

PATIENT PRESENTING CLINICAL SIGNS

Piper Mavrinac

SPECIES

Canine

BREED

Shih Tzu

History: Was in for routine pre-anesthetic bloodwork for upcoming Dental and owner noted that they saw some bruising on belly. During the blood draw it was very difficult to stop the bleeding and she developed a large hematoma even with pressure. After leaving clinic, owners returned with her as she was shaking and stumbling in the car. Bloodwork(attached) showed Severe Thrombocytopenia. Now has low grade fever as well. When shaved for US noted many large areas of bruising on tummy. Currently on Torbugesic, Convenia and Rheumocam.

Abnormal PE/Chem/CBC/UA Results: Please see attached. Severe thrombocytopenia, 21,000 platelets, White count is elevated, mildly. PT and PTT are unremarkable. Elevated liver values, ALP 353, ALT 184, Mildly elevated globulins at 52, 4DX negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is slightly irregular. 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 2.0 cm, are normal.

AGE

6 Years

The left kidney presented normal size (3.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate pyelectasia is present, measuring 0.48 cm in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4.5 kg

The right kidney presented normal size (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.22 cm at cranial pole) (0.22 cm at caudal pole) (0.83 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal size (0.46 cm at cranial pole) (0.37 cm at caudal pole) (1.21 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.

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Robinson

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measures 0.96 cm.

INVOICE

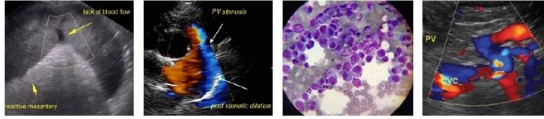
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Liver

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

DATE

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PATIENT

Piper Mavrinc

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.

SPECIES

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Gastrointestinal

The gastric lumen is severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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.

BREED

Shih Tzu

SEX

Spayed Female

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.

AGE

6 Years

Free Abdomen

The abdominal lymph nodes are normal/not visible.

WEIGHT

4.5 kg

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

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

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Gastric stasis
- Minor bilateral renal pathology with pyelectasia, more severe on the left
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full luminal distention, correlation with clinical findings is recommended

IMAGING PERFORMED BY

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*An obvious cause for the patients' clinical findings is not identified in the study, considerations include primary hepatic disease (i.e., Leptospirosis, cholangiohepatitis, immune mediated disease, emerging neoplasia, other) versus immune mediated thrombocytopenia versus tick borne disease versus other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and PCR and serology is recommended)
- 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>.
- 3-view thoracic radiographs are recommended to assess cardiopulmonary status
- Consider empirical treatment for leptospirosis/ cholangiohepatitis (i.e., amoxicillin, clavulanic acid, denamarin) while awaiting test results

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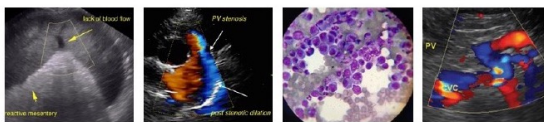
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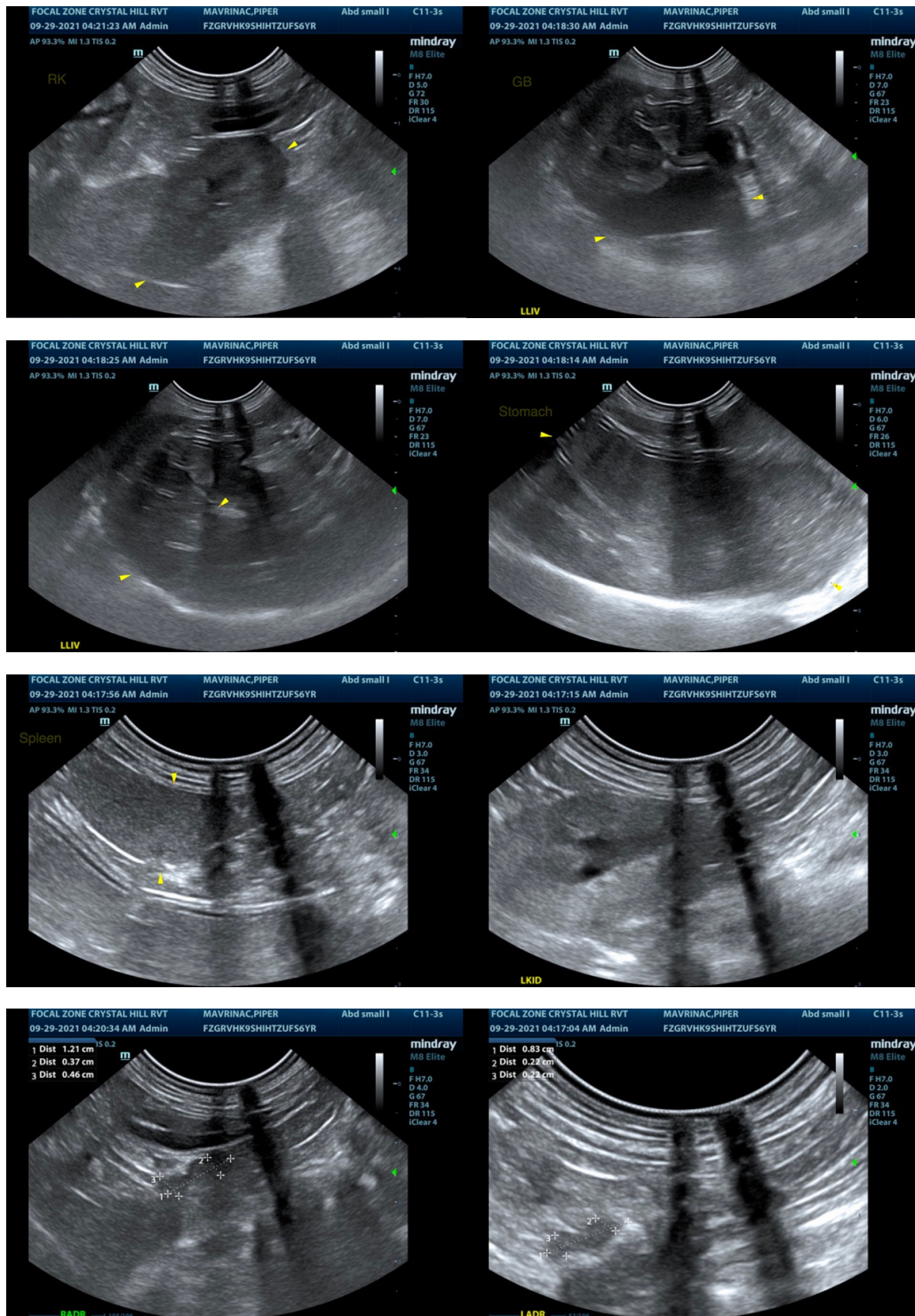
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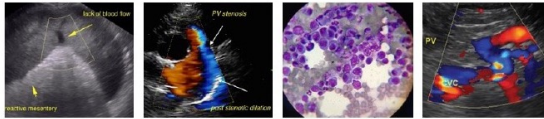
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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

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