

PATIENT PRESENTING CLINICAL SIGNS

Ralphie White
History: thrombocytopenia, lethargy, anorexia. On prednisone 10 mg bid, azathioprine 25mg sid, Abnormal PE/Chem/CBC/UA Results: thrombocytopenia, neutrophilia, HCT wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED
Bichon Frise
The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

SEX
Neutered male
The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

AGE
5 years
The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.4 cm in length. The right kidney is 3.9 cm in length.

Adrenal Glands

WEIGHT
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.9 mm at the cranial pole and 4.3 mm at the caudal pole. The right adrenal gland height is 5.2 mm at the cranial pole and 4.5 mm at the caudal pole.

INTERPRETED BY Spleen

Tam Mengine, DVM, DABVP (canine/feline practice)
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

IMAGING Liver

PERFORMED BY
Diane McFadden, RVT
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME
Blairstown AH
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

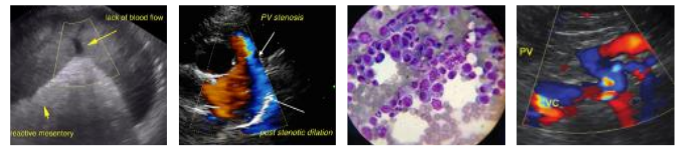
REFERRING VET Gastrointestinal

Dr. Clean
The stomach is empty. The gastric wall is 3.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE
18203
The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.2 mm. The jejunal wall measures up to 2.5 mm. Intestinal motility appears normal.

DATE
11/25/22
The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas



PATIENT

Ralphie White

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Bichon Frise

ULTRASONOGRAPHIC FINDINGS

- Normal canine abdomen

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no changes on today's scan to explain the thrombocytopenia in this patient. Additional recommendations, if not already performed, would include:

AGE

5 years

- Three view chest radiographs
- Testing for tick-borne illness. I like the canine PCR panel offered by the NC State vector borne disease lab.

WEIGHT

- A bone marrow aspirate may be necessary to fully determine and underlying cause, if there is no response to empiric therapy.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Diane McFadden, RVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clean

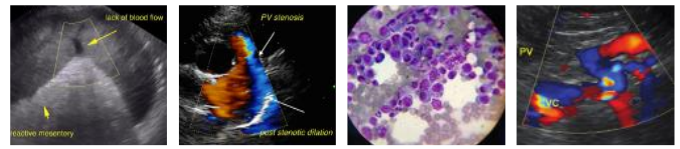
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DATE

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PATIENT

Ralphie White

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered male

AGE

5 years

WEIGHT

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**IMAGING
PERFORMED BY**

Diane McFadden, RVT

HOSPITAL NAME

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REFERRING VET

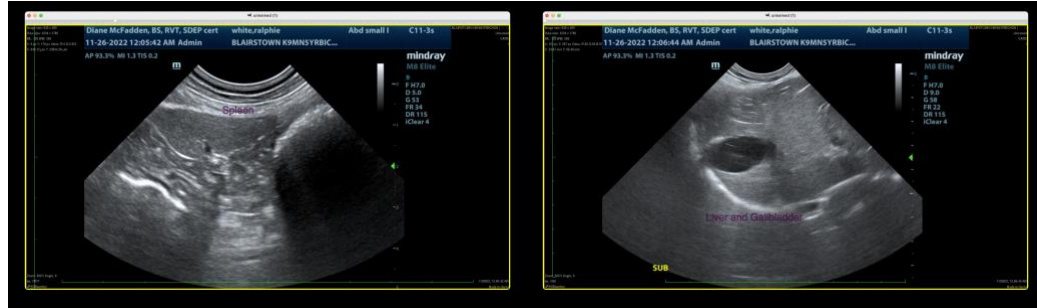
Dr. Clean

INVOICE

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DATE

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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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com