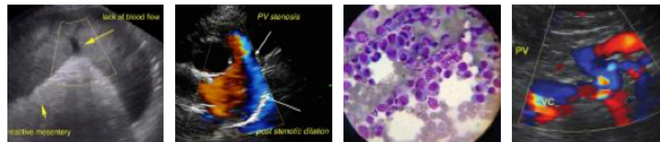
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Conner Olson

SPECIES
Canine

BREED
Labrador

SEX
Neutered Male

AGE
10 years

WEIGHT
49.4 lbs

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

IMAGING PERFORMED BY
Dr. Kristin Peterson

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Kristin Peterson

INVOICE
11769

DATE
10.5.22

PRESENTING CLINICAL SIGNS

History: Vomiting for 8 months. BW in July wnl per O. Switch to proplan sensitive stomach. Melena noted at that time Lethargic for the last 2 days. Went into pDVM today for endoscopy for GI bx. Pre-operative BW showed severe anemia and thrombocytopenia.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: unremarkable - no evidence of GI foreign body or mechanical bowel obstruction. CBC - HCT 17.44 37 - 55 %, PLT 11k Chem - BUN 28, TP 4.3, GLOB 1.5 3 view thoracic rads: The thoracic cavity is unremarkable with no evidence of pulmonary metastatic disease. Blood type: negative Cross match: compatible to Iris blood Plt count: 2-3/HPF, no obvious clumps, large plts seen, suspect consumption CBC with path review to IDEXX Saline agglutination: negative PT :11sec

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The **urinary bladder** wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (7.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The **left adrenal gland** is normal size (0.72 cm at cranial pole) (0.79 cm at caudal pole); 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.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen
The **spleen** is normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The **liver** is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal
The **gastric lumen** is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with

a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains liquid fecal material. There is no obvious evidence of an obstructive pattern.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is a top differential. Other considerations include inflammatory disease, hepatotoxicosis (i.e., copper), or less likely, infiltrative neoplasia. Correlation with the patient's liver values is recommended.

  *An obvious cause for the patient's clinical signs and lab abnormalities is not identified in this study. Considerations include primary autoimmune disease, tick-borne disease, occult neoplasia, bleeding gastric ulcer, bone marrow issue, other.

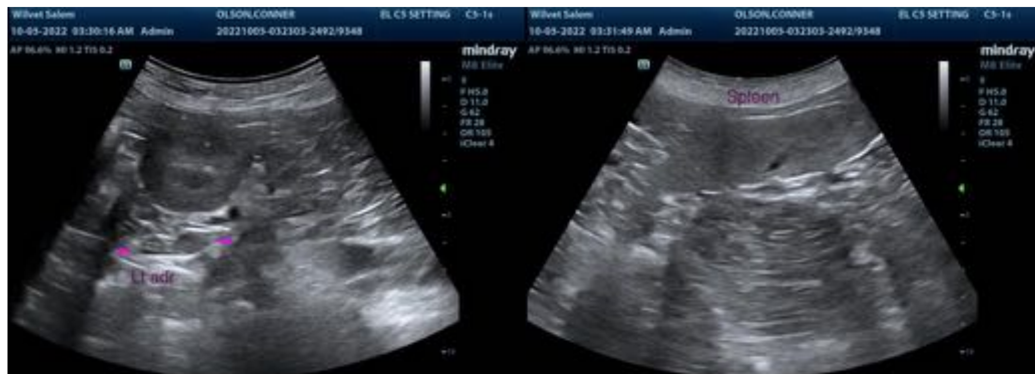
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

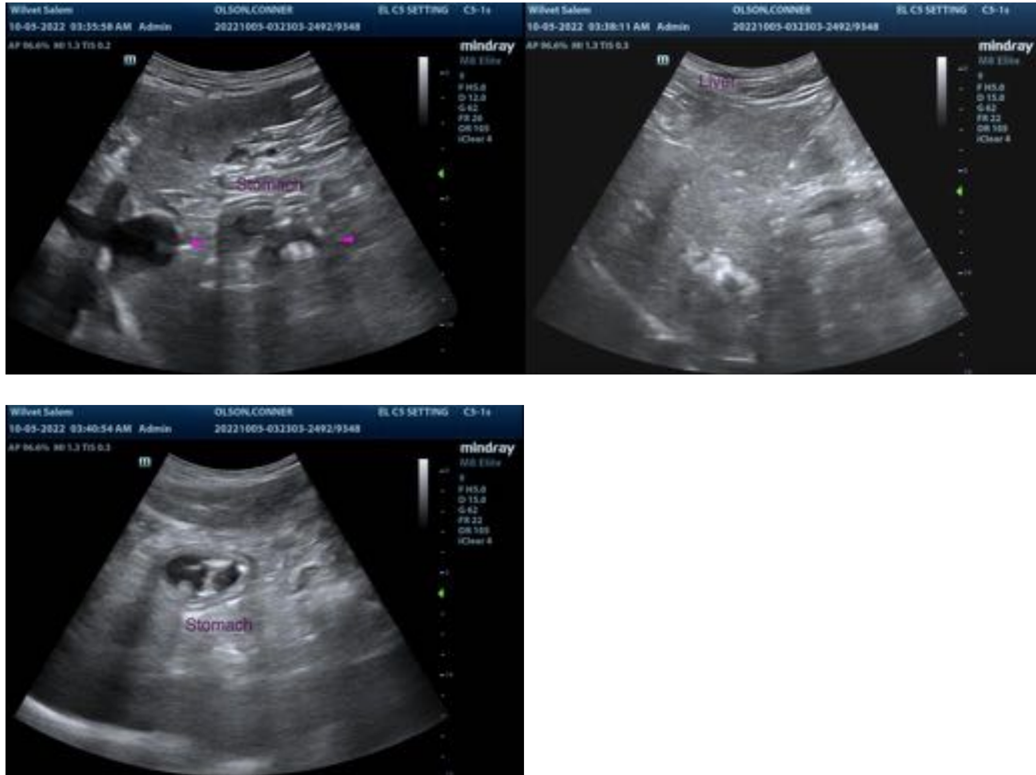
A fecal evaluation for ova and Giardia is recommended.

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

Consider an upper GI endoscopy to assess for a bleeding gastric ulcer.

If the anemia is nonregenerative and the above diagnostics are inconclusive, a bone marrow aspirate may be warranted.





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.

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