



PATIENT PRESENTING CLINICAL SIGNS

Kenya Mygil History: Lethargic, partial anorexia, o has described what sounds like anterior uveitis - red cells in the anterior chamber.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Patient has petechia, no gross evidence of anterior uveitis, no retinal lesions on indirect retinoscopy, no fever, no other gross physical abnormalities. Platelets are approx. 32,000. ALT 535, ALP 239, AST 105, Alb 2.6. USG 1.049, +1 proteinuria, inactive sediment. All other CBC, chems, T4 wnl. CXR appears to be wnl.

BREED

Basenji

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

11 years

The left kidney is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

30 lbs

The right kidney is normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of 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*)

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.69 cm at caudal pole) (0.79 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

Trae Cutchin

The right adrenal gland is normal size (1.22 cm at cranial pole) (0.60 cm at caudal pole) (2.65 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.

HOSPITAL NAME

Friendship Springs VC

Spleen

The spleen is subjectively normal in size (1.82 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. A few, small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Trae Cutchin

Liver

INVOICE

10563

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

DATE

5/26/22

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/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. 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 disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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 splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

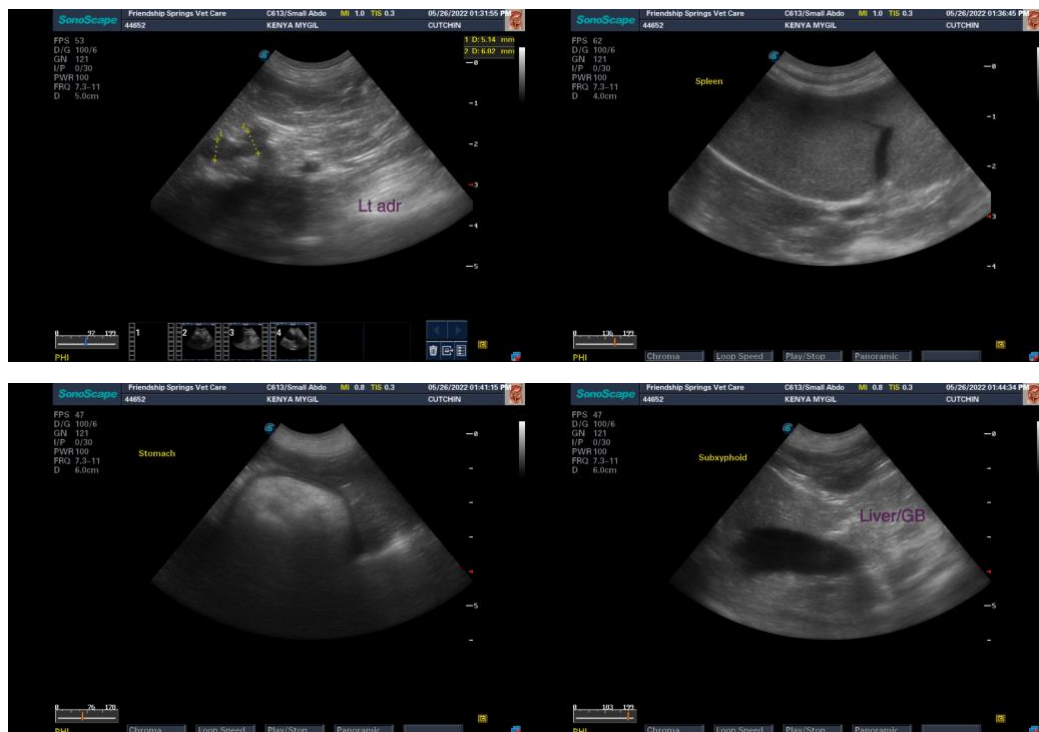
Secondary Findings

- Minor, age-related renal changes
- *An obvious cause for the patient's thrombocytopenia and elevated liver enzymes is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated liver enzymes and thrombocytopenia, consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is also recommended.
<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

- While awaiting test results, consider empirical treatment for tick-borne disease and bacterial cholangiohepatitis (i.e., doxycycline and amoxicillin clavulanic acid, +/- metronidazole, Denamarin) along with symptomatic care.
- If the patient's liver values do not improve within 5-7 days of initiating therapy, and the platelet count is able to be stabilized, consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). Surgical biopsies are more likely to yield a definitive diagnosis. If pursued, aerobic and anaerobic bile cultures, as well as acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.
- Given the proteinuria, a UPC should be considered.
- Also consider a consultation with a board-certified ophthalmologist regarding the ocular abnormalities.





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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