**DATE**

1/27/23

PRESENTING CLINICAL SIGNS

Weight loss, weakness in hind legs, check breathing seems labored at times

Current Medications: Pred 20mg - Give two tablets by mouth every 12 hours. (Give with a meal)

Lab Results: CBC= anemia, thrombocytopenia; Chem Panel= elevated ALP, ALT. Blood smear showed platelet clumps, 2+ anisocytosis, anisokaryosis. 1-6-23 PCV 24. 1-17-23 PCV 29

PATIENT

Roxy Vyskocil

Radiographs: Thoracic rads showed no abnormalities, abdominal rads showed feces in colon, spleen appears enlarged but visible mass is not seen.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Pit Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

2/25/09

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.23 cm. The left kidney measured 7.11 cm.

WEIGHT

52 lbs

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.87 x 0.75 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 2.16 x 0.52 cm at the caudal pole and 0.43 cm at the cranial pole.

HOSPITAL NAME

Festival VC

Spleen

The **spleen** was mildly enlarged with mild, heterogenous changes with irregular contour. The splenic vein presented partial thrombus as it received a tributary was noted in this patient and extended 3.0 cm. The cranial mesenteric vein revealed a thrombus that measured 1.2 cm in width and extended for at least 4.0 cm.

REFERRING VET

Dr. Prange

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

INVOICE

42374

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle, pericardium or visible thoracic window.

ULTRASONOGRAPHIC FINDINGS

Cranial mesenteric and splenic vein thrombus.

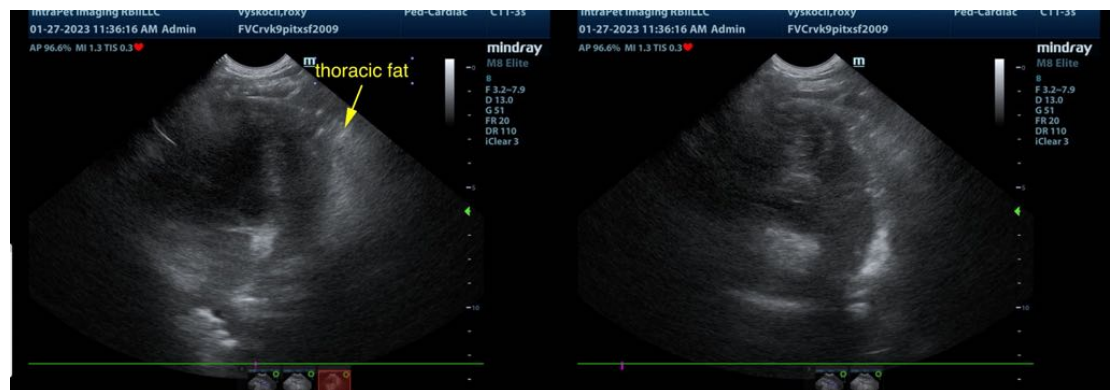
Micronodular spleen and liver. Possible suppressed underlying neoplasia such as round cell neoplasia.

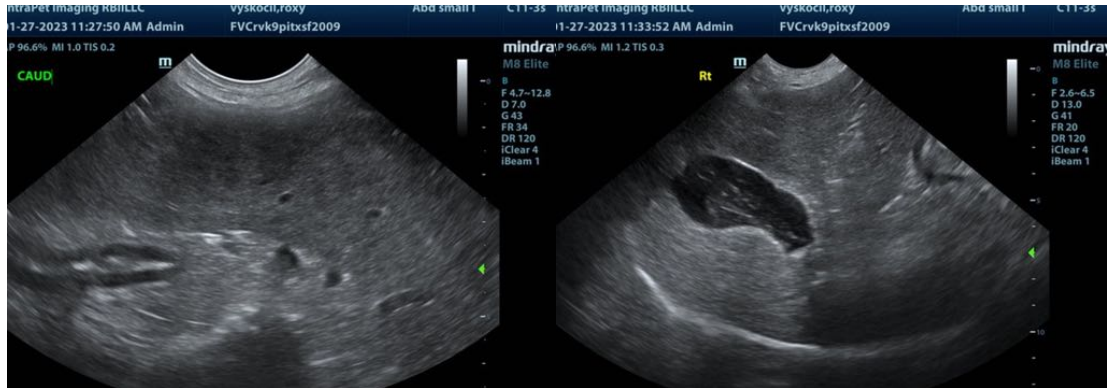
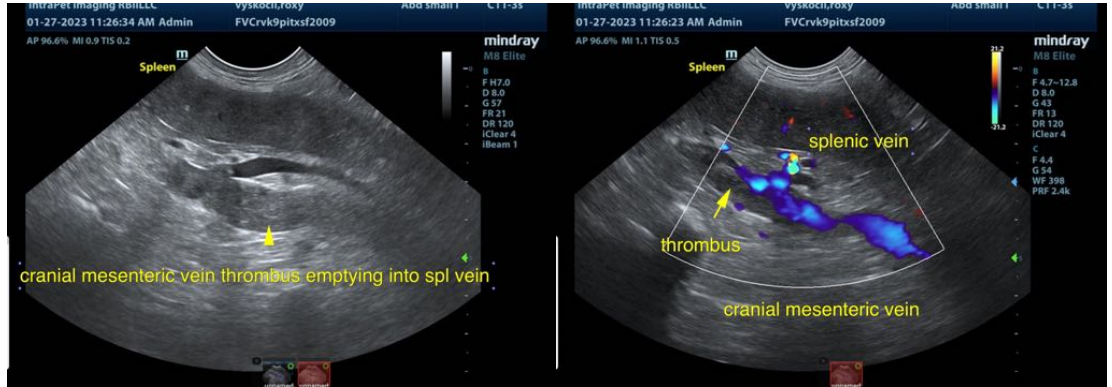
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

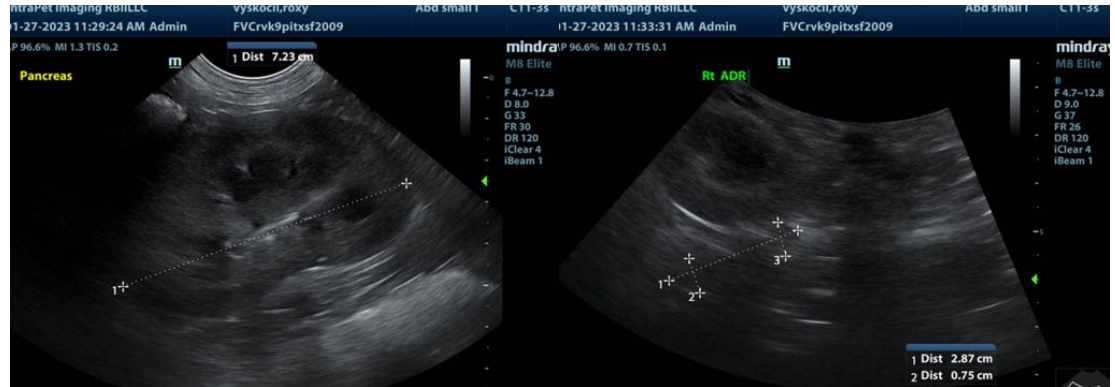
Full coagulation panel is warranted. FNA of the spleen and liver +/- PCR evaluation is indicated to assess underlying neoplasia. The anti-thrombotic therapy is warranted. Assessment for GI signs and abdominal pain is indicated given the mesenteric thrombosis. The prognosis is guarded. Recheck is recommended in a week to assess the thrombus and splenohepatic presentation.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com