

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

Diarrhea & Not Eating.

PATIENT

History: Date: 10-19-2021 Notes: Started 3 weeks ago: acting strange, more tired - at the time were in the process of moving. Diarrhea

Mack Nicolo

was first noted around Sept 30th - presented to rdvm in Philly 10/1: PLT 5 from rapid test, sample sent to lab noted PLT in the 20s - started

SPECIES

Canine

on doxycycline. Owners moved to Maryland - presented to Swan Creek on 10/8 for recheck bloodwork: PLT were still low - started on prednisone for suspected autoimmune disease bloodwork check on 10/14: slight increase in PLT - seemed to improve clinically. Owners opted to stop giving Doxycycline - patient had a sharp decline after. Saturday lethargic, Sunday decreased appetite and diarrhea and he fell and had a hard time gaining his balance. Yesterday ate some of his dinner - this AM: didn't get up to even smell his food, spent the whole day lying around. Did not eat his dinner. Has diarrhea yesterday and some straining - suspected blood at the end on the diarrhea. Not on preventatives - had a tick on him last year. Has had no vomiting. Current meds: doxycycline 300 mg q12, prednisone 40 mg q12 Was noted to be 120# at last vet visit 10/8: RBC 4.35, HCT 29.7, Retic 149.2, PLT 26 - path review PLT 57 10/14: RBC 3.35, HCT 23.7, Retic 178.2, PLT 43.

BREED

Bernese Mtn Dog

SEX

Neutered Male

Current Medications: Administration- Owner ORAL Medication, O Doxycycline 100mg (per tab), Mycophenolate Mofetil Tablets 500mg, O Provable Capsules, Gabapentin Capsules 300mg, Buprenorphine 0.6mg/mL

AGE

2017

Lab Results: Alb 2.0, Hct 21, Platelets subnormal 30

Radiographs: Abdomen 2 View- Mild gassy changes in colon and intestines No obvious obstruction or foreign material.

Date of Previous IntraPet Ultrasound: No previous

WEIGHT

113.2 Pounds

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**Urinary System**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 were noted. Ureteral papillae were normal.**HOSPITAL NAME**Animal Emergency
HospitalThe **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 7.51 cm. The left kidney measured 7.3 cm.**REFERRING VET**

Dr. Nacke0Horney

Adrenal GlandsBoth **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 left adrenal gland measured 2.87 cm x 0.55 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 2.89 cm x 0.76 cm at the caudal pole and 0.47 cm at the cranial pole.**INVOICE**

26380

SpleenThe **spleen** was enlarged with subtle coalescing micronodular changes and an overt isoechoic 2.8 cm expansive nodule.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

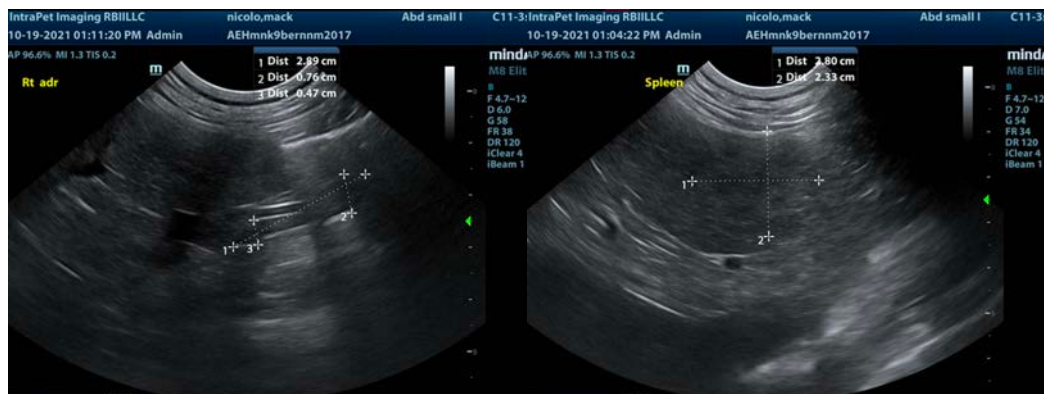
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

