

PATIENT PRESENTING CLINICAL SIGNS

Spot Garcia

History: Presenting for 2nd opinion - O would like to have a dental procedure performed for Spot (prophy with extractions), however patient has a progressive anemia. Pain elicited on abdominal palpation today - unable to palpate thoroughly. VHS- 11.5 on 9/20/21 chest radiographs done at prior clinic. Grade 1 Left basilar systolic HM, sinus arrhythmia found today.

SPECIES

Canine

BREED

CKCS

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Mild anemia (HCT 36%) first identified 4/25/21 - BW abnormalities also incl M1 dec PLT (111), M1 dec Cre, M1 dec Ca, M2 inc K, Na/K 24, M1 inc ALP, M1 inc TG, M2 inc Lipase, TT4 WNL, HWT Negative BW repeated 9/20/21 - Progressive anemia (HCT 23%) and thrombocytopenia (36) BW repeated 3 d later on 9/23/21 - HCT 27%, PLT 129 Coombs test negative NAF on abd x ray Pathology of CBC: - Normocytic normochromic anemia that is non regenerative - No evidence of spherocytes, no agglutination and no rbc morphological changes , leukocytes unremarkable, no left shift or toxic change, plt assessment adequate with moderate plt clumping Ddx for non-regenerative anemia incl acute loss (hemorrhage or hemolysis) with insufficient time for regeneration, anemia of chronic disease/ inflammation, anemia of chronic renal disease, PIMA, anemia due to dec rbc production (bone marrow pathology) please see attached BW

AGE

12 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

14.7 kg

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

IMAGING PERFORMED BY

Kelly Reshny, RVT

The left kidney presented normal size (5.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Graham AH

The right kidney presented normal size (5.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Sutton

Adrenal Glands

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The left adrenal gland is normal size (0.54 cm at cranial pole) (0.48 cm at caudal pole) (1.88 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

DATE

10/21/21

The right adrenal gland is normal size (1.34 cm at cranial pole) (0.46 cm at caudal pole) (1.72 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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The spleen is normal in size (1.15 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.41 cm hypoechoic nodule is observed at the lateral aspect. In addition, ill-defined myelolipomas are observed adjacent to the splenic vasculature.

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CKCS

Liver

SEX

Neutered Male

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

AGE

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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

WEIGHT

14.7 kg

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with gas and a small amount of ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

IMAGING

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric hepatic and renal changes. The abdomen is otherwise unremarkable.

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*An obvious cause for the patients' non-regenerative anemia is not identified in the study. Considerations include low-grade, chronic GI blood loss, bone marrow disease, infectious disease (i.e., tick-borne), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider the following diagnostics:

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- Upper GI endoscopy to assess for upper GI tumors/ulcers



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2. Bone marrow aspirate +/- core biopsy

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3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended.
<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.

