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Clinical Sonography & Telecytology
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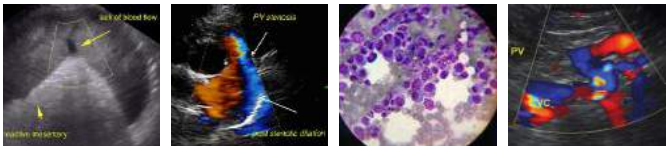

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lexi Leamy

SPECIES
Canine

BREED
Labrador Retriever

SEX
Female Intact

AGE
9 Years 4 Months

WEIGHT
95.6 lbs.

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

IMAGING PERFORMED BY
Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hayes

INVOICE
11626kk

DATE
8/12/21

PRESENTING CLINICAL SIGNS

History: Went to RDVM on 8/6, was diagnosed with hip pain, started on Rimadyl, Adequan. Collapsed today, started having shallow breathing. Last heat cycle 4 month ago, not eating. Regenerative anemia is present as well as thrombocytopenia.

Medications: Cerenia, Baytril, Unasyn, Buprenex

Abnormal PE/Chem/CBC/UA Results: See attached - 8/12: RBC 4.26, HCT 27.8, Hemo 9.9, Retic 133.9, WBC 49.74, Neutro 29.25, Lymph 7.53, Mono 12.94, Eos 0.02, Platelets 77, MPV 14.9, Platecrit 0.11. Manual platelet count was sporadic and not clumped, confirming low platelet count on anaylzer. See attached - 8/11: HCT 29.5%, reticulocytes 154.1 WBC 45.34. HGB 10.8%, NEU 25.88, LYM 6.95, MONO 12.44, PLT 91, MPV 16.4. ALT 127, Lipa 122.

Radiographs - Desiccated stool in colon, no obvious abnormalities of abdominal organs, mild bronchial pattern in lungs, spondylosis, and possible disc space narrowing T13-L1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. 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.

The left kidney is normal size (7.18 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. Hyperechoic, shadowing, diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.63cm at cranial pole) (0.67 cm at caudal pole) (2.92 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 right adrenal gland is normal size (1.26 cm at cranial pole) (0.76 cm at caudal pole) (2.74 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.

Spleen

The spleen is normal in size (2.15 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.

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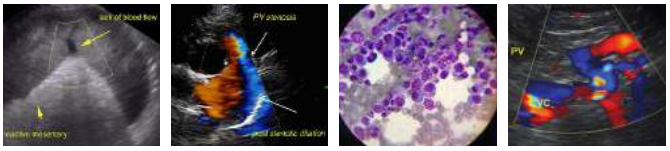

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and slightly coarse 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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is 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. The lumen of the descending colon contains hard shadowing fecal material. There is no evidence of obstruction.

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. A 3.33 x 1.53 cm medial ileac lymph node is visible.

Other

The left ovary measures (1.66 x 1.10 cm) and is normal in size with a normal shape and homogeneous parenchyma.

The right ovary measures (1.69 x 1.12 cm) and is normal in size with a normal shape and homogeneous parenchyma.

The uterine body is visible (0.58 cm in width). No obvious pathology is observed.

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

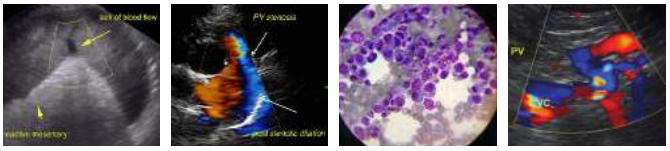
ULTRASONOGRAPHIC FINDINGS

- The prominent medial ileac lymph node is likely reactive with a low possibility of infiltrative neoplasia.
- Minor, age-related renal pathology with dystrophic mineralization.

**An obvious cause for the patient's regenerative anemia and thrombocytopenia is not identified in this study. Considerations include blood loss and hemolysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.



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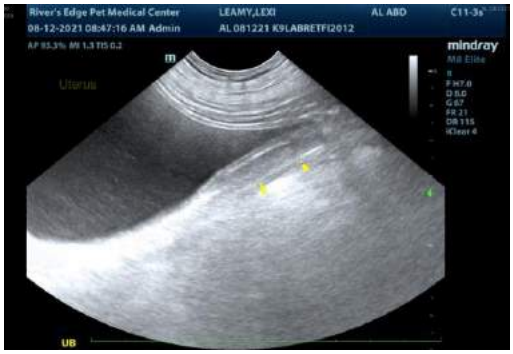
2. If there is no evidence of blood loss in the thorax, an immune-mediated and/or tick-borne disease should be considered.
3. Other diagnostic considerations include:
    a. A slide agglutination
    b. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/)
    c. +/- upper GI endoscopy if there is high suspicion of gastrointestinal blood loss.



