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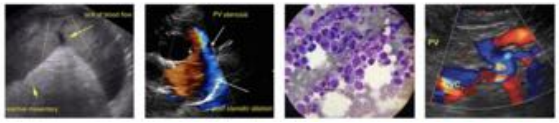


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Savannah Riser

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

8/4/08

WEIGHT

13.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl MP

REFERRING VET

Shannon Graham

INVOICE

11336

DATE

8.4.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Yesterday p stated having very soft stools. O said that it's a very dark brown sometimes orange ting to it. Savanna stopped eating today but is still drinking water. She ate dinner last night. O said that when she postures to defecate, she becomes wobbly and collapses. O said she almost goes limp. Savanna's diet has not changed much, o started giving her some soft chew milk bones twice a day for the last two weeks. O said that she sometimes ingests feces when she's outside. Has cataracts, but other than that she has been doing well with no previous health concerns. She is UTD on vaccines and coming up due for boosters.
PE: pale pink/slightly icteric & mildly tacky mm, cataract OD, mildly icteric sclera, 5% dehydrated, QAR, mildly increased RR, eupnea, Grade II/VI left heart murmur, soft abdomen, orange brown sticky soft non-formed stool

Abnormal lab-work values: PCV/TS: 19%/7.8 G/DL, BG 133 MG/DL, LACT 3.0
CBC: HCT 19%, RETIC 138.6 K/UL, PLT 83 K/UL
PLATELET ESTIMATE: 162,000
CHEM 17: BUN 37 MG/DL, GLOB 4.8 G/DL, TBILI 2.2 MG/DL, AMYL 1,826 U/L, K 3.4 MMOL/L
3 VIEW CHEST & ABDOMINAL RADIOGRAPHS: REPORT PENDING
SLIDE AGGLUT, 4DX, PT/APTT, BLOOD TYPE, FECAL, UA- PENDING

For ECHO Only: Blood Pressure none
HR/RR/BP: 156 bpm, 52 brpm, NA
Heart Murmur: grade 2/6 left apical
Current Medications: none
Radiographic Findings pending

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 **left kidney** is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.47 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

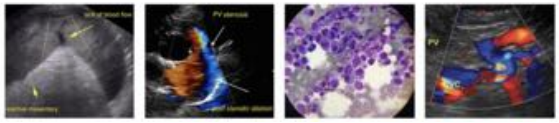
The **right kidney** is normal size (4.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.58 cm at cranial pole) (0.54 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 (1.31 cm at cranial pole) (0.68 cm at caudal pole) (3.00 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



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The **spleen** is subjectively prominent in size (1.53 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The **liver** is mildly enlarged with slight rounding of the peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is slightly thickened (up to 0.24 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 1.23 cm medial iliac **lymph node** is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

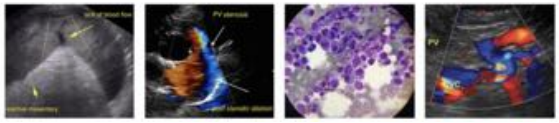
- The splenic changes trends toward the benign (i.e., extramedullary hematopoiesis secondary to anemia, lymphoid hyperplasia, or similar) with a lower possibility of emerging neoplasia (i.e., lymphoma)

Secondary Findings

- Bilateral chronic age-related renal changes with left pyelectasia
- The mild hepatomegaly is likely secondary to a benign diffuse hepatopathy (i.e., vacuolar)
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The gall bladder wall changes could be consistent with benign age-related hyperplasia or cholecystitis. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If immune-mediated hemolytic anemia is the top differential, consider initiation of immunosuppressive drugs, as well as a blood transfusion and symptomatic care.



