

PATIENT PRESENTING CLINICAL SIGNS

Dolly Gravelle Anemia, jaundice, Thrombocytopenia, Bilirubinemia, anorexia, lethargy. Suspect Hepatomegaly and splenomegaly on rads. Dexamethasone IV at 1:30pm today.
Abnormal PE/Chem/CBC/UA Results: Autoagglutination slide negative. Bile acids normal last week.
Please see additional attached blood results

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Bichon

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.

SEX

Spayed Female

The right kidney is normal in size (4.69 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

9 Years

The left kidney is normal in size (4.95 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

WEIGHT

9.6 kg

The right adrenal gland is normal in size (1.5 cm long x 1.18 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.98 cm long x 0.91 cm at the cranial pole and 0.80 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Crystal Hill

The spleen is markedly enlarged in size with rounded margins. Parenchyma is diffusely mottled by multifocal, poorly defined, hypoechoic nodules of varying sizes. Splenic vasculature appears normal.

Liver

HOSPITAL NAME

Hartzel AH

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Hobbs

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

INVOICE

35510

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.

DATE

2/8/22

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



PATIENT

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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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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.

SEX

Spayed Female

Free Abdomen

Medial to the spleen is a hypoechoic, enlarged, cavitated lymph node measured 1.3 cm x 2.0 cm.

There is no evidence of peritoneal effusion.

There is no pericardial effusion or masses noted in the images of the heart provided.

AGE

9 Years

- Marked nodular splenomegaly – Most concerning for infiltrative neoplasia, likely round cell neoplasia.

WEIGHT

9.6 kg

- Benign extramedullary hematopoiesis can mimic neoplasia, so it cannot be ruled out, but is considered less likely, especially given the concurrent cavitated lymphadenopathy surrounding the spleen.

- Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultimately, a fine needle aspirate of this patient's spleen +/- enlarged lymph node is the recommend diagnostic to try to obtain a diagnosis. However, given the thrombocytopenia, this may not be a possible procedure to perform. If the platelet count responds to steroid therapy, then the next steps are a fine needle aspirate of the spleen. If not, given the reported pancytopenia, a bone marrow exam offers less chance of hemorrhage and may provide the underlying diagnosis.

IMAGING PERFORMED BY

Crystal Hill

Infectious disease testing including tick borne disease is recommended to be thorough. However, the top differential for this pancytopenia is infiltrative neoplasia, given the ultrasonographic changes. If not already performed, 3-view thoracic radiographs are recommended to further assess metastatic disease.

