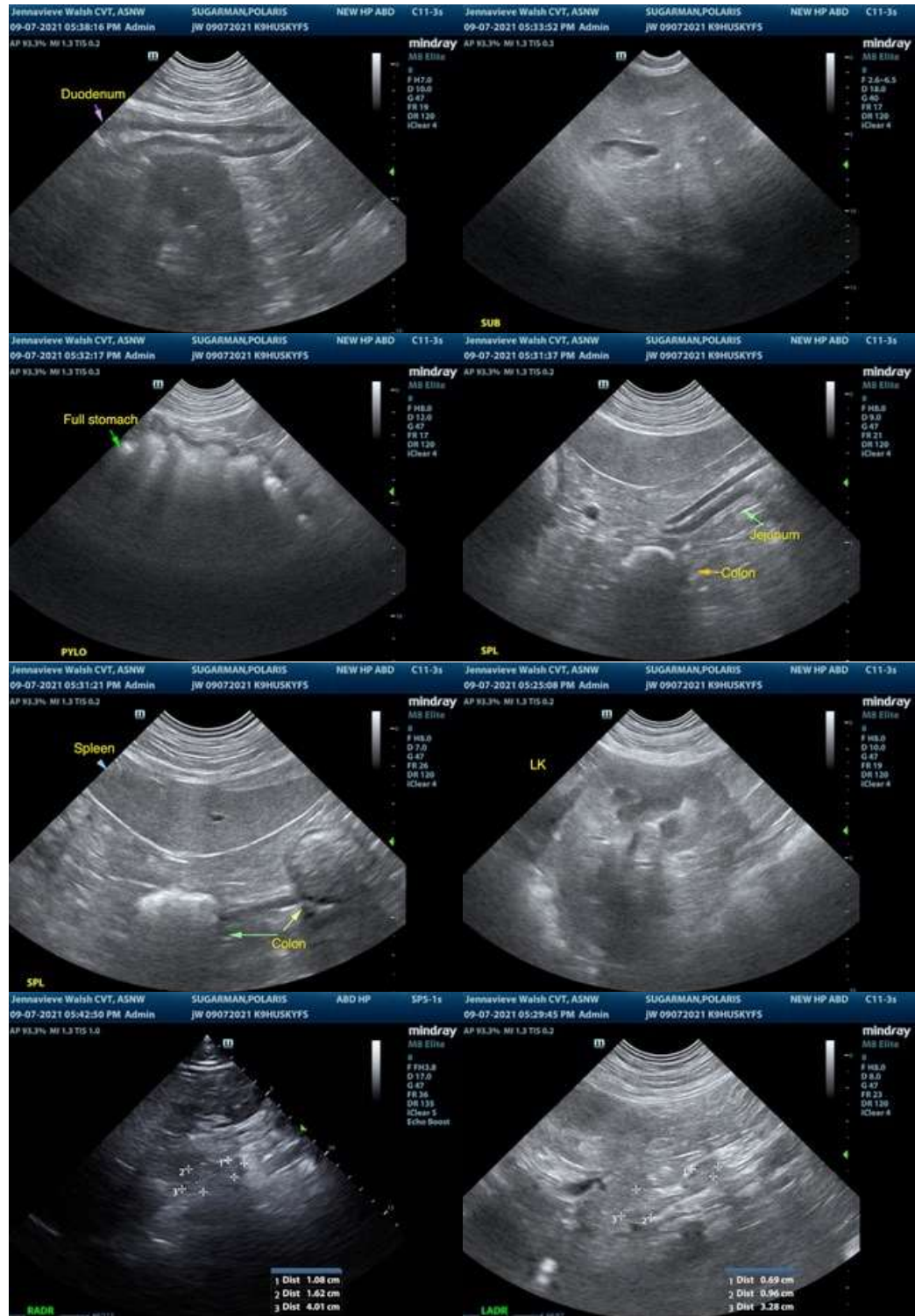
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SPECIES

Canine

BREED

Alaskan Malamute

SEX

Spayed Female

AGE

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WEIGHT

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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)
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