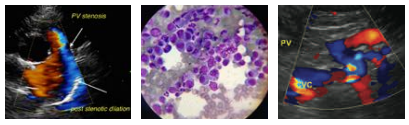
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
6/6/22

PATIENT
Raven Myers

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
1/1/14

WEIGHT
104 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
30854

PRESENTING CLINICAL SIGNS

Bloody urine, noted bruising on tongue--- 0 platelets, ITP suspected.
Current Medications: Doxy, pred, azathioprine, maropitant, omeprazole
Lab Results: See attached.
Radiographs: no obvious metallic fb, no obvious stones, no obvious masses.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (6.81 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.94 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.74 cm long x 0.74 cm at cranial pole and 0.8 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.33 cm long x 0.81 cm at cranial pole and 0.92 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal and homogenous in echogenicity and echotexture. There is a 0.8 cm hypoechoic nodule in the mid spleen that does not disrupt the capsule. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach 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. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

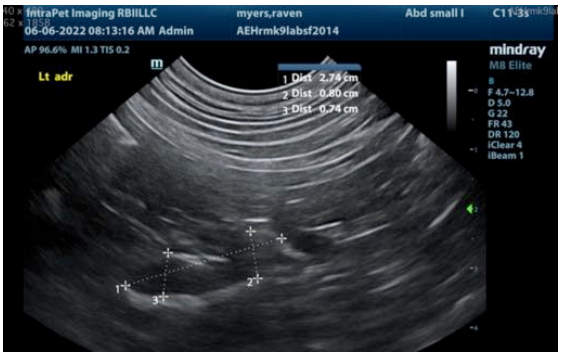
Lymph nodes are normal with no observed enlargement. No appreciable free fluid including pericardial fluid was noted in these images.

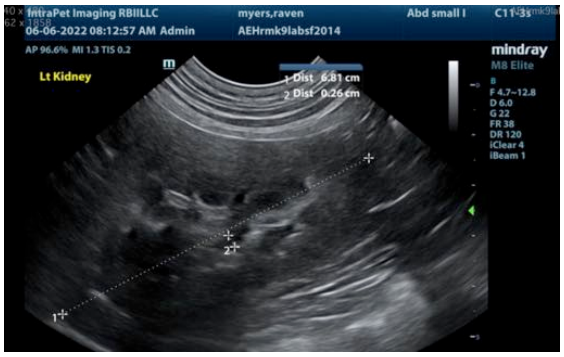
ULTRASONOGRAPHIC FINDINGS

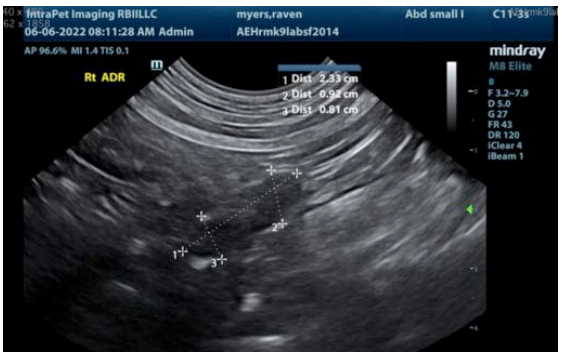
- Splenomegaly with a splenic nodule, most consistent with extramedullary hematopoiesis or possible congestion caused by sedation. Infiltrative disease cannot be ruled out, but is considered less likely.

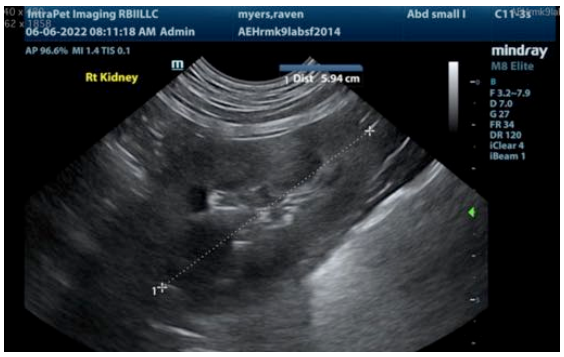
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

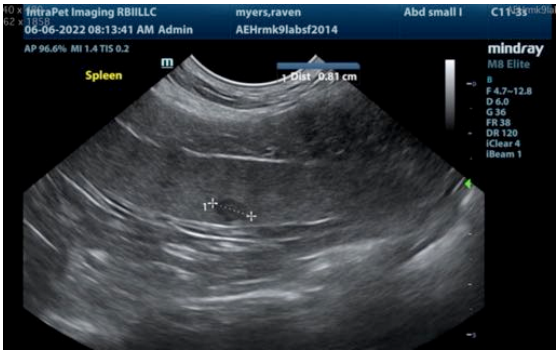
- Comprehensive infectious disease testing is recommended if not recently evaluated.
- Continued immunosuppressant therapy for presumed immune mediated thrombocytopenia is recommended.
- If splenomegaly persists and/or progresses beyond remission of the thrombocytopenia a FNA of the spleen could be considered to definitively rule out infiltrative disease, if and when patient's coagulation status is appropriate.











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

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