

PATIENT

Prieta Jean

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

55 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brittany Garder,
DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Garder,
DVM

INVOICE

17098

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Brief History: P presented for recheck BW. inguinal mass removed last night. After mass removed, continued to have oozing, no obvious arterial bleeding. Bruising around incision. Recheck PCV showed anemia, repeat CBC showed thrombocytopenia. mild scleral hemorrhage OD, quiet alert and responsive, heart/lungs WNL, bruising along left lateral caudal abdomen, pitting edema left hindlimb, tie over bandage present completely soaked in blood left inguinal region

Abnormal PE/Chem/CBC/UA Results: Lab/trends: 8/28: CBC: Initial HCT 80%, normal plts Chem10: All values wnl Recheck PCV in AM: 20%, regenerative anemia 8/29: AFAST - negative for effusion, irregular appearing spleen 4dx - all negative slide agglutination - negative macro/micro PT -17 (11-17) PTT - 105* (72-102) CBC in house - HCT 16.3*%, Retic 318*, WBC 24%, Neut 19.9*, mono 1.37*, NRBC suspected, Platelets 38*k obtained new sample, reran - HCT 16%*, retics 322.5*, WBC 26.8k*, Neut 22*, plt 42*k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (6.7 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

Right kidney is normal is size (7.4 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

Adrenal Glands

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

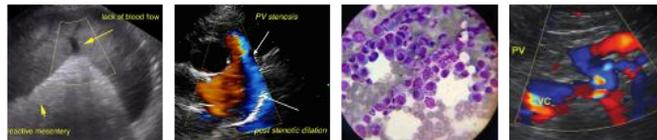
Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. An approximately 3.0 cm in diameter primarily hyperechoic partially mixed nodule/mass was noted in the mid liver near the gallbladder.

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.



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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.

SPECIES

Canine

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 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.

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

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Heterogenous Liver– These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

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Secondary Findings

- Nonobstructive nephrolithiasis bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reportedly normal CBC and clotting times prior to surgery, a coagulopathy may still be present in the form of platelet dysfunction versus platelet number and a buccal mucosal bleeding time could be considered to further investigate that possibility. Otherwise, if a coagulopathy cannot be diagnosed, differentials for the hemorrhage return to a local focal postoperative bleed and further/re-exploratory of the area may be indicated to stop a focal bleed.

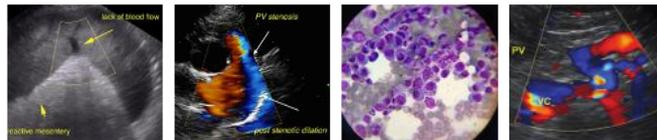
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In the meantime, given the splenic and liver pathology, depending on the results of further evaluation of this patients clotting status, etc., when stable and safe to do so, a fine needle aspirate of the spleen and liver nodule are recommended again, when and if this patient coagulation status is appropriate.

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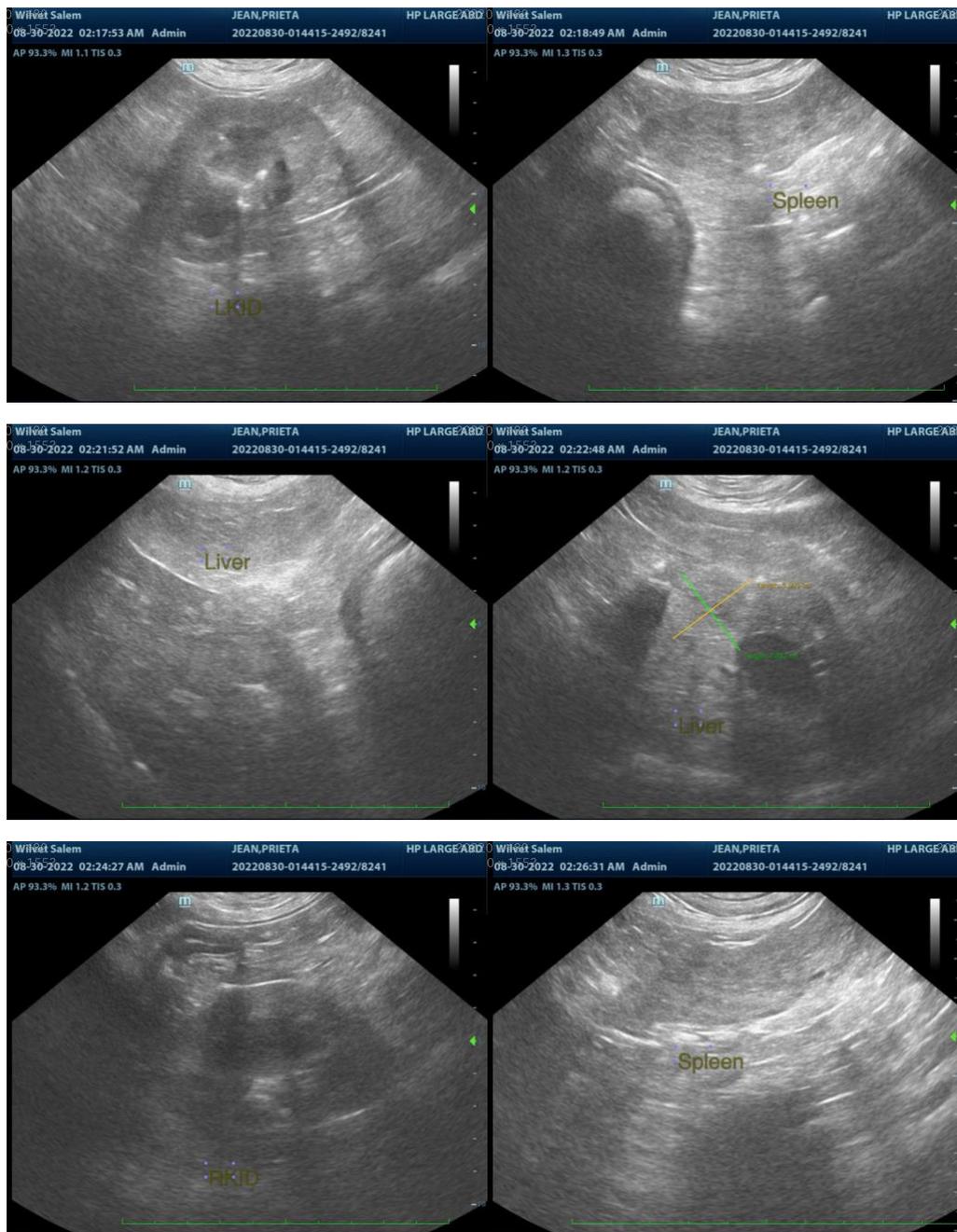
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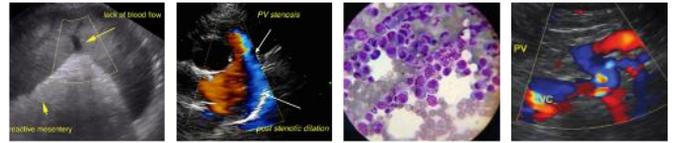
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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