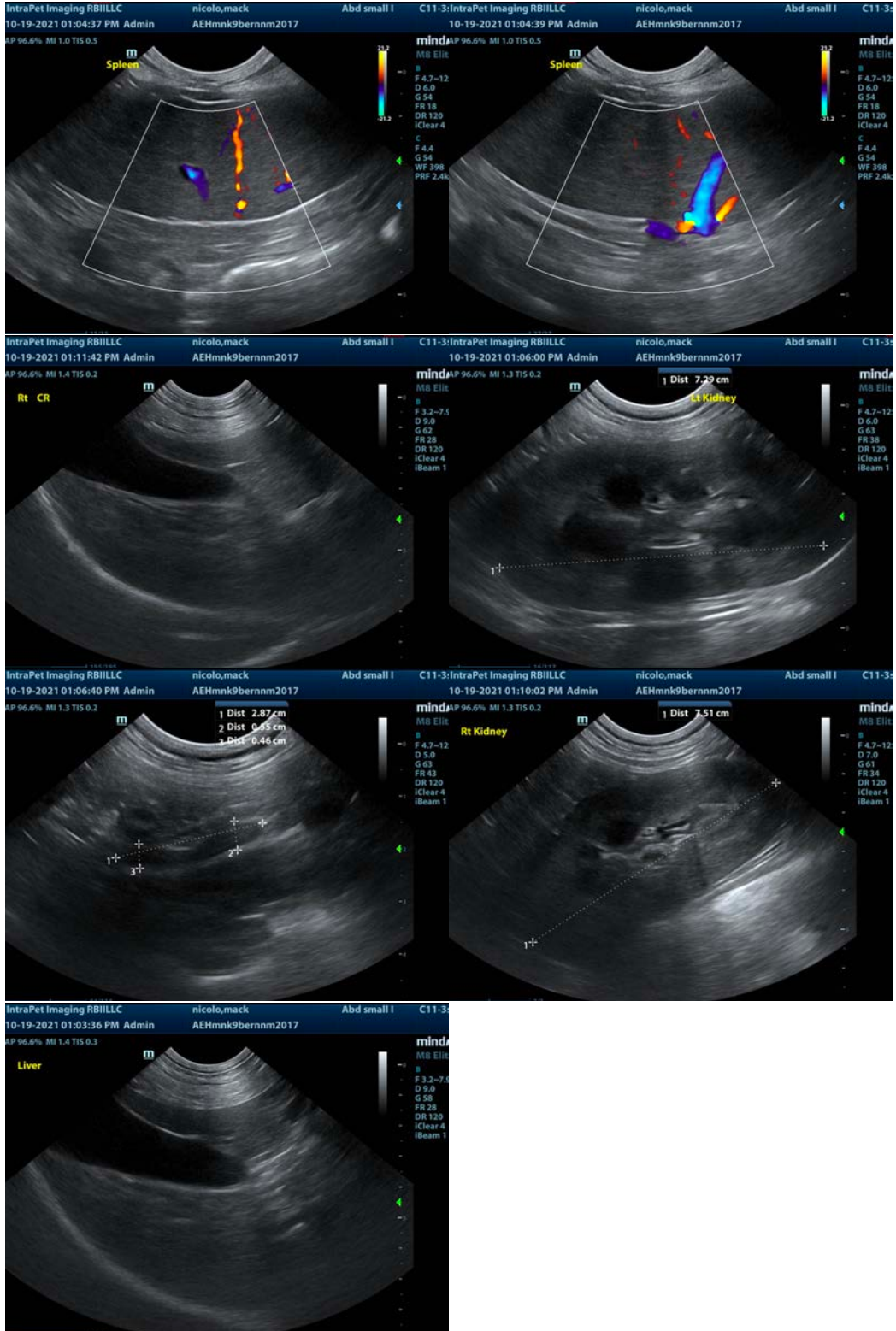
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule and micronodular changes
- Subtle heterogeneous hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver warranted as well as chest radiographs and assessment of the cranial mediastinum for underlying pathology. Prognosis is guarded. Hyperplasia versus round cell neoplasia are the primary concerns.





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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