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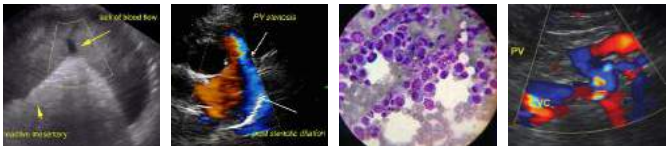

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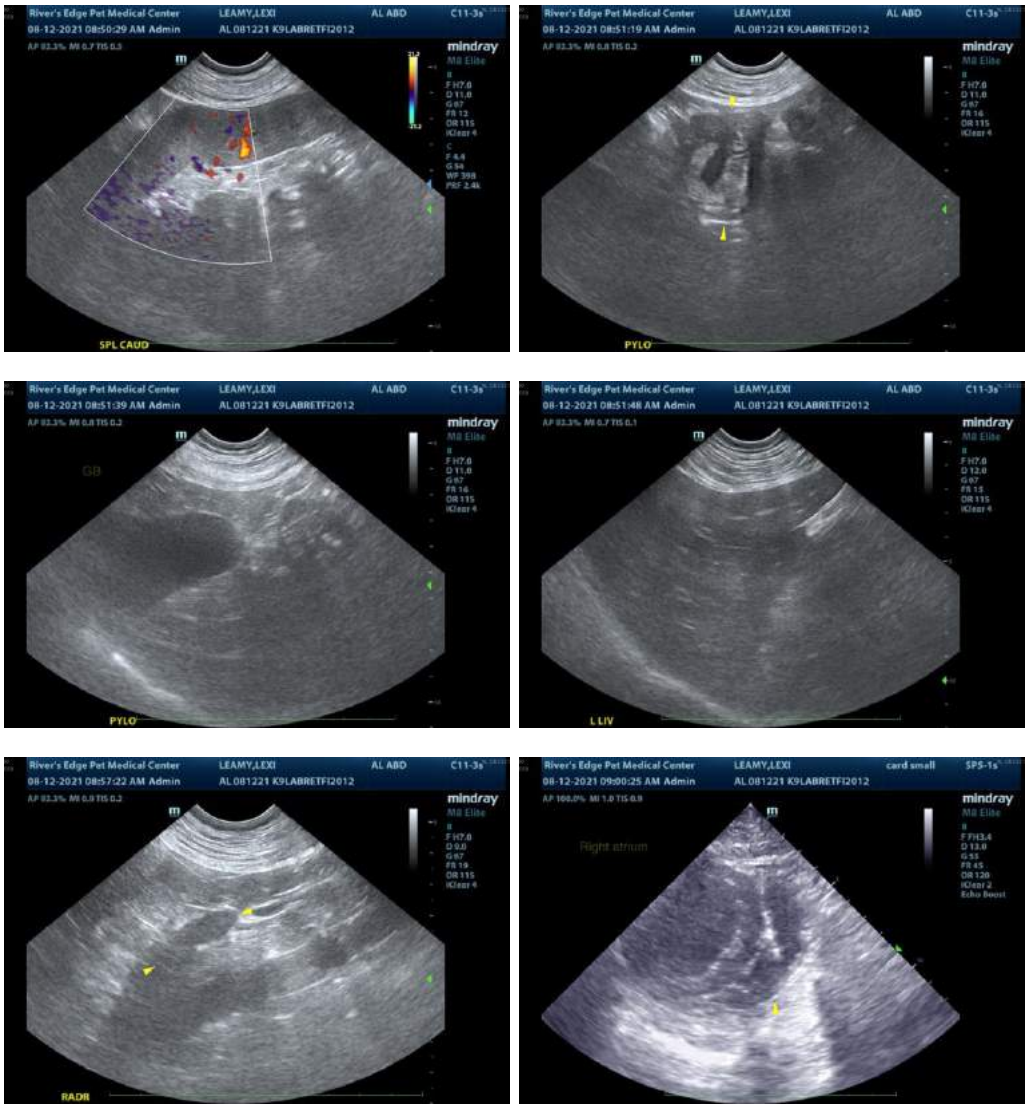

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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