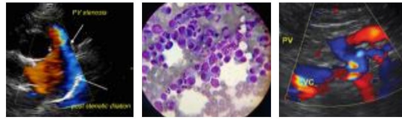


DATE
11/21/22

PATIENT
Toby Helton

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Neutered Male

AGE
8/27/13

WEIGHT
32.7 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Gostyla

INVOICE
18180

PRESENTING CLINICAL SIGNS

History: 9-year-old cocker Spaniel presented this morning for a 12-hour history of frank blood diarrhea. This morning he was laterally recumbent. HE also seemed to be painful int he neck area. MM - very pale CRT = 4

Current Medications: Dexamethasone SP 1mL IV, Cerenia 10mg/mL 1.5mL IV, Pantoprazole 4mg/mL 2mL IV slow. The patient is undergoing a blood transfusion currently
Lab Results: PCV/TP 10/6, Albumin 1.5 (2.2-3.9), Glob 1.9 (2.5-4.5), Phos 7.7, WBC 37.2 (5.05-16.76), Monocytes 2.4 (0.16-1.12)
Neutrophils 30.32 (2.95-11.64), HCT 12.2, RBC 1.95
Reticulocytosis124.8 (10-110), PLT - 0
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
Urinary bladder is adequately 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.

The area of the prostate is examined without evident pathology.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measures 4.89 cm. The right kidney measures 5.26 cm.

Adrenal Glands
Left adrenal gland is normal in size (2.4 cm long x 0.53 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.1 cm long x 0.6 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen
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.

Liver
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal
The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. The colon contains liquid stool.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

Secondary Findings

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

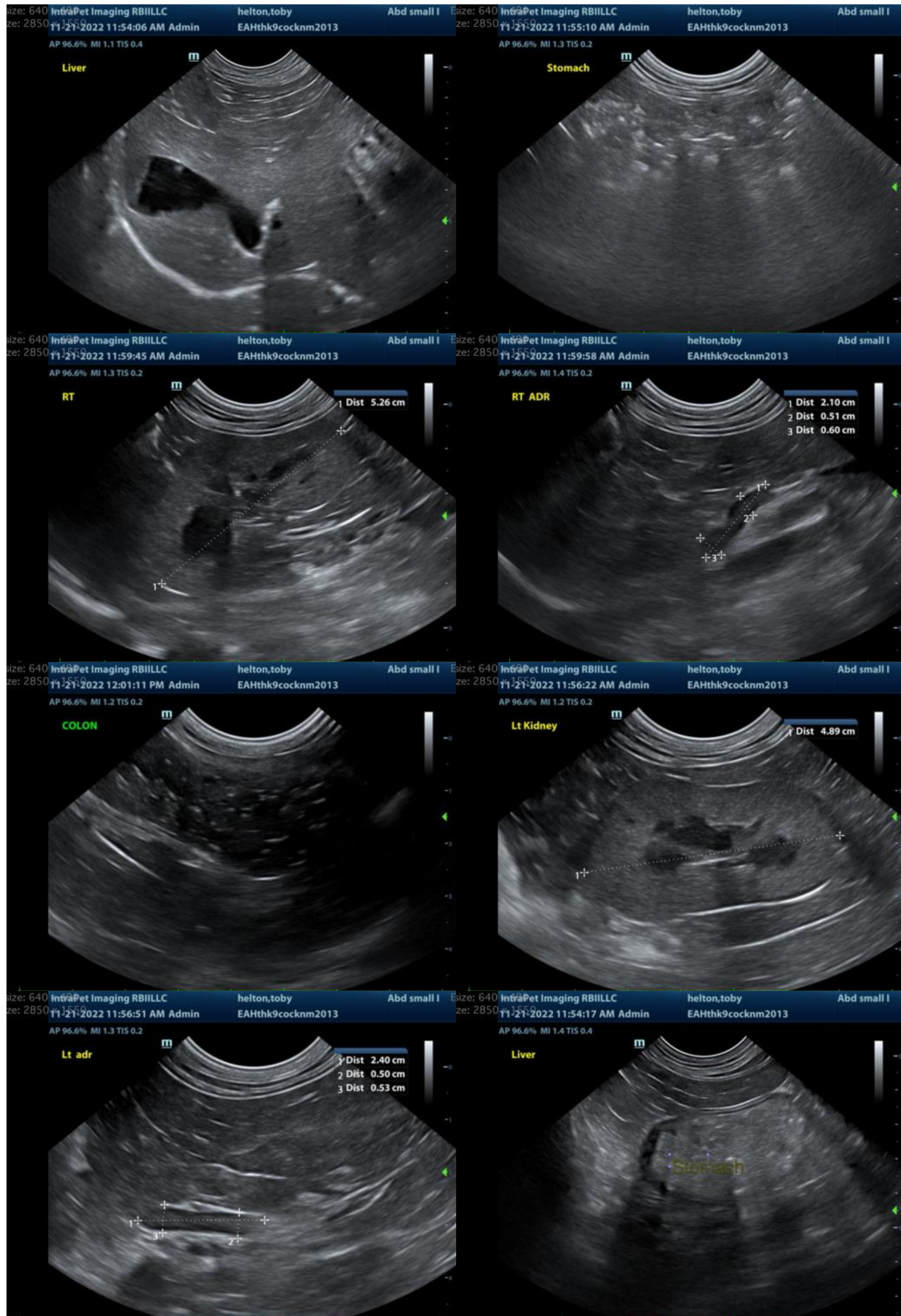
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is relatively normal/unremarkable abdomen. The kidney changes could be normal patient variant given the lack of azotemia, etc., however, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Otherwise, recommendations are to work up and manage the suspected immune mediated thrombocytopenia, including comprehensive infectious disease testing +/- bone marrow cytology, etc.

In addition to specific therapy for the thrombocytopenia, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviable. Additionally, antiacid therapy,

such as Omeprazole and sucralfate are recommended and/or there are some reports of barium being therapeutic for GI bleeding as well.



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.

Beth Johnson, DVM DACVIM
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