**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

History: Presenting Complaint: Tremors / Shaking / Trembling; Not Himself/Herself; Lethargic; Not Eating; Feels Hot / Fever. **Date:** 10-24-2021 **Notes:** Symptoms began on Tuesday, fever, lethargy, shaking.

**PATIENT**

Riley Ford

Wednesday, no improvement, ADR, not eating. Went to rDVM on Thursday, full bloodwork, and a CPL and 4DX were run; findings included thrombocytopenia and decreased WBC's. She was sent home with anti-nausea meds; no fever was noted at this appointment. There has been no improvement and was brought in today. Owner also mentioned that she urinated in the house this morning, which is very unlike her.

**SPECIES**

Canine

**Assessment:** PC: ADR, fever, lethargic, anorexic, leukopenia, rDVM thrombocytopenia, rDVM. **Plan:** Discussed severe concern for rDVM BW and p non-improving clinical signs. Low platelets, low WBC - could crash at any time. We need to find the underlying cause, there is a concern for cancer. Rec aggressive supp care and dx. Start ABX, consider steroids. Start with recheck BW here, rads. Rec AUS on Tuesday. O consents to plan.

**BREED**

Shiba Inu

Current Medications: Ampicillin/sublactam, Doxycycline, Buprenorphine, Protonix

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SEX**

Spayed Female

Sedation: not needed

Stat Report: not requested

**AGE**

7/2/09

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 was noted. Ureteral papillae were normal.

**WEIGHT**

18.3 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.45 cm. The

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**Adrenal Glands**

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 left adrenal gland measured 1.65 x 0.6 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 1.84 x 0.52 cm at the caudal pole and 0.62 cm at the cranial pole.

**REFERRING VET**

Dr. Jones

**Spleen**

The **spleen** presented heterogenous parenchymal changes noted. 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.

**INVOICE**

92673

**Liver**

The **liver** was subnormal in size with an edematous gallbladder that measured 0.27 cm. Enhanced mesentery was noted around the liver.

### ***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. The mesenteric lymph nodes were reactive and measured 1.35 x 0.71 cm. Other smaller lymph nodes were also enlarged.

### ***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### ***Free Abdomen***

A mild amount of free fluid was noted adjacent to the liver and spleen, which is suggestive of an infiltrative or aggressive inflammatory process.

## **ULTRASONOGRAPHIC FINDINGS**

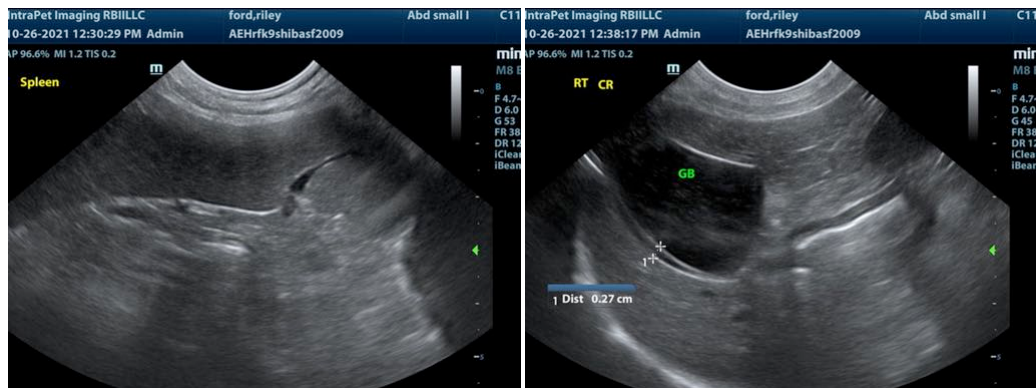
Splenomegaly.

