



PATIENT PRESENTING CLINICAL SIGNS

Kailee Arbogast

Presented on 7/7/23 for lethargy since 7/3/23. No known dietary indiscretion. There is trout stocked in the pond on the property, but no recent ingestion. There was one known vomit and some diarrhea found in the yard. Appetite decreased, but will eat a small amount of chicken. Fever of 104.1 and mucoid ocular discharge noted during exam, otherwise exam was WNL. Current Medications Prednisone 1mg/kg BID
Radiographic Findings Thoracic RG pending- Scheduled rads for day of AUS. Primary Question/Differential to Be Answered in This Exam Screening for possible underlying cause of IMTP

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

7 Years

WEIGHT

63.2 Pounds

Abnormal PE/Chem/CBC/UA Results: CBC/chem on 7/7/23: ALP (363), Na⁺ (133), TP (5.1), PLT (29), HCT (39), LYM (0.66), NEUT (6.63). No platelet clumping noted on blood smear, and platelets appeared decreased. Recheck CBC on 7/8/23: PLT (27), HCT (36), NEUT (11.06). Recheck CBC on 7/10/23: PLT (70), HCT (34.64), NEUT (18.61). Fecal test negative. HW/ehrlichia/anaplasma/Lyme negative.

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 (7.43 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 (7.35 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 right adrenal gland is normal in size (1.1 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

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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 visible stomach wall is normal in thickness and layering. 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.

BREED

Labrador

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

Intact Female

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.

WEIGHT

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Free Abdomen

INTERPRETED BY

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DACVIM

There is no evidence of free peritoneal effusion noted in these images.

The medial iliac lymph nodes are prominent in size (0.80 cm thick) with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

The reproductive tract is visualized without evident pathology noted in these images.

IMAGING PERFORMED BY

Jenna Walsh, CVT

ULTRASONOGRAPHIC FINDINGS

- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Otherwise, this is a relatively unremarkable abdomen without an intraabdominal ultrasonographically visible explanation for the patient's reported fever and/or thrombocytopenia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the platelet count is improving, monitoring/confirmation of thrombocytopenia is recommended with further workup to be considered if thrombocytopenia persists. Additional workup could include more comprehensive infectious disease testing, as well as ultimately bone marrow cytology.

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In the meantime, as is reportedly pending, 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.

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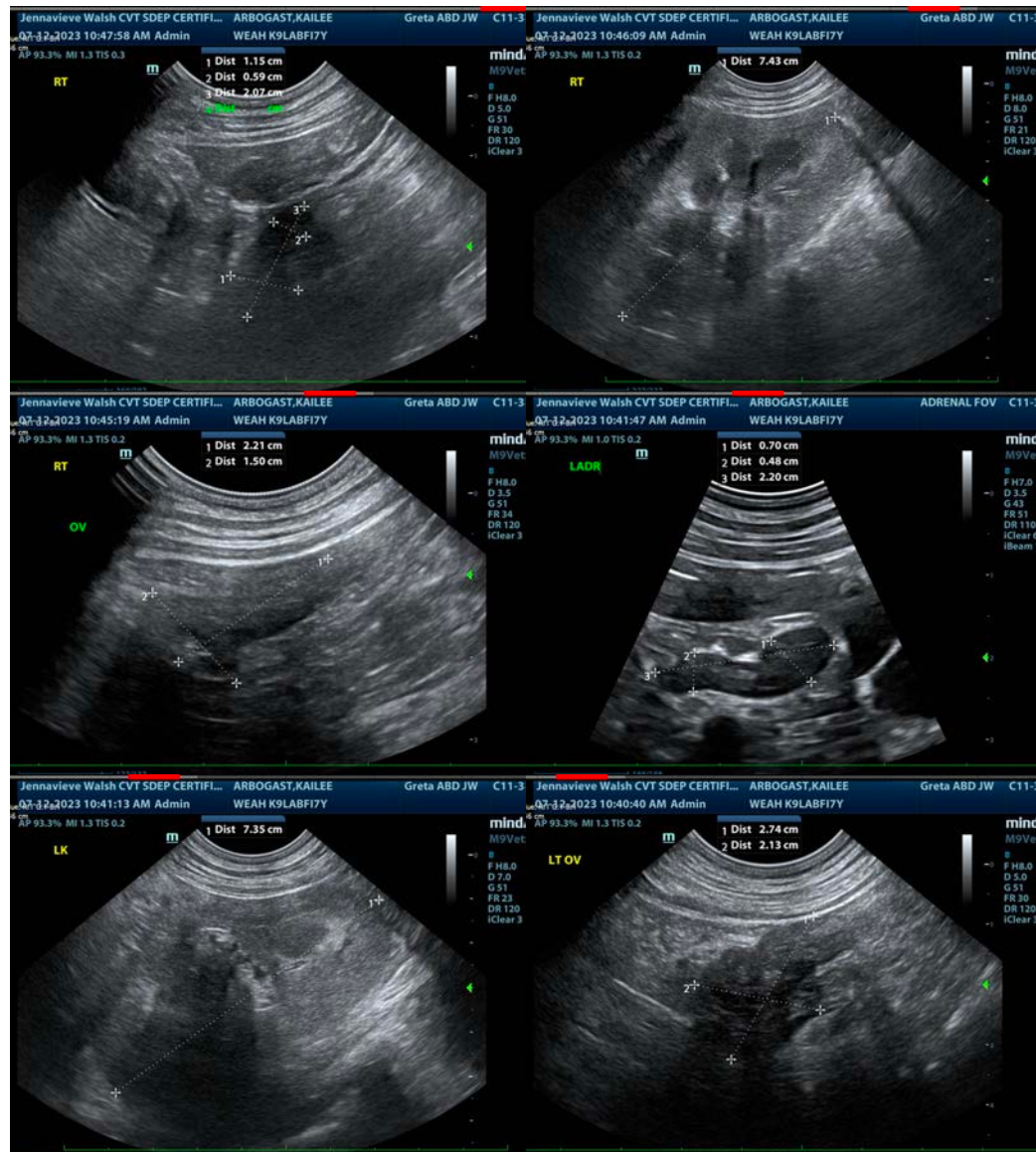
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Finally, given this patient's possible gastrointestinal signs combined with the mild lymphadenopathy, further evaluation and empirical treatment of possible dietary indiscretion/gastroenteritis is recommended beginning with a fecal exam if not recently evaluated, potentially a fecal enteropathogen PCR panel to Texas A&M GI Laboratory, as well as, especially if there is any chronicity to the gastrointestinal signs, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

In the meantime, in addition to supportive/symptomatic medical management with fluid therapy if necessary, antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, etc., empirical deworming with a 5-day course of Panacur is also recommended.

Finally, if fever persists, cytopenias, persist, etc., and the thorax is unremarkable as well, further investigation of a possible orthopedic and/or neurologic underlying cause could be considered.





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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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