

PATIENT PRESENTING CLINICAL SIGNS

Bo Yurkin The patient has a history of thrombocytopenia discovered on pre-dental bloodwork. Has a prior history of elevated ALT (200-300s). Platelets have improved since starting Prednisone and Doxycycline.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab

The urinary bladder is moderately distended. The wall is normal in thickness. A large amount of aggregated, echogenic suspended debris is observed within the lumen as well as a small to moderate amount of gravity-dependent mineralized sand. No distinct calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

12 Yrs.

The left kidney is normal size (6.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

85 lbs.

The right kidney is normal size (6.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.71 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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The right adrenal gland is normal size (1.17 cm at cranial pole) (0.89 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.

HOSPITAL NAME

Southside AH

Spleen

The spleen is normal in size (1.80 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.

REFERRING VET

Liver

Dr. Jamie Carroll

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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14045

DATE

10/4/22



PATIENT

Gastrointestinal

Bo Yurkin

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is suspected to be 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. No obstructive disease is noted.

SPECIES

Canine

BREED

Lab

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.

SEX

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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.

AGE

12 Yrs.

Other

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

WEIGHT

85 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- An obvious cause for the patient's thrombocytopenia is not identified in this study. Considerations include primary autoimmune disease, tick borne disease, occult bleeding, platelet sequestration, occult neoplasia, other.

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Secondary Findings:

- Suspected diffuse hepatopathy. Given the chronicity, inflammatory disease (i.e., chronic active hepatitis), hepatotoxicosis (i.e., copper) are top considerations. Infiltrative neoplasia is possible but considered less likely. Concurrent age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy) is also possible.
- Minor, bilateral age-related renal changes.
- Urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

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REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest, if not already performed,
- 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/>



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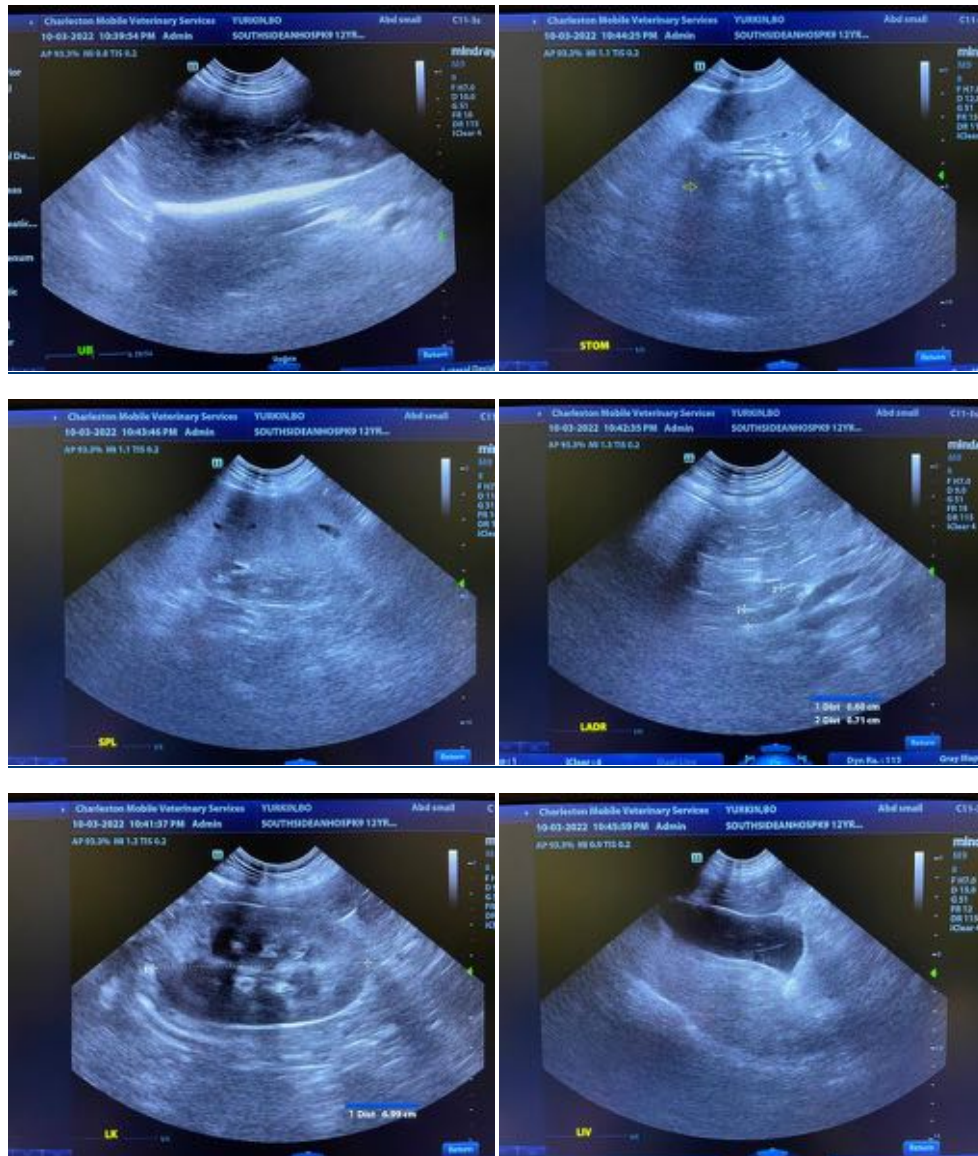
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- If the patient's thrombocytopenia stabilizes, consider hepatic tissue sampling (i.e., fine needle aspirate or biopsy (i.e., laparoscopic or surgical)). If biopsies are pursued, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for potential copper quantitation should also be obtained. In the meantime, consider supplementation with hepatic protectants (i.e., Denamarin, Ursodiol).