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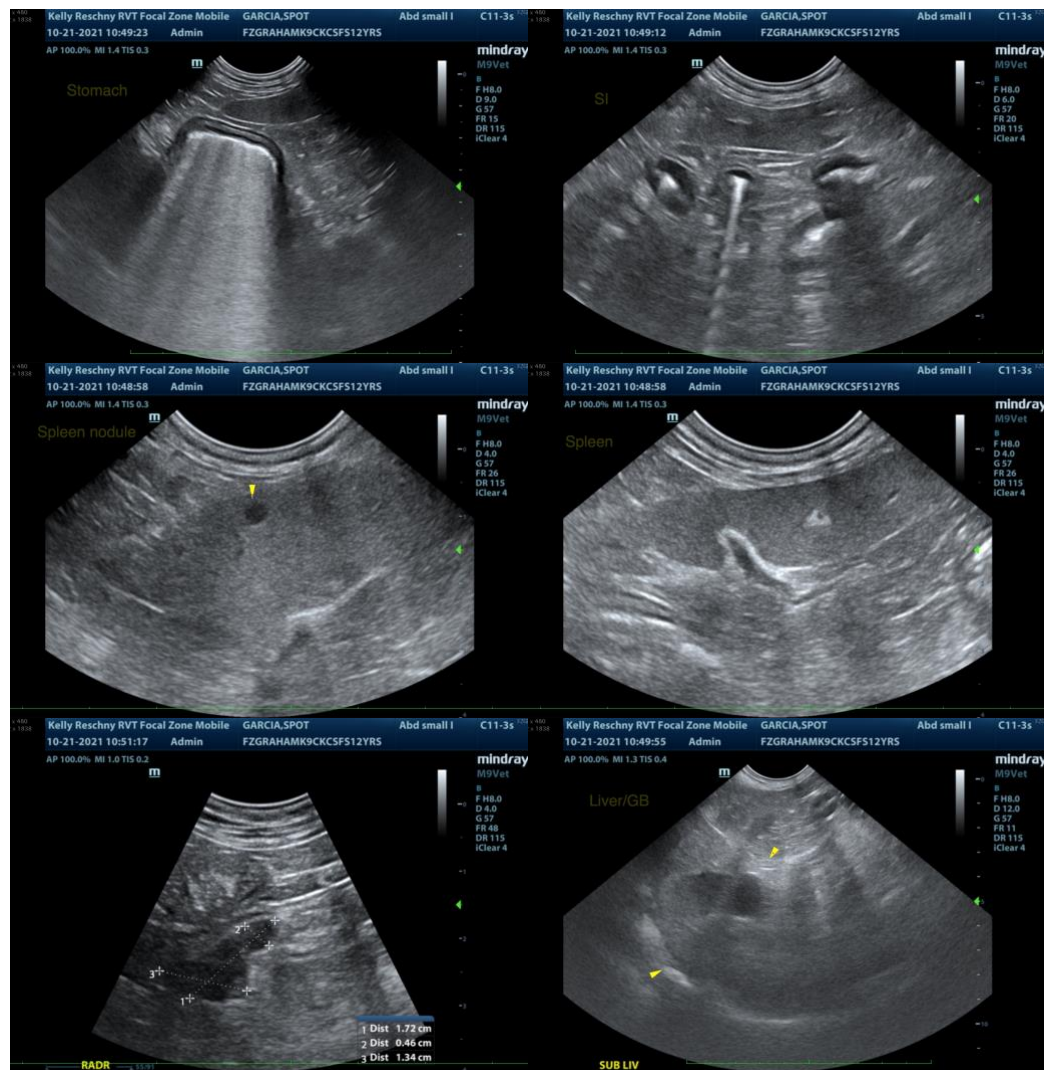
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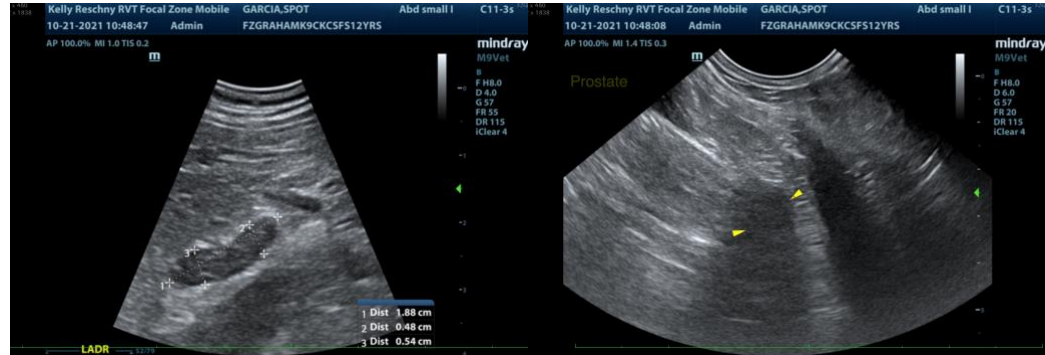
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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