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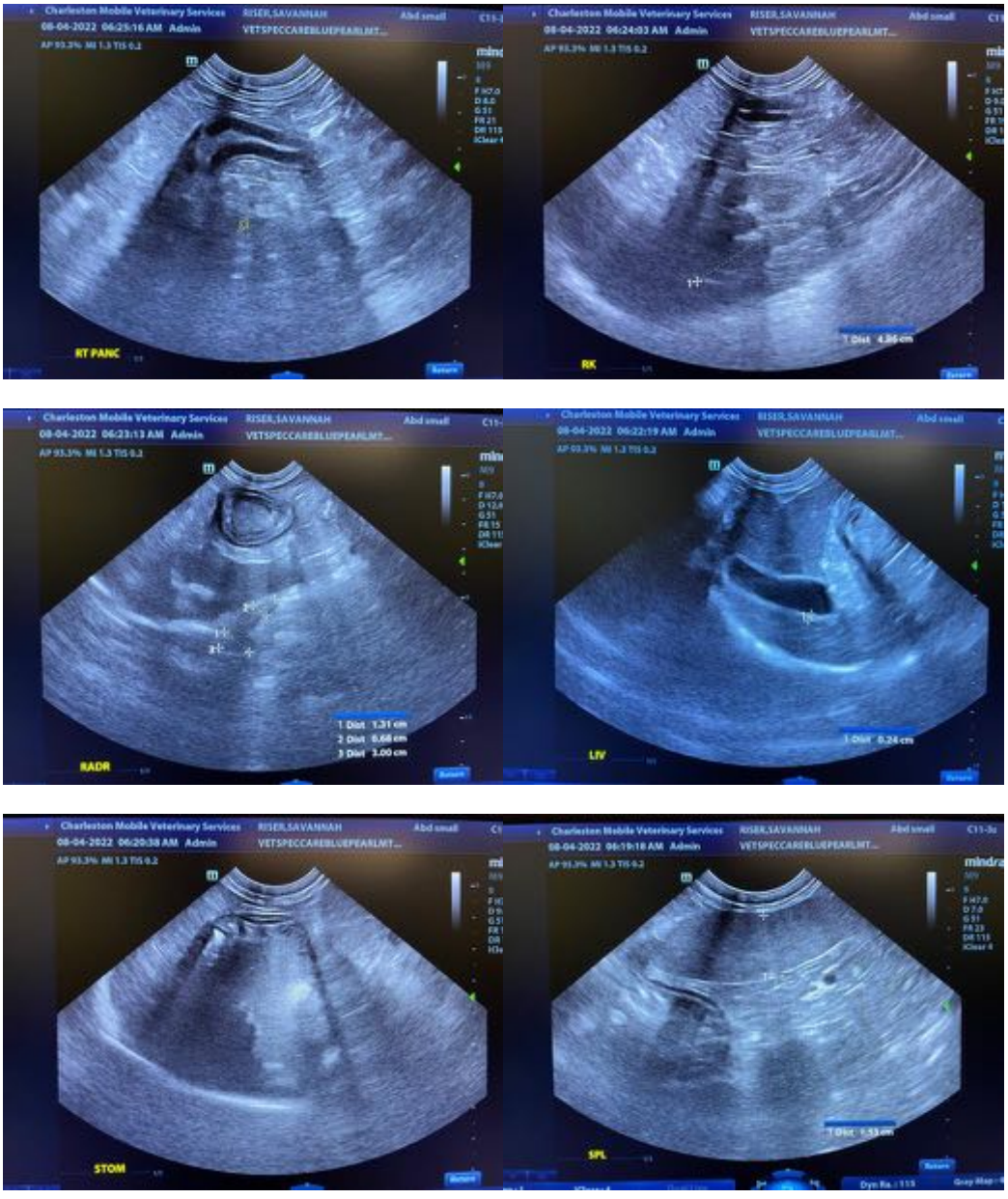
A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. (https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease)

Further recommendations should be based on the echocardiogram report.



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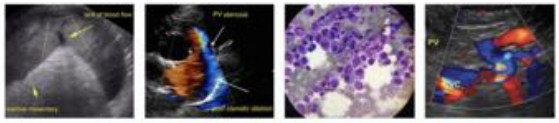

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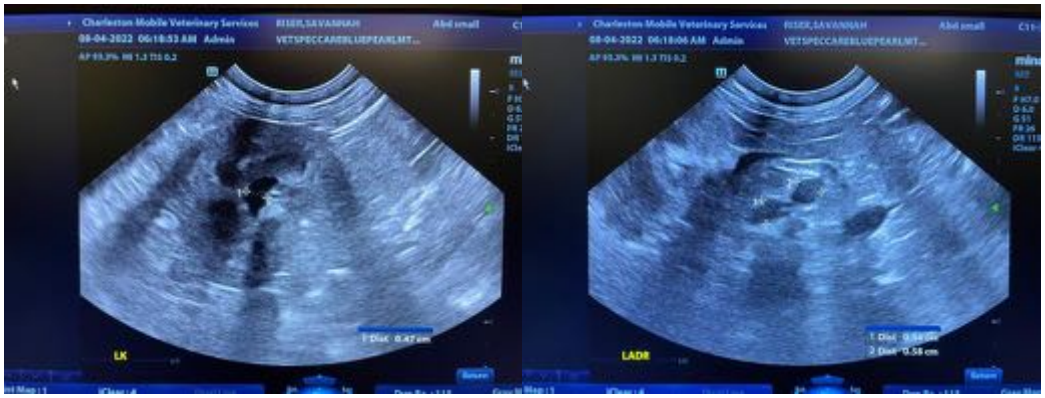

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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