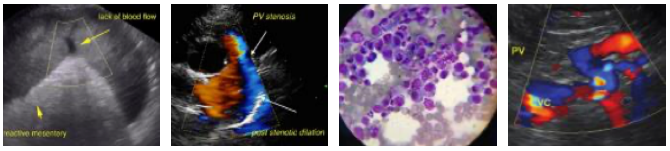

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1-800-838-4268 info@sonopath.com

PATIENT
Cujo Conley

SPECIES
Canine

BREED
Rottweiler

SEX
Male, neutered

AGE
5 Yrs.

WEIGHT
88.2 lbs.

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced Pet Care of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
15058

DATE
6/19/23

PRESENTING CLINICAL SIGNS

History: Hx: Asymptomatic, progressive severe neutropenia found on annual screening blood work in March. Neutropenia progressive despite a course of empirical antibiotics give after 5/17 blood work. Mild thrombocytopenia. O wanted to do imaging here before referral for bone marrow biopsy. CBC: 3/15/23: Neutrophils 0.812k, 5/17/23: Neutrophils 0.62k, PLT 121k 5/31/23: Neutrophils 0.2k, PLT 136k Chem: 3/15: all within normal limits T4 3/15: 0.8 (lo), cTSH 0.12 (normal) 4Dx 3/15: All negative Path Review of CBC 5/17/23: There is a moderate decrease in the total leukocyte numbers which is comprised predominantly of a marked neutropenia. This raises a concern for a peracute inflammatory process (bacterial sepsis, pancreatitis, peritonitis, viral etiologies, etc.). Evaluation of this animal for an obvious nidus of infection or inflammation is suggested. However, given the persistence of neutropenia in this patient, this raises a concern for other underlying pathologic processes. Neutropenias may also be associated with immunosuppressive agents, chemotherapeutic drugs, primary bone marrow disease processes, viral etiologies, and occasionally immune mediated neutropenias. The platelet mass appears moderately decreased throughout the background of the peripheral blood smear. Based on microscopic estimation, the platelet numbers are 90,000-100,000 platelets per microliter. Occasionally, platelet clumps are identified which may suggest in vitro clotting and could artifactually decrease the automated platelet numbers as well as the platelet estimate. However, large platelets are identified throughout the background which suggest a bone marrow response to a peripheral demand for platelets and likely true thrombocytopenia in this patient. Fever of Unknown Origin PCR 5/17/23 = all negative (no hx of fever but screening for infectious causes)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is 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. Renal vasculature is normal.

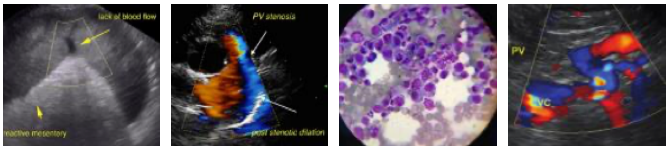
The right kidney is normal size (8.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.63 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 right adrenal gland is normal size (0.50 cm at cranial pole) (0.53 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.

Spleen



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The spleen is normal in size (2.46 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 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 gallbladder 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.

Gastrointestinal

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.

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

Unremarkable abdomen. An obvious cause for the patient's neutropenia is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a comprehensive tick panel if vector-borne disease testing was not including in the fever-of-unknown origin panel.
- Ultimately, a bone marrow aspirate +/- core biopsy may be warranted.

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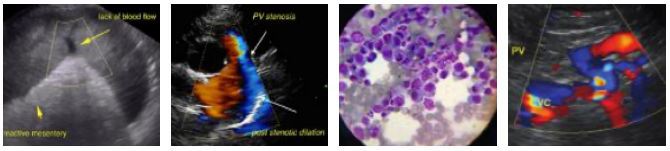

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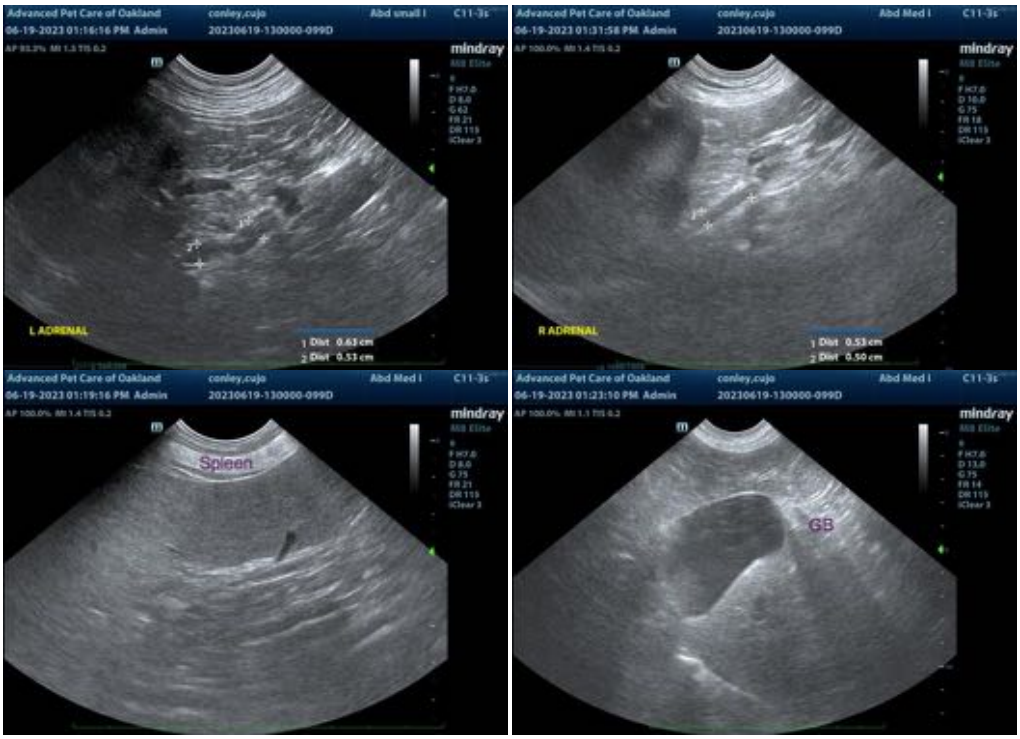

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com