



PATIENT	PRESENTING CLINICAL SIGNS
Bunny Daley	Presented to rDVM Tue for bruising ventral abd; low platelet count per owner (no records); sent home w Azathioprine, pred, Has not been eating since Tue. Today melena and large volume hematemesis;
SPECIES	Abnormal PE/Chem/CBC/UA Results: On Tue PCV was 47%, this morning 31%, now 14%; No evidence of regeneration Automated PLT count zero Chems: gluc 314, sl elev SDMA, BUN 104, Cr normal ALT 240, AKP 213 T4 <0.5 PROT 4.7 Coags: Thoracic rads: unremarkable
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mini Dachshund	Urinary System
SEX	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female	The right kidney is normal in size (5.52 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
AGE	The left kidney is normal in size (5.36 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Mild pyelectasia noted at 0.26 cm in the transverse view. A small cortical cyst is also noted. There is no evidence of mineral or infarcts observed.
12 Years	
WEIGHT	Adrenal Glands
7.4 kg	The right adrenal gland is normal in size (0.87 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.53 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Callihan	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Animal Emergency Care	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Dr. Williams	
INVOICE	Gastrointestinal
42429	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	
10/28/22	



PATIENT

Bunny Daley

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Mini Dachshund

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed Female

Free Abdomen

Some enhanced hyperechoic mesentery is noted non-specifically throughout the mid abdomen around the bowel loops.

AGE

12 Years

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

WEIGHT

7.4 kg

- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- **Evidence of mild non-specific inflammation/peritonitis** – Likely secondary to gastroenteritis/microulceration.

SECONDARY FINDINGS

- **Mild bilateral pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

IMAGING PERFORMED BY

Dr. Callihan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Animal Emergency
Care

There is no obvious visible ultrasonographic cause for this patient's thrombocytopenia. The top differential is likely immune mediated destruction. Recommendations include a comprehensive infectious disease workup +/- bone marrow cytology followed by immunosuppression, transfusions as needed.

REFERRING VET

Dr. Williams

Empirical deworming with a 5-day course of Panacur is recommended.

Antacid therapy in the form of BID Omeprazole or injectable Pantoprazole as well as Sucralfate are recommended, or even barium occasionally can help coat microulcerations contributing to the anemia related to the thrombocytopenia.

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PATIENT

Bunny Daley

SPECIES

Canine

BREED

Mini Dachshund

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams

INVOICE

42429

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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.

Beth Johnson, DVM, DACVIM
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