

**DATE PRESENTING CLINICAL SIGNS**

3/30/23

Referral from Greenbrier Vet Clinic Seen on 3/27/23 for itching and vaccines, rDVM noticed petechia on pinna and L shoulder. CBC -zero (confirmed with blood smear), rest WNL, 4dx - negative, HCT 55.9.

**PATIENT**

Matilda Sharpeta

Dexamethasone inj 2 mg/ml - 2 cc sq. Started at home Meds- doxycycline 100 mg - 3.5 tabs po SID for 2 weeks - Prednisolone 20 mg - 2 po SID until directed otherwise - Famotidine 40 mg - 1 po SID.

**SPECIES**

Canine

Recheck TODAY - RBC 5.09, HCT 38% (non-regenerative or pre-regenerative), Mild mature neutrophilia (14.64) and monocytosis (1.40), (suspect due to steroids), 0 plt still. Chem - unremarkable. Reg Vet notes ProHeart Inj in JAN, no vaccines or injections since O reports no known Rat Poison or toxin exposure. P typically grazes so did not get Doxycycline this morning. Pred was given last night. O reports P is acting normally at home- eating, drinking, energy wnl No bloody urine or stool

**BREED**

Newfoundland

Current Medications: Entyce.

Lab Results: See attached.

**SEX**

Spayed Female

Radiographs: 3 view chest - no obvious lung nodules, mild bronchointerstitial lung pattern most notable on the right side on the VD view, no pleural fluid, heart silhouette appears wnl. 2 view abdomen - no obvious mass effect- stomach has some ingesta present, liver appears wnl, wing of spleen appears wnl, some gas in SI, some feces in colon, little lack of detail mid abdomen around the kidneys but no obvious free fluid.

**AGE**

7/4/19

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

76.9 Pounds

**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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The right kidney is normal in size (7.27 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.

**HOSPITAL NAME**Animal Emergency  
Hospital

The left kidney is normal in size (6.76 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.

**REFERRING VET**

Dr. Hicks

**Adrenal Glands**

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 2.37 cm long x 0.54 cm at the cranial pole and 0.50 cm at the caudal pole. The left adrenal gland measures 2.61 cm long x 0.42 cm at the cranial pole and 0.50 cm at the caudal pole.

**INVOICE**

46299

**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.

Complete/clear visualization of the heart base is partially inhibited due to artifact from air. However, there is no visible evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

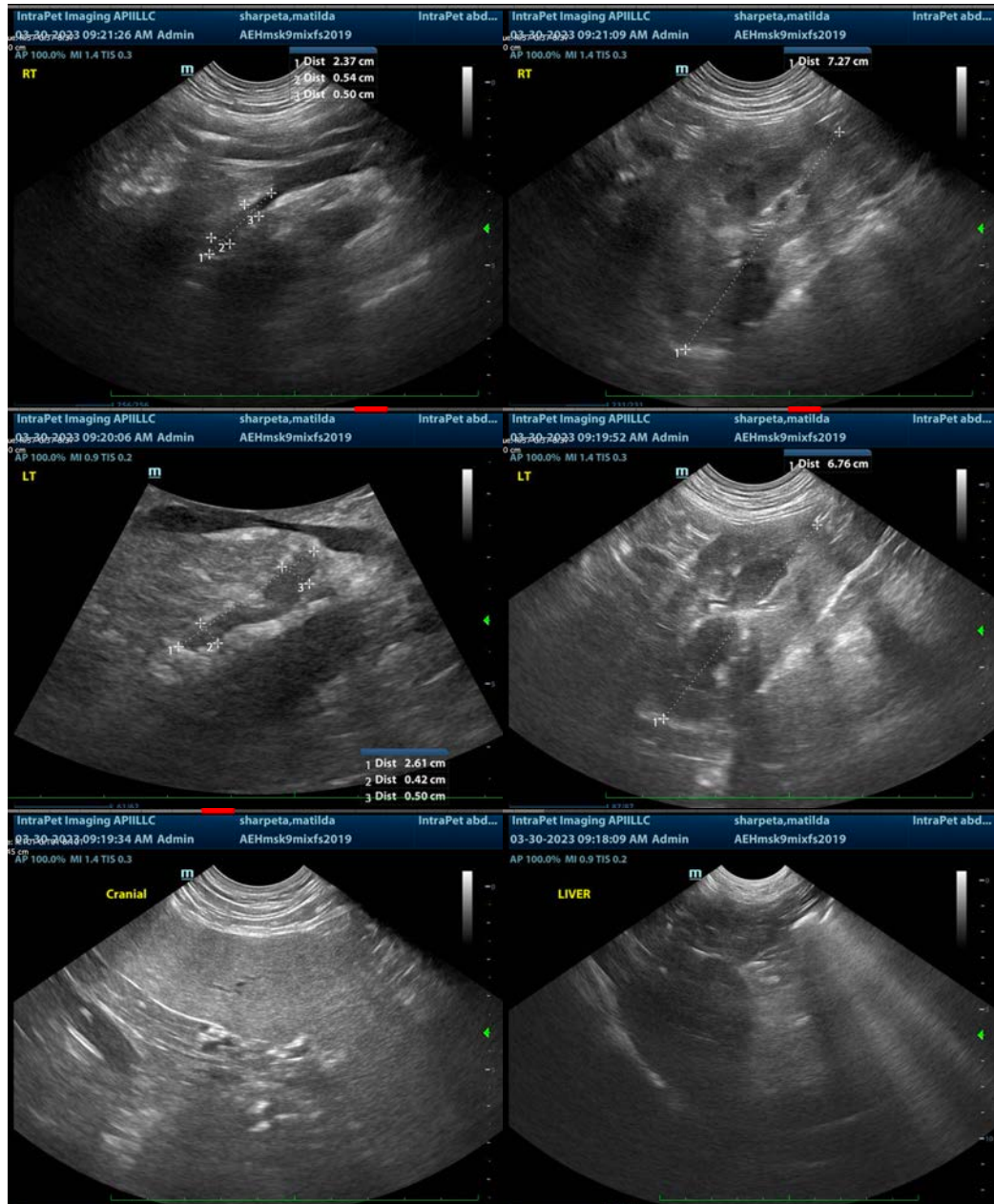
## **ULTRASONOGRAPHIC FINDINGS**

- Flat adrenal glands – Likely secondary to this patient's steroid administration.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no ultrasonographically visible underlying explanation for this patient's reported thrombocytopenia. Further diagnostic considerations could include bone marrow cytology.

Given the lack of response so far to steroids, a 2<sup>nd</sup> immunosuppressant such as modified cyclosporin versus other could be added to the treatment course, as well as vincristine could be considered for more immediate response, especially if there is clinical hemorrhage.



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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