



PATIENT PRESENTING CLINICAL SIGNS

Gabby Wyndowe

SPECIES

Canine

BREED

Canine

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

Manjos

INVOICE

21483

DATE

3/6/23

History: Presented on March 4 for bruising on her belly found by the groomer the previous day. She was not showing signs of illness at that time. In-house bloodwork revealed normal RBCs, moderate thrombocytopenia and mild hyperglobulinemia on biochemistry. 4Dx neg. She was started on 1 mg/kg prednisone BID and 5 mg/kg doxycycline BID (pending 4Dx results). O's reported she vomited the morning of March 6 on the day of her recheck and it was dark brown, her stool the previous evening was dark brown to black. A repeat CBC showed non-regenerative moderate anemia and a mild decrease in platelet count from 86k to 73k. Some WBC changes likely associated with steroids (neutrophilia, monocytosis, lymphopenia). Gabby was given cerenia, SQ fluids and azathioprine was added at a dose of 2 mg/kg PO q24h Current Medications prednisone 1mg/kg bid, omeprazole 10mg SID, sulcrate

Abnormal PE/Chem/CBC/UA Results: please see attached labs and rads

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.

Left kidney is normal is size (4.93 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.

Right kidney is normal is size (5.16 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

Left adrenal gland is normal in size (1.57 cm long x 0.42 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.01 cm long x 1.04 cm at cranial pole and 0.45 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). A 4.4 cm x 2.3 cm, mildly heterogenous hypoechoic mass was noted, resulting in a capsular bulge at the tail of the spleen. The mass is surrounded by enhanced hyperechoic mesenteric fat. 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.



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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

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately overdistended with both fluid, as well as echogenic nonshadowing luminal contents and gas, consistent with normal ingesta/chyme. There is no visible evidence of foreign material or infiltrative disease, and this change is most likely secondary to delayed gastric emptying or gastritis, potentially secondary to the doxycycline, however, while considered less likely, outflow obstruction cannot be definitively ruled out.

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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

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

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Heart

There is no 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.

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ULTRASONOGRAPHIC FINDINGS

- A heterogenous splenic mass. This could represent a benign lesion, such as a hematoma or extramedullary hematopoiesis secondary to the reported thrombocytopenia, however, infiltrative neoplasia, such as round cell neoplasia vs sarcoma vs other, potentially causing the reported thrombocytopenia cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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Ideally, a fine needle aspirate of the spleen could be considered and may be safe at the reported 70,000 platelets with a small gauge needle, however, the risk of hemorrhage should be carefully considered and the procedure delayed until the platelet count starts to improve.

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Alternatively, bone marrow cytology could be pursued to look for evidence of infiltrative neoplasia with potentially less risk of hemorrhage.

In the meantime, empirical medical management of possible secondary immune mediated thrombocytopenia, as is reportedly already in place, is suggested.



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Additionally, supportive/symptomatic medical management of the gastrointestinal signs, likely brought on by Doxycycline therapy, given the timing, as is reportedly also already in place, is recommended. However, if vomiting persists, recheck imaging of the stomach is recommended.