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SEX

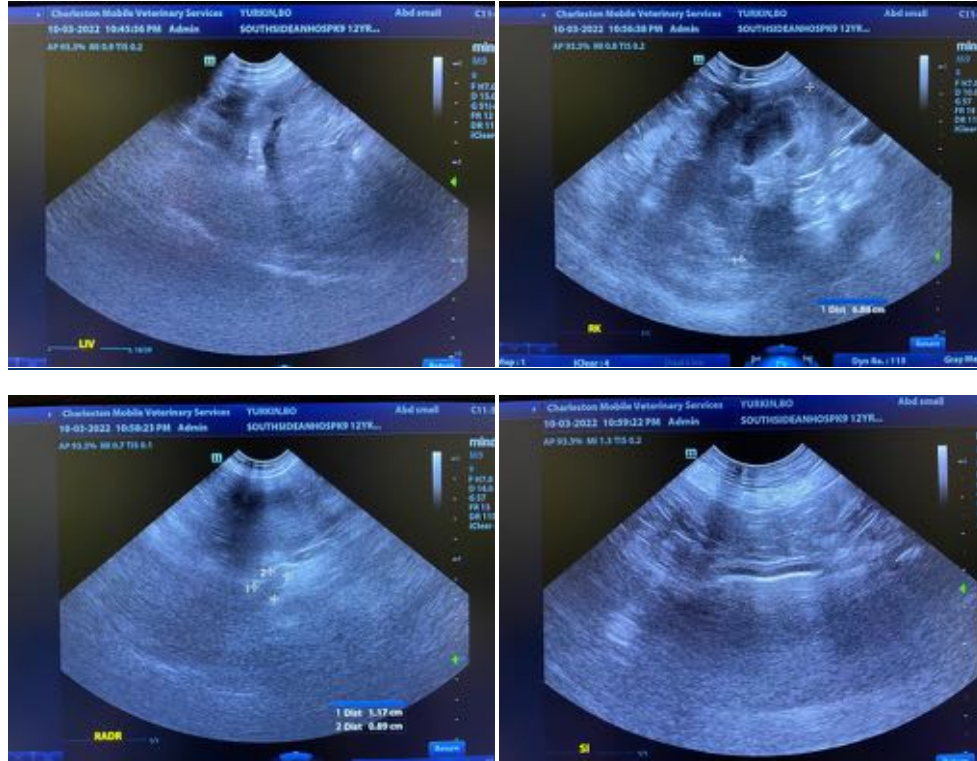
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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