HOSPITAL NAME

Hartzel AH

REFERRING VET

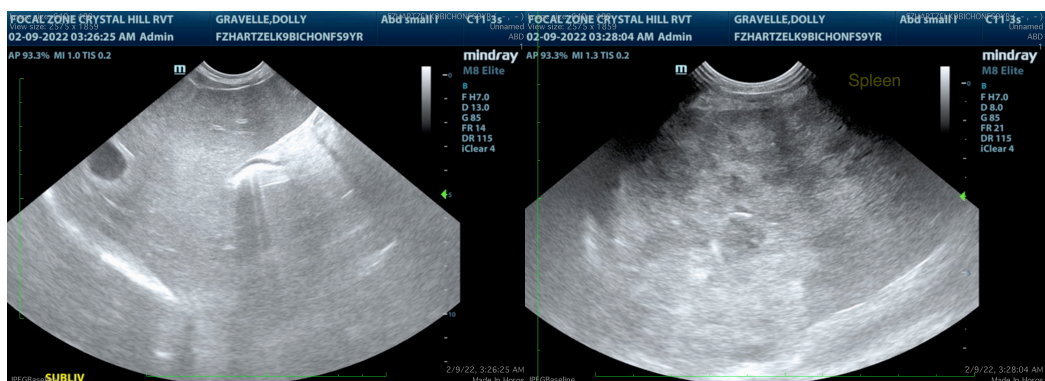
Dr. Hobbs

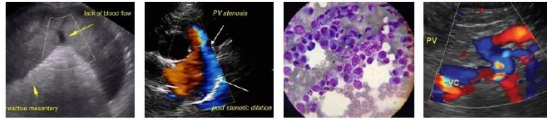
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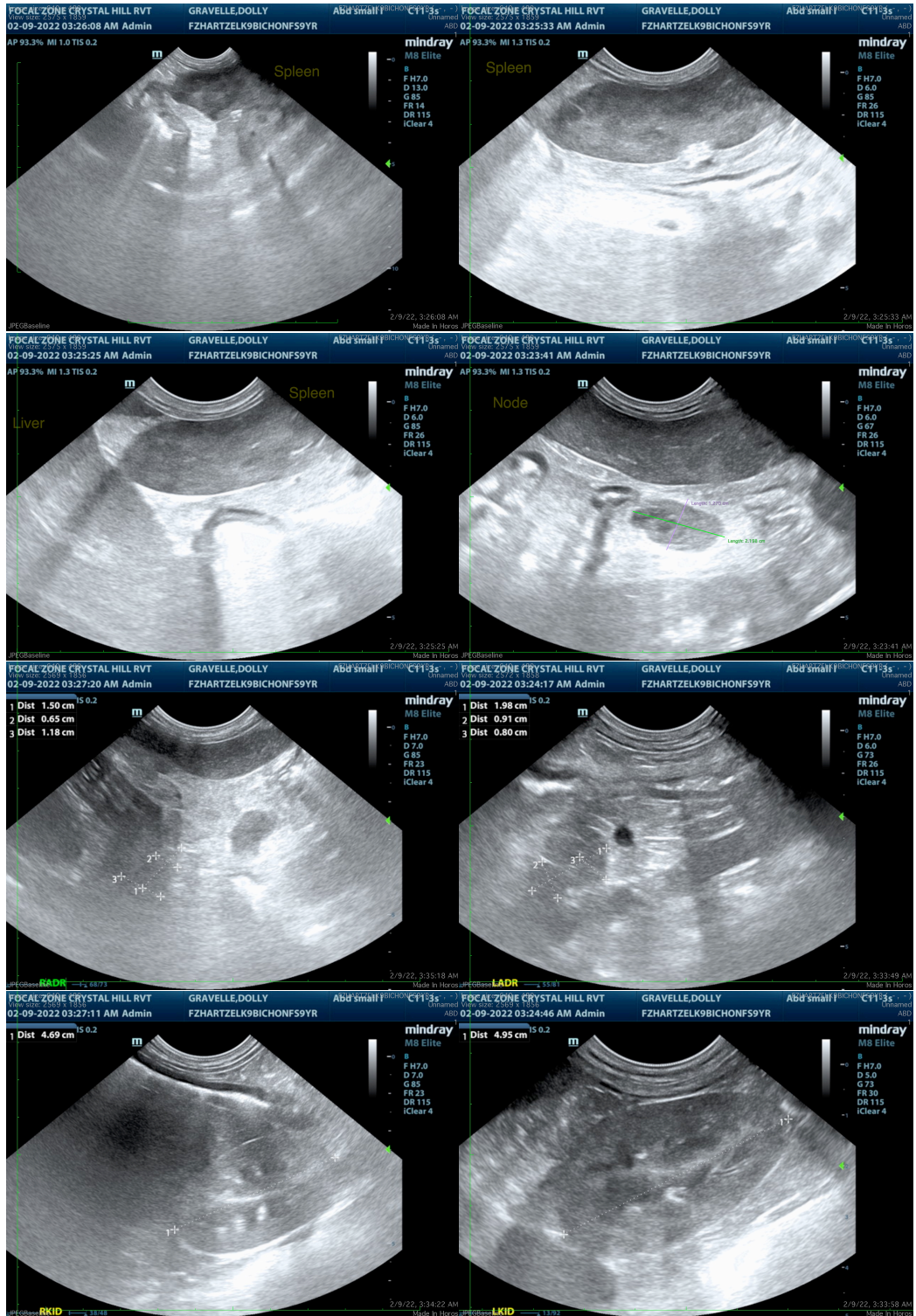
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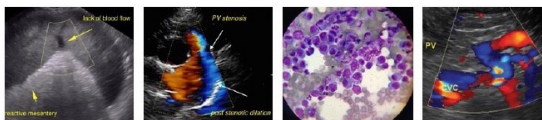
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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
Beth.Johnson@sonopath.com

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