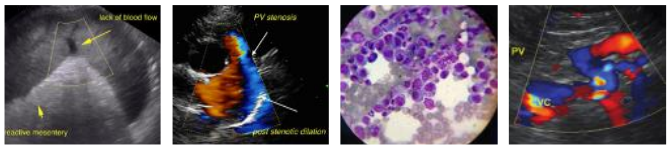
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finley Byers

SPECIES

Canine

BREED

Doodle Mix

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

18.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Laura de Cordon, DVM

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Laura de Cordon, DVM

INVOICE

16996

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: 8/21/22- Presented for vomiting, lethargic, not eating x3 days- Diagnosed with IMHA 8/23/22- Finley was seen as a transfer for continued care for his IMHA. He was icteric and mildly dehydrated on his exam. He required a blood transfusion yesterday 8/22/22

Abnormal PE/Chem/CBC/UA Results: 8/21/22 At AERC: ++ slide agglutination Wbc 12350 elevated reticulocytes Hct 24% Pcv 26% then decreased to 23% Pt/Ptt- wnl Tbili 9.8 Platelet count 108,000 8/23/22 Packed Cell Volume (PCV) | 17% (08/23/22) Total Solids (TS) | 8g/dL (08/23/22) Blood Pressure Monitoring (Systolic) | 140mmHg (08/23/22) ALP- 518 GGT- 291 TBILI- >29.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measures 5.04 cm. The right kidney measures 6.51 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.44 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident pathology.

Spleen

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.

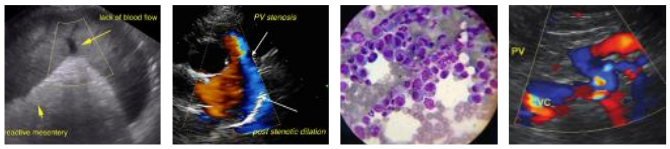
Liver

Liver is subjectively 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Edematous gallbladder wall is noted, which can occur with immune mediated disease. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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.



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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.
- Urinary bladder debris
- Gallbladder debris with edematous gallbladder wall - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. The edematous wall is an occurrence that can happen with an immune mediated disease of unknown mechanism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no obvious visible predisposing factors for this patients reportedly suspected immune mediated hemolytic anemia. However, given the kidney changes and urinary bladder debris, recommendations include urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. If nephritis is supported with other laboratory changes, testing for Leptospirosis could also be considered. Otherwise, given the reportedly suspected immune mediated hemolytic anemia, further diagnostic recommendations include a comprehensive infectious disease testing (if not recently evaluated), or the addition of empirical doxycycline to the therapeutic plan (if additional testing is not possible), unless contraindicated or not tolerated in this patient.

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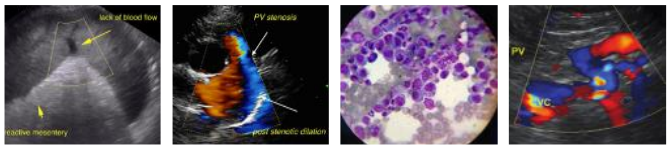

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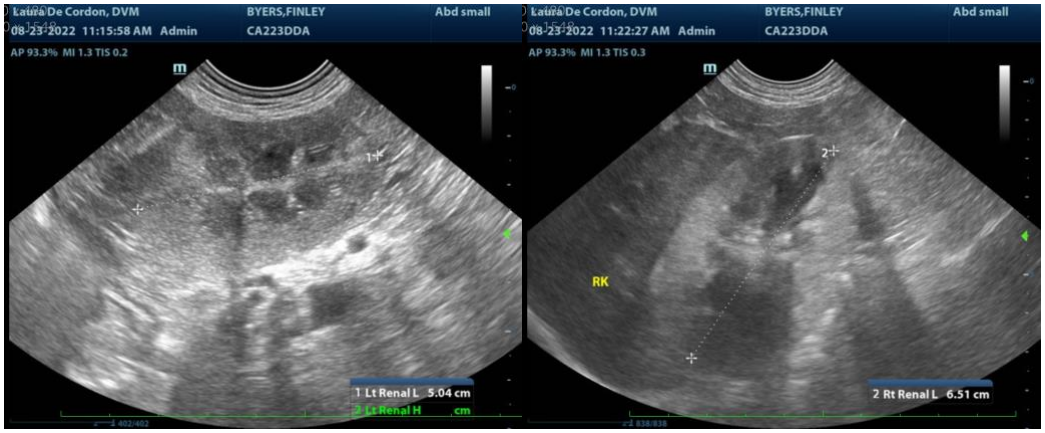

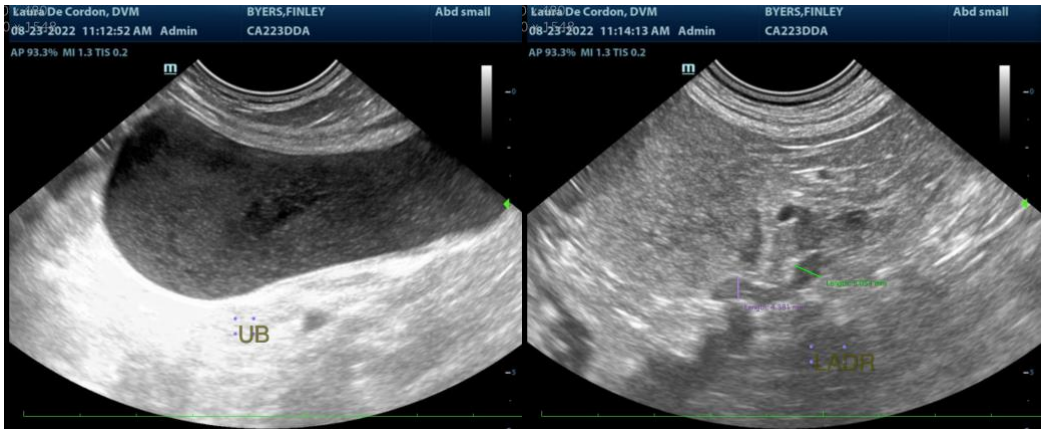

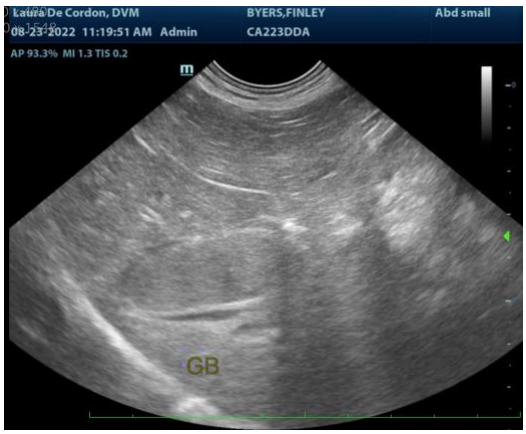

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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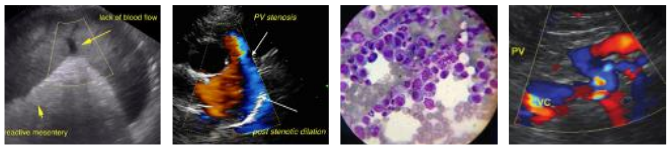

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