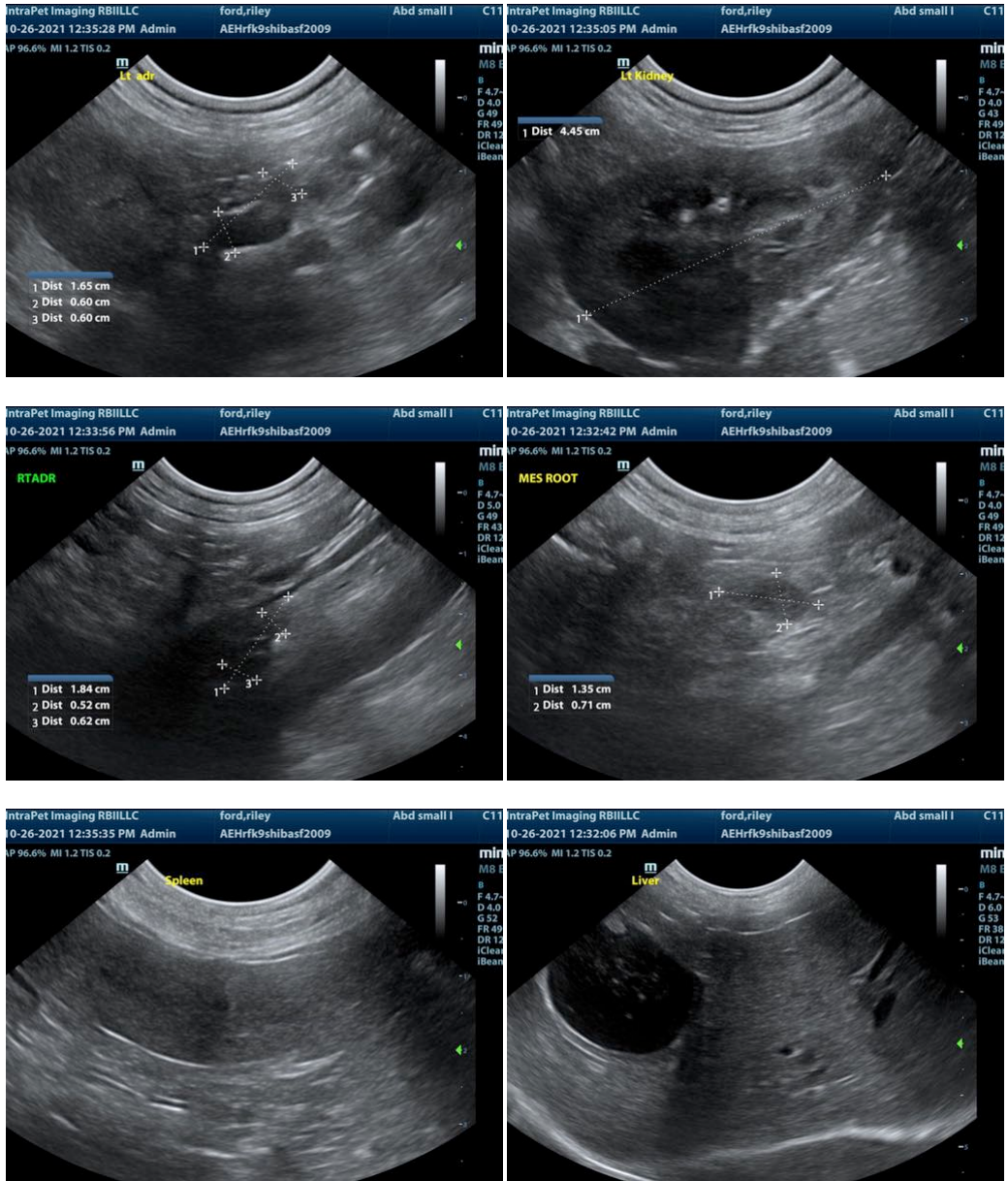
Cholangitis liver pattern.

Free fluid and lymphadenopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommended ultrasound-guided FNA of the spleen and liver in this patient to assess for emerging round cell neoplasia versus cholangitis and reactive lymphadenopathy. The cause of anemia is unclear. CBC path review is warranted +/- bone marrow aspirate. Guarded prognosis.





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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