



**PATIENT PRESENTING CLINICAL SIGNS**

Hannah Garcia 4/27 - sick pet exam. 2 seizures yesterday. on carprofen and thyroxine. Hct 29%. Follow-up BW 5/5, PCV 22%, Hct 14.7%

**SPECIES** r/o IMHA (primary or secondary (infection, neoplasia, toxin)), IMT, abdominal neoplasia, rodenticide, gastric ulcer, bloodborne infection  
Canine SWO - gave info on concerns and DDX with the anemia (as written in assessment).

**BREED** Hospitalize (1-2d) and workup +/- transfusion

Boxer **\*\*Diagnostics Plan\*\***  
butorphanol 0.2mg/kg given IM for sedation  
Abdominal Ultrasound - pending

**SEX** EPOC - Hct 15%, pH 7.471, pCO2 27.3  
PCV/TS - 20%/7.8  
4dx - neg/neg/neg/neg  
CBC send out path review - pending sent 5/9  
SLAG in house - heavy clumping

**AGE** In house cytology - spherocytes, anisocytosis of RBCs with some looking a bit larger, few neutrophils, few lymphocytes  
7 Yrs. Pt/Ptt - both WNL  
thoracic rads - pending radiologist review.

**WEIGHT** **\*\*Therapeutic plan\*\***  
Dexamethasone 2mg/kg - 1.9mL IV  
LRS - 110mL/hr  
TPR q 6hrs  
Weight q 12hrs

**INTERPRETED BY** If patient becomes clinical for anemia (RR, RE, tachycardia, lethargy), then begin transfusion

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

No images for the urinary bladder are provided.

**IMAGING PERFORMED BY**

Dr. Craig Seyler

The left kidney is normal size (7.55 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.

**HOSPITAL NAME**

Wilvet South

The right kidney is normal size (7.54 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.

**REFERRING VET**

Dr. Craig Seyler

**Adrenal Glands**

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.48 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.

**INVOICE**

14914

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are seen.

**DATE**  
5/9/23



**PATIENT**

*Spleen*

Hannah Garcia

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**SPECIES**

*Liver*

Canine

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**BREED**

Boxer

**SEX**

*Gastrointestinal*

Female, spayed

The gastric lumen is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

**AGE**

7 Yrs.

*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.

**WEIGHT**

37.2 kg.

*Free Abdomen*

**INTERPRETED BY**

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**

Unremarkable abdomen. There is no obvious evidence of neoplasia in the abdomen.

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Wilvet South

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- 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/>.
- If there is a strong suspicion for a gastric/proximal duodenal ulcer, an upper GI endoscopy may be warranted. However, given the clinical history, immune mediated thrombocytopenia is suspected and immunosuppression along with symptomatic care +/- Doxycycline (while awaiting tick panel results) should be considered.

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**DATE**

5/9/23



## PATIENT

Hannah Garcia

## SPECIES

Canine

## BREED

Boxer

## SEX

Female, spayed

## AGE

7 Yrs.

## WEIGHT

37.2 kg.

## INTERPRETED BY

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## IMAGING PERFORMED BY

Dr. Craig Seyler

## HOSPITAL NAME

Wilvet South

## REFERRING VET

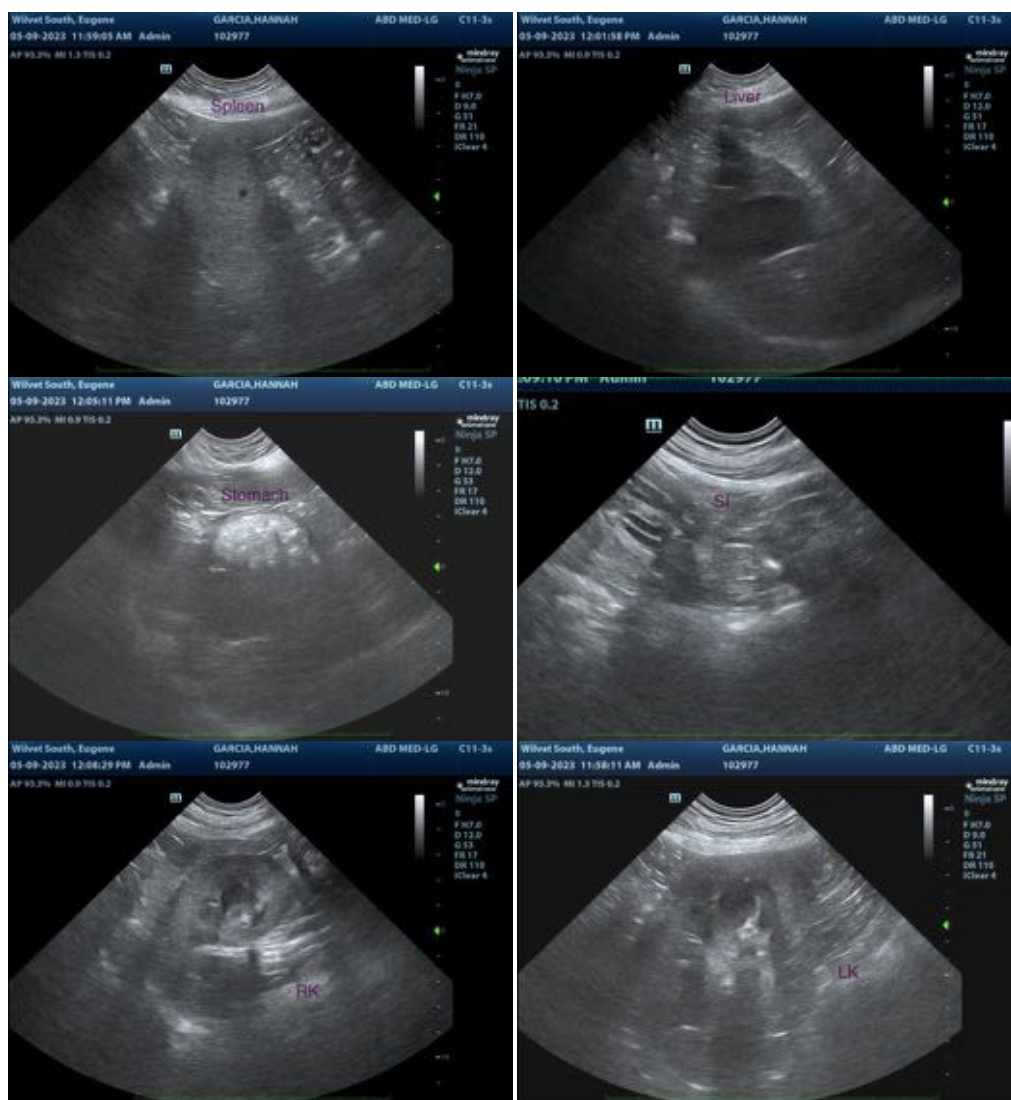
Dr. Craig Seyler

## INVOICE

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## DATE

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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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