



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Beanie Bourbon
P had been declining over last 3 days, lethargic and pale, not interested in food at all, drinks small amounts and vomits after, drooling. Has only had a few pieces of kibble in last 3 days, vomits them after. IMHA diagnosed on 12/21 at rDVM.

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

4.88 kg

Abnormal PE/Chem/CBC/UA Results: rDVM records: CBC: WBC 26.77 (H), NEU# 24.37(H), NEU% 91.0 (H), LYM% 6.0 (L), EOS% 0.3 (L), RBC 1.93 (L), HGB 4.8 (L), HCT 15.2 (L), MCV 78.4 (H) LEPTO SNAP: Negative 3 view thorax & abd rads + STAT: thorax wnl, small stomach, abd wnl Slide saline agglutination: POSITIVE CBC: RBC 1.74m/ul (L), HCT 13.2% (L), Hemoglobin 4.1g/dl (L), MCV 75.9fl (H), MCHC 31.1g/dl (L), reticeme 19.4pg (L), WBC 28.85k/ul (H), neutrophils 20.90k/ul (H), monocytes2.97k/ul (H), eosinophils 0.03k/ul (L),MPV 15.7fl (H), pltcrit 0.52% (H) Manual Blood Smear: Chem17: Glucose 182mg/dl (H), BUN 37mg/dl (H), TBili 3.1mg/dl (H) ePOC: PT: 13sec (The liver size appears to be subjectively normal, taking body conformation, stomach position and the pointed extensions of the liver lobes into account. The hepatic parenchyma is uniformly hypoechoic and presents a coarse echotexture. The parenchymal echogenicity is iso- to hypoechoic relating to the fat within the falciform ligament and splenic parenchyma. The hepatic veins appear to be normal in diameter. The portal veins present with thin hyperechoic markings. The intrahepatic biliary tree is not seen. The extrahepatic biliary ducts are not seen. The gallbladder and cystic duct are thin walled and normal in size and shape. The gallbladder content is mainly anechoic. The common bile duct is seen between the proximal duodenum and portal vein and is within normal limits. The fat within the portal hilus is regular in echotexture and hypoechoic.

) SNAP 4DX: Negative PCV Pre transfusion: 14% S/O:: QAR, sternal, EENT are wnl, MM pale pink/yellow, CRT 2 seconds. Heart murmur grade 2/6, normal BV. Abdomen is tense on palpation. Blood transfusion occurring during PE. A:: IMHA

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

43622

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12/22/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (3.78 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.

The left kidney is normal in size (3.74 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.

Adrenal Glands

The right adrenal gland is normal in size (0.83 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole), shape and contour. Corticomedullary structure is unremarkable. The cranial pole is not fully visualized, but not pathology noted in the area. Visible surrounding vasculature appears normal.



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Spleen

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.

Liver

The 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.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

Pancreas

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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Relatively unremarkable/normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs are likely all secondary to the reported immune mediated hemolytic anemia, potentially medication side effects, other metabolic gastroenteritis, etc. without an ultrasonographically visible underlying cause for either the anemia and/or the gastrointestinal signs.

Recommendations include continued medical management with transfusions, immunosuppressants, etc., as is already reportedly in place, as well as symptomatic/supportive medical management with antiemetics, gastroprotectants, appetite stimulants if necessary, etc.



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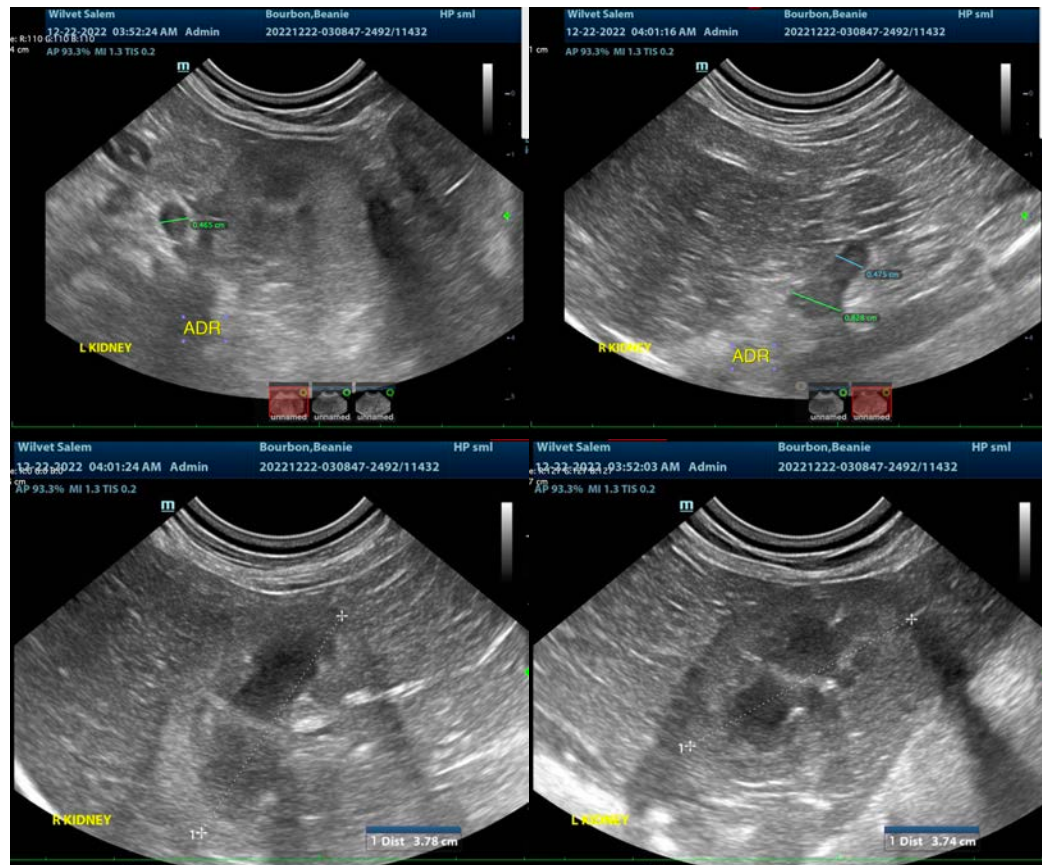
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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