

**DATE PRESENTING CLINICAL SIGNS**

12/17/21

History: History of back pain and thrombocytopenia, cause not determined Ongoing anemia.

PATIENT

Current Medications: Hx doxycycline.

Chai Spagnolo

Lab Results: HCT 4/9/21 55.7%, HCT 12/2021 34.5%.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Golden Doodle

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is 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 cm, are normal.

SEX

Spayed Female

The left kidney presented normal size (7.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12/28/12

The right kidney presented normal size (6.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

78 Lbs.

Adrenal Glands

The left adrenal gland is normal in length with a flattened contour (0.35 cm at cranial pole) (0.39 cm at caudal pole) (2.33 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.

The caudal pole is visualized and is normal in size (0.52 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

INTERPRETED BY

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IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is normal in size (1.97 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.

HOSPITAL NAME

Timonium AH

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to surrounding the spleen and heterogenous in appearance with an increase in portal markings. No distinct focal lesions are observed. Hepatic vasculature is of normal volume with no evidence of congestion.

REFERRING VET

Dr. Stephens

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

10054

Gastrointestinal

The gastric lumen is mildly distended with soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent. 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. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

- The hepatic parenchymal changes are nonspecific and could be associated with benign age-related changes. The increase in portal markings suggest a possible inflammatory process. Infiltrative neoplasia is possible but considered less likely. Correlation with the patient's liver values is recommended.
- Gall bladder debris/sand-incident

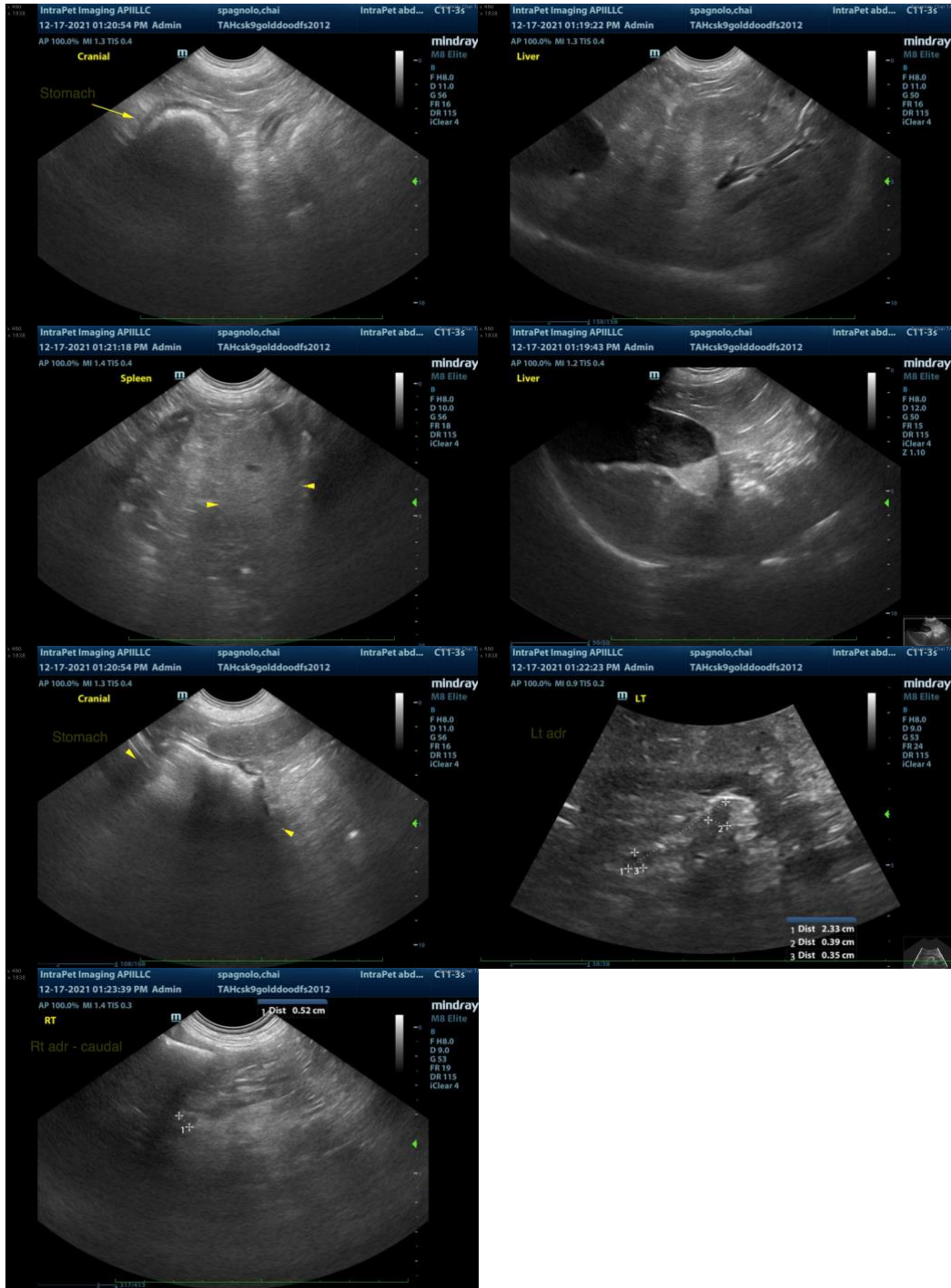
Secondary Findings

- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to corticosteroid therapy (if applicable), or early atrophy secondary to hypoadrenocorticism.
- The gastric luminal contents may represent ingesta and/or foreign material.

*An obvious cause for the patient's lab abnormalities is not identified in this study

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A CBC with a reticulocyte count is recommended to determine if the anemia is regenerative versus nonregenerative. If regenerative, consider a slide agglutination test. If non-regenerative, a bone marrow aspirate may be indicated.
- Also consider a comprehensive tick panel (send to NC State Tick-borne Disease Laboratory).



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.

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