

PATIENT PRESENTING CLINICAL SIGNS

Tawney Nevins

SPECIES

Canine

BREED

Pyreneese/Maremma

SEX

Spayed Female

AGE

4 Years

WEIGHT

94.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

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39190

DATE

7/1/22

Tawny initially present at the end of May for lethargy, decreased appetite, and soft stool. Screening BW found thrombocytopenia 83. 4Dx test was negative and thoracic and abdominal rads were WNL. She was started on 40 mg Prednisone BID and BW monitored. Tawny continued to have intermittent soft stool. BW was monitored, platelets improved but ALP and ALT have started to increase. This Tuesday, Tawny started having profuse vomiting and diarrhea. She has normal to increased appetite. Diarrhea appears to be mostly large intestinal with mucus present, increased frequency and urgency. She has lost weight, 8.8 lbs since she first presented on 5/25/2022. No known toxins or exposure, no history of eating anything inappropriate or abnormal. Current Medications Prednisone 20 mg Primary Question/Differential to Be Answered in This Exam Cause for vomiting and diarrhea r/o GI FB/obstruction vs neoplasia

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Chem12 + lytes - ^TP 7.8, ^albumin 4.8, ^glucose 170, ^ALT >1000, ^ALP 825, ^GGT 76, vK 3.6, vCl 101 CBC - leukocytosis 20.4, elevated granulocytes 17, ^HCT 56.2%, PLT WNL 301 Fecal was negative PT/PTT - WNL

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.

The right kidney is normal in size (6.85 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.

The left kidney is normal in size (7.14 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

The adrenal glands are bilaterally uniformly plump egg-shaped adrenals (right measures 2.0 cm long x 1.23 cm at the cranial pole and 0.53 cm at the caudal pole, left measures 2.29 cm long x 0.32 cm at the cranial pole and 0.36 cm at the caudal pole), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

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

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.



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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

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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.

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Pyrenese/Maremma

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.

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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.

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Free Abdomen

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

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No pericardial effusion noted in these images.

ULTRASONOGRAPHIC FINDINGS

- 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.
- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Occasionally, Leptospirosis can be associated with thrombocytopenia. Therefore, given the increased liver enzymes, if not recently evaluated, testing for Leptospirosis is indicated.
- Markedly increased liver enzymes, even ALT > ALP, as well as profound weight loss can be seen with immunosuppressive steroids. Therefore, recommendations include the addition of hepatic nutraceuticals such as Denamarin, etc. and tapering Prednisone as quickly as safe and possible and tolerated with monitoring of liver enzymes, muscle wasting, weight loss, etc. for improvement.
- Given the combination of diarrhea with weight loss, a gastrointestinal workup could be considered, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further

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evaluation of possible infectious disease, followed by the addition of a probiotic to this patient's therapy, as well as considering fiber supplementation and/or diet transition to a higher fiber diet while awaiting results of PCR panel and trying to taper Prednisone.

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- If this patient is not receiving any antacids such as Omeprazole, addition of antacid to the therapy is also recommended, given the new vomiting combined with the steroid administration.

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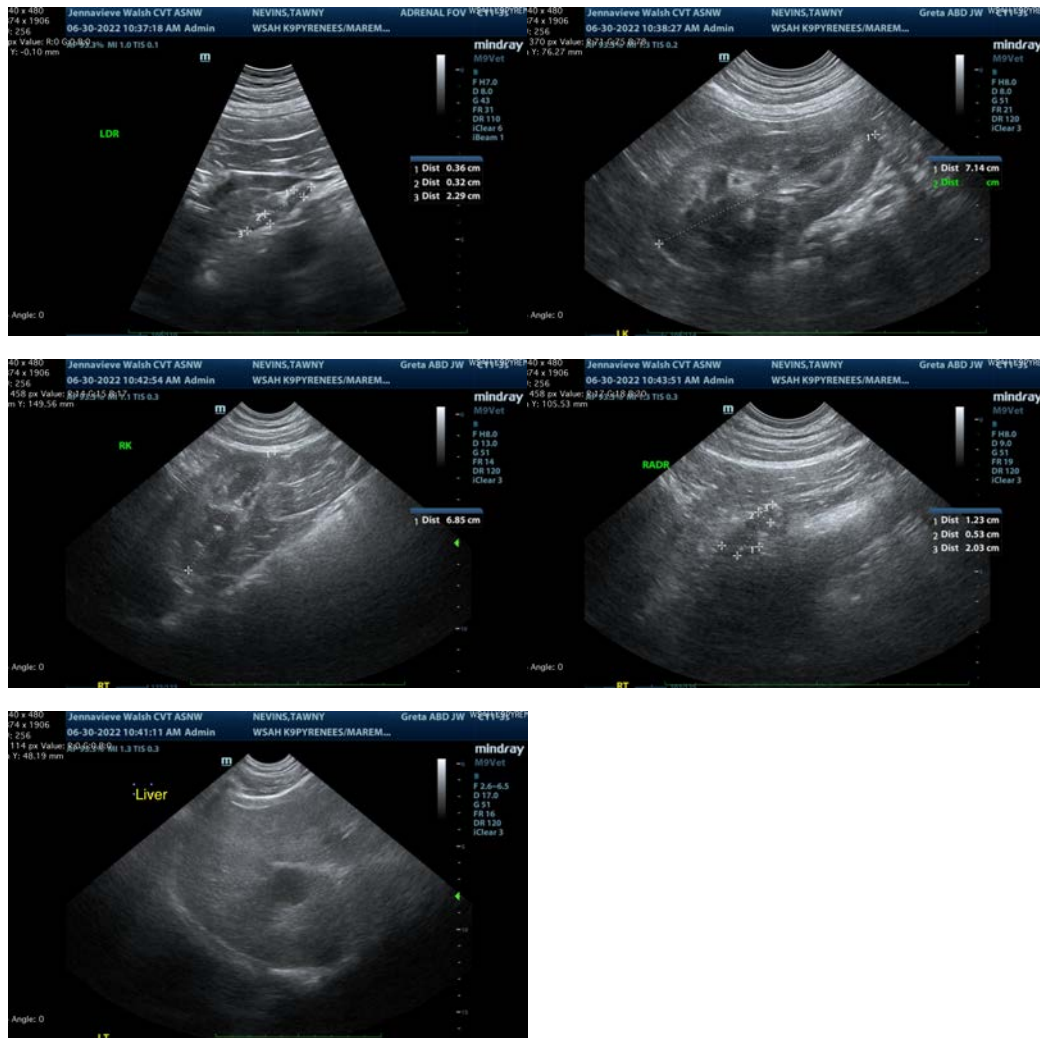
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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