

**DATE**

8/8/21

PRESENTING CLINICAL SIGNS

Lethargic, Not Eating, Fever.

08-06-2021 Notes: about 1 1/2 weeks ago- lethargic, decreased appetite went to RDVM- had full bloodwork- HCT on CBC- 33 was seen on 3rd- CBC path review done; tick panel and phenobarbital levels sent out manual PCV- 30; doxycycline started owner noticed the pet's fever persistent overnight and through the morning and she is more lethargic she looked paler to the owner as well is a known seizure dog Keppra 1000mg PO TID, phenobarbital 64.2mg PO BID omeprazole BID doxycycline is BID has been seizure free for 56 days history of platelets being on/off decreased and low WBC.

Current Medications: Prednisone, Phenobarbital, Keppra, Omeprazole, Doxycycline, Melatonin, Mycophenolate Mofetil, Aspirin.

Lab Results: PCV/TS

8/6/21: 18/7.6 15/7.0 17/7.0 8/7/21: 17/7.2

IDEXX In House Catalyst CHEM 17

8/6/21: glob 5.0 ALP 866

IDEXX In House Catalyst LYTE 4 CI 107.

Radiographs: Abdomen 2 view, spleen looks enlarged. Thorax 2 view NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: not needed

Stat Report: not requested

PATIENT

Ruby Hamel

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

6/30/17

WEIGHT

58 lbs

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 lumen is moderately distended with anechoic urine. 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.

INTERPRETED BY

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The left kidney is normal in size (6.65 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 in size (6.96 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.68 cm at caudal pole) (3.18 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

REFERRING VET

Dr. Willer

The right adrenal gland is normal in size (0.75 cm at cranial pole) (0.68 cm at caudal pole) (2.49 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

INVOICE

91040

Spleen

The spleen is subjectively prominent in size (2.34 cm at the level of the hilus) with normal curvilinear, peripheral contours. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. Intrahepatic biliary tracts and hepatic vasculature are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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. No obstructive or overt infiltrative disease is noted.

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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Non-specific, diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, infiltrative neoplasia, reactive hepatopathy, hepatotoxicosis, other.
- The splenic parenchymal changes could be consistent with extramedullary hematopoiesis, lymphoid hyperplasia, splenitis or infiltrative neoplasia (i.e., round cell tumor).
- Trace free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC with reticulocyte count is recommended to determine if the anemia is regenerative.

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

If the above diagnostics are inconclusive, consider a serum protein electrophoresis +/- a bone marrow aspirate (if the anemia is non-regenerative).





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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