



PATIENT PRESENTING CLINICAL SIGNS

Tucker Lantz

Healthy in general, 1 week hx of lethargy and decreased appetite. Recently owner noticed a distended abdomen. UTD on vaccines and preventives.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pale gum color, distended abdomen with positive fluid wave. Rectal exam revealed dark color stool. CBC: showed severe anemia and thrombocytopenia Chemistry showed mild azotemia, mildly increased ALT and increased AST. Hypoproteinemic with albumin level of 1.5. CHEM/LYTES: BUN: 37.2 PHOS: 6.1 Ca: 7.7 TP: 5.0 ALB:1.5 ALT: 137 AST:390 ALP: 376 GGT: 15 T-bil: 0.8 Mg: 3.3 Abdominocentesis: clear fluid

BREED

Border Collie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Male

*****Most of the videos provided reveal a large amount of echogenic appearing free fluid and very enhanced hyperechoic nodular appearing mesentery. There is very little normal appearing tissue imaged, and I can't say whether the normal organs aren't there or just weren't able to be visualized.***

AGE

8

Urinary System

The urinary bladder is visualized and appears normal

WEIGHT

18.6

The prostate is unable to be visualized.

Neither kidney can be well visualized.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Neither adrenal gland can be well visualized.

Spleen

The spleen appears normal.

IMAGING PERFORMED BY

Dr. Laura de Cordon

Liver

What I believe to be the liver is subjectively small in size with undulating or scalloped capsular contour and ill-defined areas of increased echogenicity with reduced visualization of vessels and almost a nodular appearance. Vasculature and biliary tree are unable to be fully visualized.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

The gallbladder is unable to be visualized.

REFERRING VET

Dr. Laura de Cordon

Gastrointestinal

The stomach wall is unable to be visualized.

INVOICE

43189

The visible bowel appears normal and is empty.

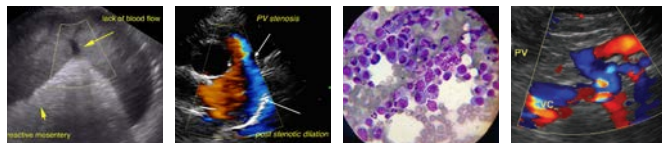
The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

DATE

6/15/23

Pancreas

The pancreas is unable to be well visualized.



PATIENT

Free Abdomen

Tucker Lantz

There is no visible lymphadenopathy noted in these images, but as noted above there is a large amount of echogenic appearing free fluid and very enhanced, hyperechoic, almost nodular appearing mesentery throughout the abdomen.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Border Collie X

- Large amount of free fluid and enhanced hyperechoic, almost nodular appearing mesentery – concerning for severe inflammation or infiltrative neoplasia, as can be seen with carcinomatosis. However, the changes visualized could also very well be secondary to end stage liver disease and/or the reported hypoalbuminemia, etc., so an appropriate differential list is difficult to given without more information.

SEX

Male

- Suspect/possible hepatic fibrosis pattern – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids). The liver is only believed to be visualized in one image, and this description fits. However, the confidence level is low based on lack of ability to fully examine the liver.

AGE

8

WEIGHT

18.6

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, given the pathology present in these images, fully assessing any normal organs that are present was difficult with the provided image set. Given this patient's laboratory changes, it could be that the anemia and thrombocytopenia are secondary to destruction as is seen with Evan's syndrome. However, the normal bilirubin doesn't support this. Additionally, the low albumin supports possibly hemorrhage versus hemolysis as a cause for the anemia. Having said that, the hemorrhage could be secondary to blood loss caused by the thrombocytopenia, which could still be autoimmune in origin. In other words, it's difficult with the information that I have to provide a more definitive diagnosis.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Further recommendations include determining whether the anemia is regenerative, if possible, as well as further assessing other causes for the low albumin, including urine loss, potentially GI loss, and/or due to decreased liver function, especially given the liver changes described above, and these things can be accomplished with a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

IMAGING PERFORMED BY

Dr. Laura de Cordon

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is also recommended for further evaluation of GI and pancreatic function, and bile acids.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

Additionally, given the possibility of decreased hepatic function causing all of this, further assessment of this patient's coagulation status is recommended.

INVOICE

43189

A baseline cortisol is also recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

DATE

6/15/23

Cytology of the fluid that was reportedly sampled is recommended. Top differentials are still unfortunately infectious disease, infiltrative neoplastic disease, and/or autoimmune disease, so additionally, pending above results, comprehensive infectious disease testing could be considered.