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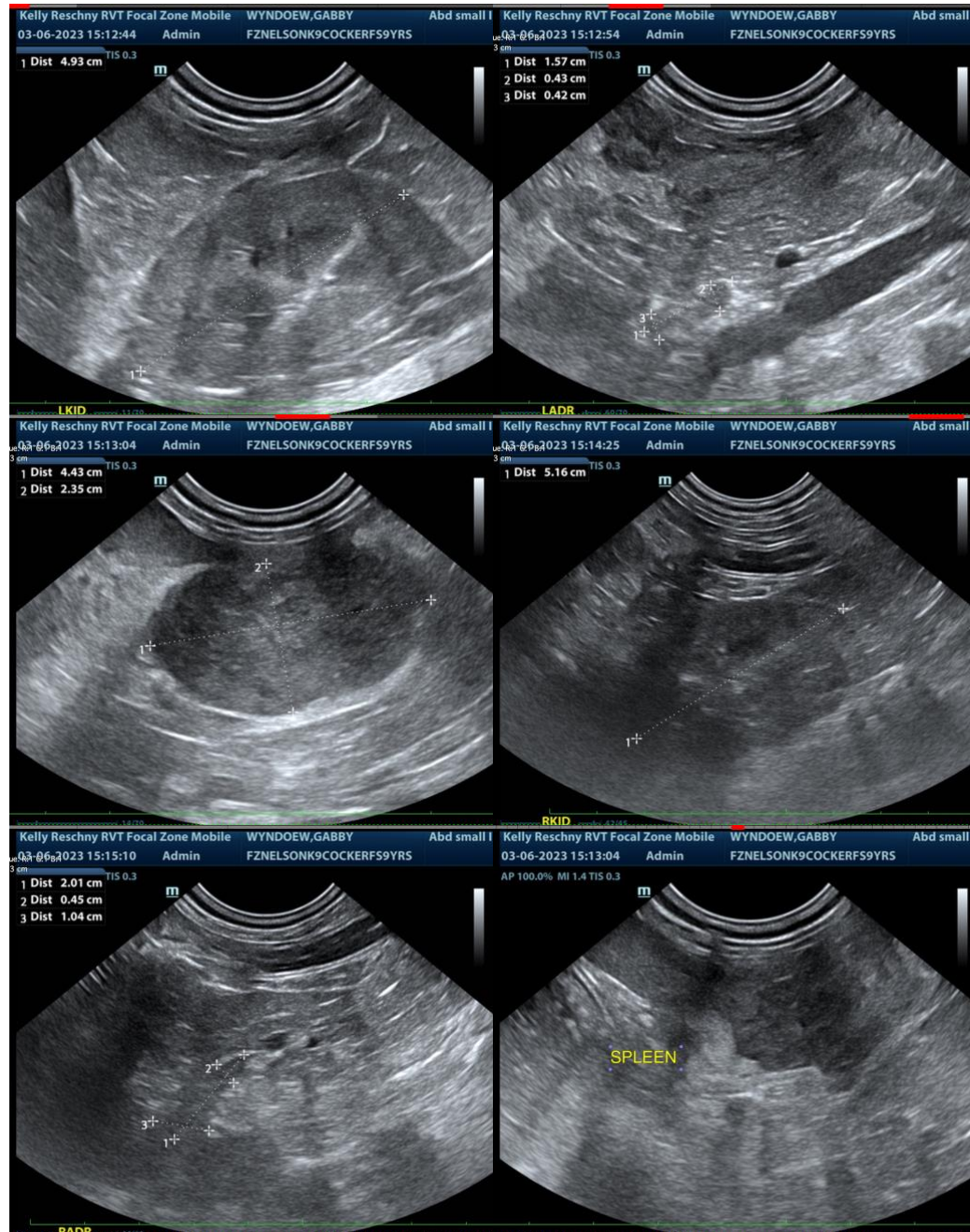
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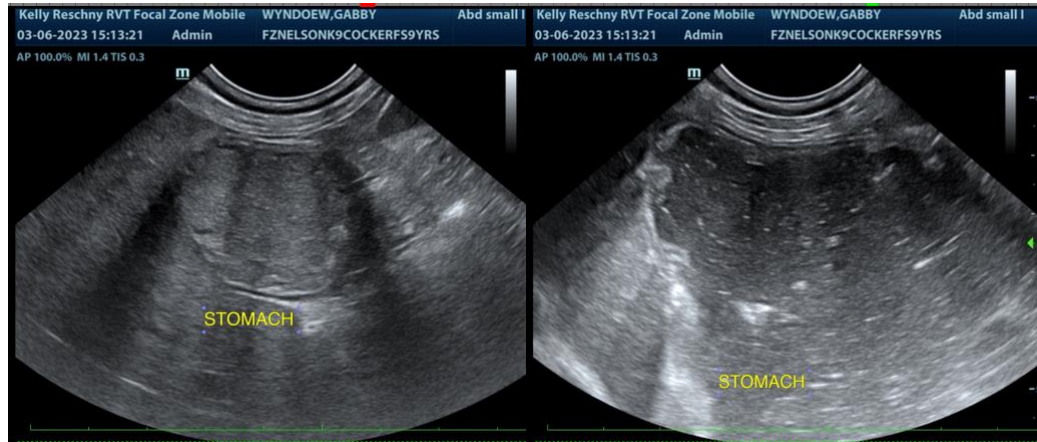
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com