



PATIENT

Walter Lackey

SPECIES

Canine

BREED

Whippet

SEX

Male, neutered

AGE

9 Yrs. 6 months

WEIGHT

19.15 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

**INVOICE
13981**

**DATE
9/19/22**

PRESENTING CLINICAL SIGNS

History: IMHA, Severe icterus. On Immunosuppressive doses Pred and cyclosporine
Abnormal PE/Chem/CBC/UA Results: PCV dropped to 15 % had unmatched transfusion Saturday,
Post transfusion PCV 30 %, Today 23.1 % AUS for evaluation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. 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 prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.97 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is mildly hyperechoic. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (7.42 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is mildly hyperechoic. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.45 cm at caudal pole) (2.43 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 (0.87 cm at cranial pole) (0.82 cm at caudal pole) (2.78 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 (1.65 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A moderate amount of aggregated echogenic, partially dependent to suspended sludge is observed within the lumen. The cystic



PATIENT and common bile ducts are normal/not seen.

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Gastrointestinal

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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. No obstructive disease is noted.

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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.

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Free Abdomen

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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Other

A 3.79 x 2.04 cm irregular echogenic lesion is observed near the aortic trifurcation.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are most consistent with a steroid hepatopathy. However, inflammatory disease or infiltrative neoplasia (less likely) cannot be completely excluded. Correlation with the patient's liver values is recommended.

Secondary Findings:

- Minor, age-related renal changes with non-obstructive nephrolithiasis.
- The echogenic structure in the region of the aortic trifurcation is thought to be an imaging artifact. However, a prominent lymph node or lesion within the mesentery are also considerations.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- Gallbladder debris/sludge.

*An obvious cause for the patient's drop in hematocrit is not identified in this study. Considerations include refractory IMHA, gastrointestinal bleed (particularly if the albumin has also dropped), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest, if not already performed.
- Also consider a comprehensive tick panel (send to NC State Vector Borne Disease Lab).

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- If there is a strong suspicion for a gastrointestinal bleed, an upper GI endoscopy may be warranted.

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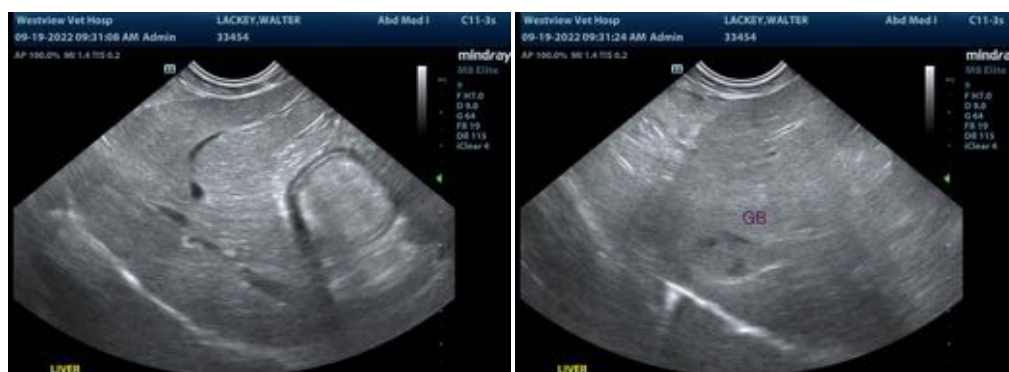
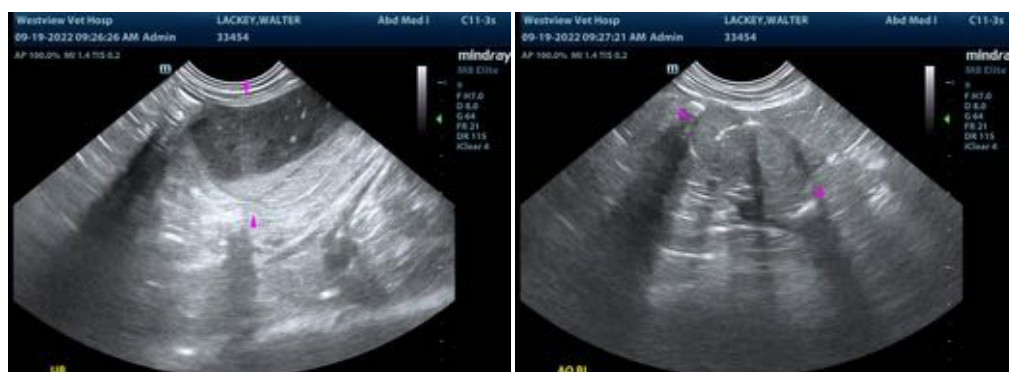
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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