Given the large degree of pathology in the abdomen, a more sensitive abdominal contrast CT scan could be considered.

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.



PATIENT

Tucker Lantz

In the meantime, supportive/symptomatic medical management is recommended, including potentially transfusions if indicated based on the severity of the cytopenias reported.

SPECIES

Canine

A full consultation with a veterinary internist may be helpful given the amount of pathology and the amount of unknowns.

BREED

Border Collie X

SEX

Male

AGE

8

WEIGHT

18.6

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

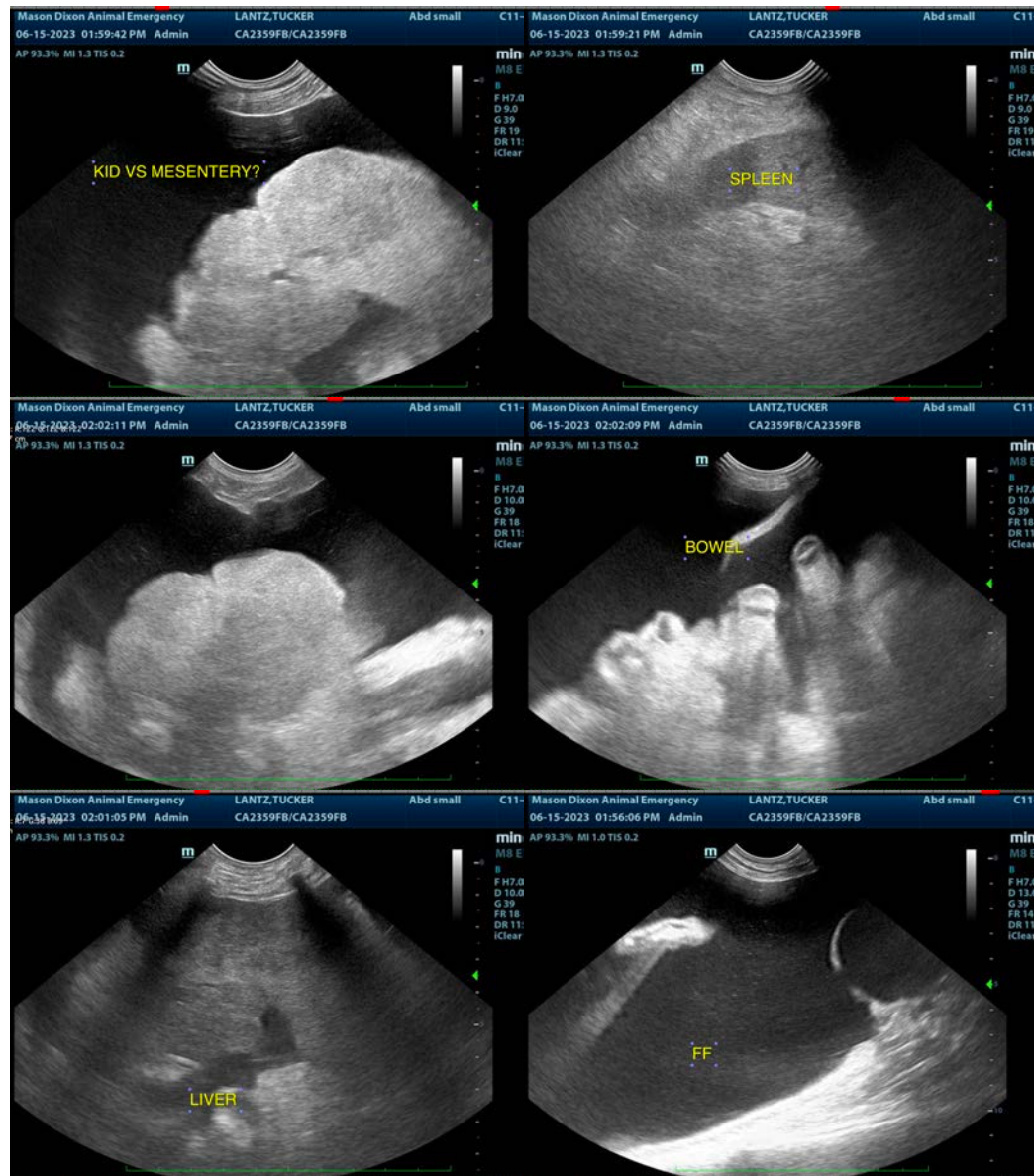
Dr. Laura de Cordon

INVOICE

43189

DATE

6/15/23



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com