

PATIENT

Ella Austin

PRESENTING CLINICAL SIGNS

History: p presented 3/23 for 6-day history of anorexia, drinking excessively and urinated in the house. soft sticky brown, yellow stools. was given a ham bone 3/24 and vomited 3 times that day (Friday) then bile on Monday.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia, neutropenia, non-regenerative anemia, sensitive on abd palpation. See attachments for lab results, serial measurements for CBC have been performed. Free fluid in abdomen is pale straw colored 1.028 On pred 40mg q12h and appetite stimulant

BREED

Labrador

Blood work from March 23, 2022: ALP 592. ALT 270. Calcium 12.40. BUN 6.0. Leukopenic, neutropenic, thrombocytopenic.

SEX

Spayed Female

Lab-work from 4/14/2022: Mild non-regenerative anemia. Leukocytosis with neutrophilia. Monocytosis. Normal platelets.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

5 years

Urinary System

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. The region of the trigone is normal.

WEIGHT

95 lbs

The left kidney presented normal size (7.27 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. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is not definitively visualized.

Adrenal Glands

The left adrenal gland is normal in size (0.66 cm at caudal pole) (2.89 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.

IMAGING PERFORMED BY

Karen Fowler, DVM

The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (2.24 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

Portland Vet. Wellness
Ctr.

REFERRING VET

Karen Fowler, DVM

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10764

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal an-gi

DATE

4/18/22

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pyloric antrum/pylorus is not definitively visualized. 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 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

A moderate amount of slightly echogenic free fluid is observed within the abdomen. The mesentery in the cranial abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

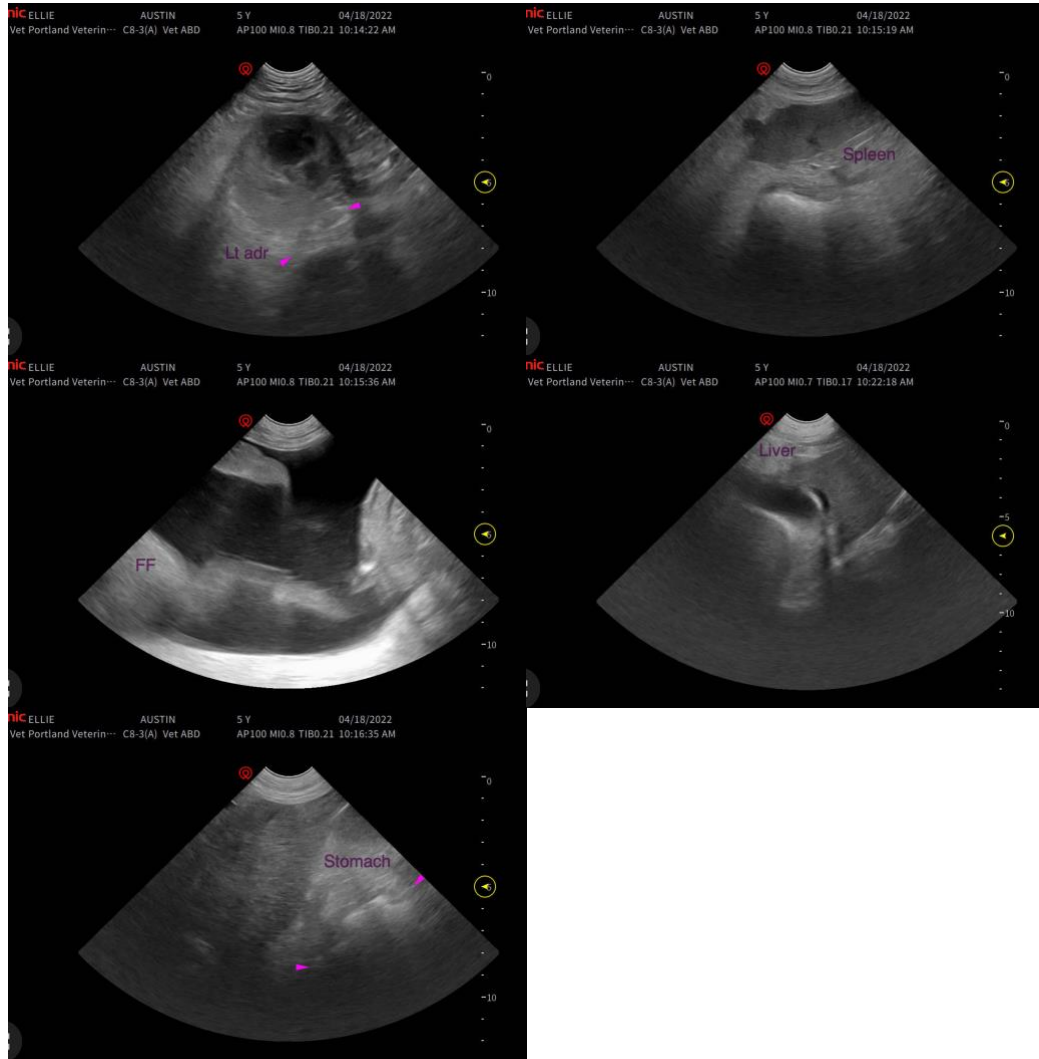
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure (i.e., portal hypertension, congestive heart failure or other upstream issue (i.e., mass or clot in the thoracic caudal vena cava)).
- Cranial peritonitis, possibly secondary to the presence of free fluid
- The hepatic parenchymal changes are nonspecific and may be secondary to an inflammatory hepatopathy, hepatotoxicosis (i.e., copper), Leptospirosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy (i.e., secondary to corticosteroid therapy), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the patient's liver and abdominal fluid are recommended (if clotting status is appropriate).
- Three-view thoracic radiographs should also be considered to assess for occult disease in the chest. An echocardiogram may be warranted, particularly if cardiomegaly is present.
- Consider a comprehensive tick panel (send to NC State.)
- A bone-marrow aspirate may be warranted. However, cortical steroids may mask underlying pathology.
- Additional sonographic images of the patient's right kidney and right adrenal gland are recommended, if possible, to further assess for pathology in these organs.



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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