



PATIENT PRESENTING CLINICAL SIGNS

Socks Forr

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

3.3 Years

WEIGHT

72 Pounds

4DX was performed and revealed he was Anaplasma positive. Therefore, a CBC was performed. His Hct was noted to be 29.9%. A new blood sample was redrawn and his Hct was 32.2%. A PCV/TS was run and was 35% / 5. His WBC's and platelets were well WNL. Doxycycline was RX'd for 28 days in case his anemia was secondary to the anaplasma and it was recommended to recheck a CBC in 2 weeks. A CBC was rechecked 6/6/23 and his Hct was 32.9%. His anemia was characterized as microcytic, non-regenerative. A full panel of bloodwork was sent out that same day from a fresh sample and revealed Hct of 35.6% and a normocytic, normochromic, non-regenerative anemia. His SDMA was 23 (0-14) and Creatinine 2 (0.5-1.5), his BUN normal at 26 (9-31). Albumin 2.4 (2.7-3.9). It was recommended to the O to drop off a first morning sample of 3 pooled urines. His SPG was 1.041, pH of 6 with an inactive sediment. It was recommended that the next step be to perform an abdominal ultrasound current meds He is on Gabapentin, Fluoxetine, Clonidine (prior to vet visits), Nexgard, and Heartgard Plus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

INTERPRETED BY

The prostate is unable to be well visualized in these images.

Beth Johnson, DVM
DACVIM

The right kidney is normal in size (6.2 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.

IMAGING PERFORMED BY

The left kidney is normal in size (6.0 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.

Dr. Meghan Myers

Adrenal Glands

HOSPITAL NAME

The adrenal glands are unable to be well visualized in these images.

Hershire AH

Spleen

REFERRING VET

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.

Dr. Alesha Glass

INVOICE

Liver

43907

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.

DATE

7/11/23

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.



PATIENT	<i>Gastrointestinal</i>
Socks Forr	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 fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
SPECIES	
Canine	
BREED	
German Shepherd X	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.
SEX	
Neutered Male	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
AGE	
3.3 Years	<i>Pancreas</i> 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.
WEIGHT	
72 Pounds	<i>Free Abdomen</i> There is no evidence of free peritoneal effusion noted in these images.
INTERPRETED BY	There is no apparent lymphadenopathy noted in these images.
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> This is a relatively unremarkable/normal abdomen without an evident explanation for the patient's laboratory changes or clinical signs. Having said that, the adrenal glands were difficult to visualize despite examination of the area, implying that they could be small or flat, in which case ruling out hypoadrenocorticism (as planned) is recommended.
Dr. Meghan Myers	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Next diagnostic recommendations for this patient's reported anemia, hypoalbuminemia, etc., having already reportedly ruled out proteinuria, include:
Hershire AH	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
REFERRING VET	Pending results of the cortisol, and given the patient's breed, further evaluation of digestion and absorption is recommended via a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.
Dr. Alesha Glass	Finally, given the anaplasma report, a comprehensive infectious disease analysis to look for other potential underlying causes of the anemia is recommended, pending the above results.
INVOICE	
43907	
DATE	In the meantime, in case of a slow chronic gastrointestinal bleed as the cause of the anemia and hypoalbuminemia, etc., empirical deworming with a 5-day course of Panacur is recommended.
7/11/23	



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Beth Johnson, DVM
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IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

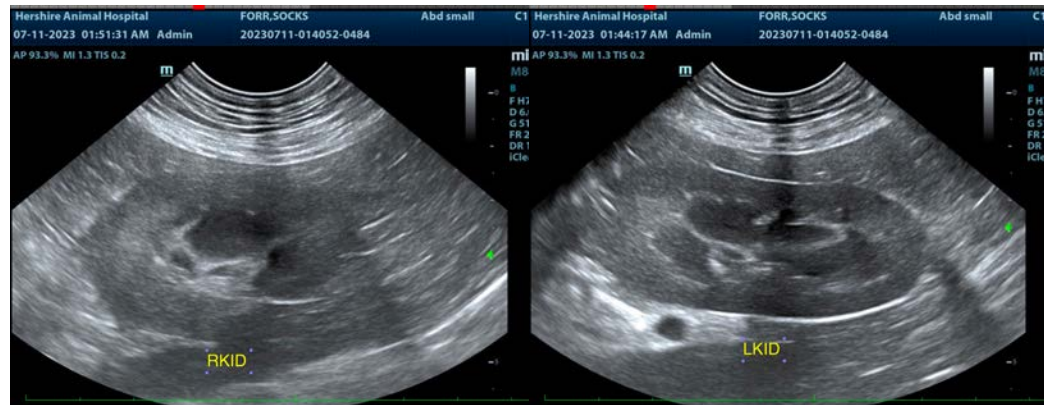
Dr. Alesha Glass

INVOICE

43907

DATE

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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.

Beth Johnson, DVM, DACVIM
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