



PATIENT PRESENTING CLINICAL SIGNS

Dexter Gibson

History: Suspected ITP 10/18 and patient received transfusion 10/22 Patient now has diarrhea MedVet suspected gastric ulcers and patient stopped pred 10/22 and is on mycophenolate
Abnormal PE/Chem/CBC/UA Results: PE: Painful on palpation of central abdomen CBC w/Path review: there was no obvious sign of cause in blood film, confirmed severe thrombocytopenia 44,000
4DX: negative CBC: In house today RBC 5.3 HCT 26 Retic 487 Platlets 144

SPECIES

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Dalmatian

Urinary System

SEX

Neutered male

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

6 years

The **kidneys** were uniformly enlarged with mild scalloping contour and slightly coarse architecture.

WEIGHT

64 lbs

Adrenal Glands

The **adrenal glands** were not visualized in this patient.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes. The largest hepatic nodule measured 2.5 cm with mild disruption of architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Griffin

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed minor retention of ingesta in the stomach. The small intestine revealed mucosal speckling and striations. There was no evidence of foreign bodies.

DATE

10/25/21



PATIENT

Pancreas

Dexter Gibson

The **pancreas** revealed minor, heterogenous parenchymal changes.

SPECIES

Free Abdomen

Canine

Mild, reactive mesentery was noted around the pyloric outflow.

BREED

Dalmatian

ULTRASONOGRAPHIC FINDINGS

Non-specific nodular hepatic changes.

SEX

Inflammatory pattern around the pyloric outflow, stomach and pancreas

Neutered male

Otherwise, unremarkable abdomen.

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

64 lbs

Assessment for melena is recommended. Aggressive GI protectant protocol is warranted. Transfusion is recommended if hematocrit reaches 18 or less. There was no evidence of neoplasia unless the nodular changes in the liver are related to a neoplastic event. The Prednisone may be suppression a more significant presentation. Gastrointestinal protectant protocol, coagulation panel and FNA of the liver nodules and spleen are all indicated. Bone marrow aspirate may be appropriate. Tick borne disease panel/Ehrlichia titers are also indicated.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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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>

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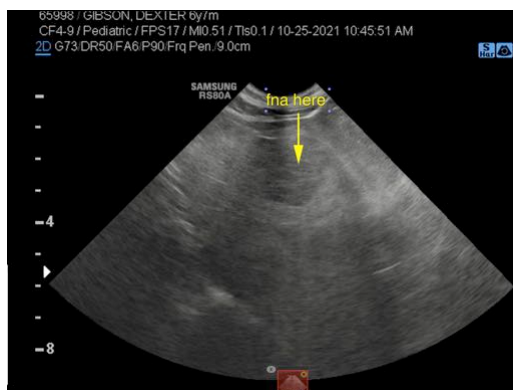
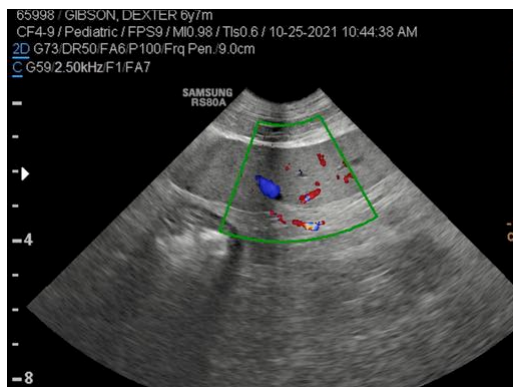
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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