

**DATE PRESENTING CLINICAL SIGNS**

4/20/22

Patient presented for routine senior exam on 2/17/22. Owner reported pet was doing well at home, minus some skin abnormalities between her toes. On PE pet was BAR, slightly overweight. Advanced dental calculus w/ associated advanced gingivitis was noted. Interdigital dermatitis was also noted. Bloodwork was recommended since pet tested positive for ehrlichia on snap testing. Bloodwork revealed mildly elevated ALT--Denamarin was started and recheck bloodwork revealed still mildly elevated ALT but a little higher than first check. Bile acid testing was recommended as well as abdominal US.

PATIENT

Divina Pereda

SPECIES

Canine

Current Medications: None. Gabapentin 200mg upon arrival for scan.

Lab Results: 2/17/22: Chemistry: ALT: 130U/L (18-121), Snap 4DX: POSITIVE for ehrlichia; NEGATIVE HW/Lyme/Ana. 4/4/22: Liver Chemistry: ALT: 147U/L (18-121).

Date of Previous IntraPet Ultrasound: No previous.

BREED

Boxer X

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Spayed Female

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.

AGE

12/1/11

The right kidney is normal in size (5.93 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.

WEIGHT

58.4 Pounds

The left kidney is normal in size (6.56 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (2.56 cm long x 0.76 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The left adrenal gland is normal in size (2.9 cm long x 0.58 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.

HOSPITAL NAME

Westminster VH

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/motheaten in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Hall

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.

INVOICE

37030

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 pancreas is mildly diffusely coarse in echotexture and hyperechoic in echogenicity.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. No pericardial effusion noted in these images.

PRIMARY FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

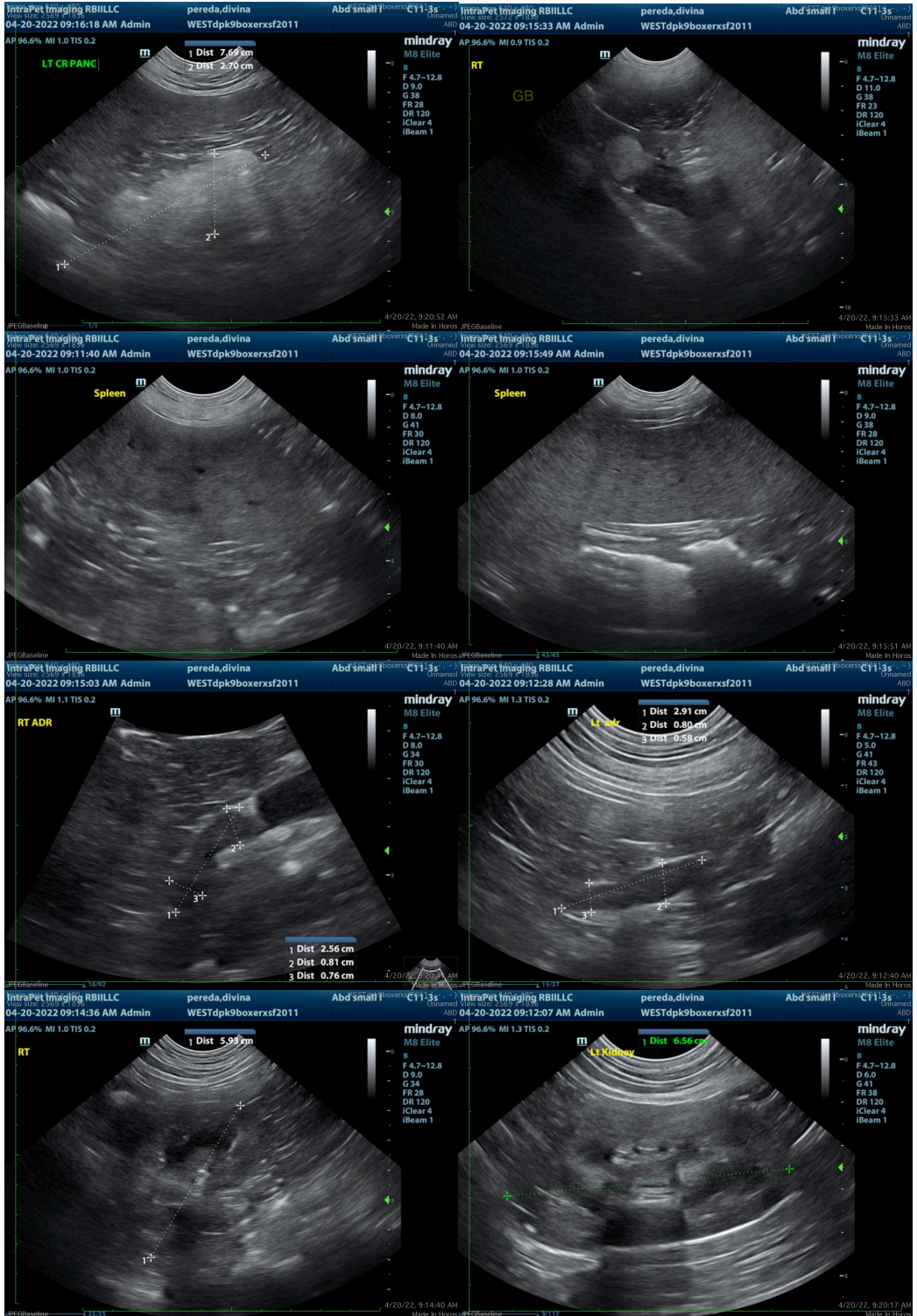
SECONDARY FINDINGS

- 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.
- Hyperechoic pancreas – most consistent with normal age related changes or mild chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported positive ehrlichia status, both the splenic changes as well as the increased ALT could be secondary to ehrlichia, and recommendations include treating the ehrlichia and monitoring the ALT for improvement. Testing for Leptospirosis could also be considered, given the increased ALT.

The splenic changes are subjectively severe enough in nature to warrant a fine needle aspirate of the spleen, if patient's coagulation status is appropriate, while concurrently managing the ehrlichia.



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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