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Clinical Sonography & Telecytology
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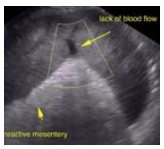

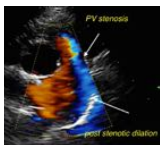

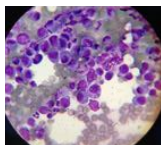
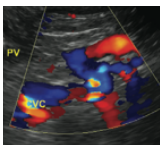

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nattie Phillips

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

13 years

WEIGHT

38.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Massa

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massa

INVOICE

42679

DATE

11/24/22

PRESENTING CLINICAL SIGNS

History: Patient presented for weakness and lethargy, had live fleas, pale gums, rattled breathing, inability to stand. Concern for IMHA blood smear sendout report not definitive on diagnosis - states Moderate anemia with no significant evidence of regeneration, Mild neutrophilia with a left shift, monocytosis, and lymphopenia, Normal thrombon (mild clumping) Serum icteric +3. AFAST: No abdominal effusion present, no sign of large splenic mass or liver mass. TFAST: no pericardial effusion. Full AUS pending. Concern for IMHA v Other. O notes p does get people food, but does not know of anything with onions or garlic recently. 4DX: negative. Saline agglutination test +.
Abnormal PE/Chem/CBC/UA Results: WBC 24.58, NEU 21.48, HCT 20.5%, PLT 108 cholesterol 440, ALT 456, ALP 371, tbilli 1.5

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.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multi-focal, hypoechoic nodular changes and was mildly enlarged.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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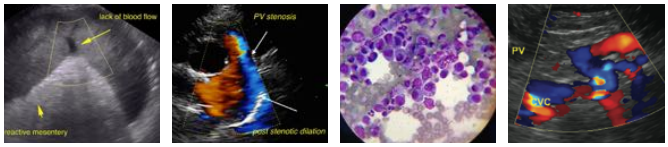

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Gastrointestinal

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.

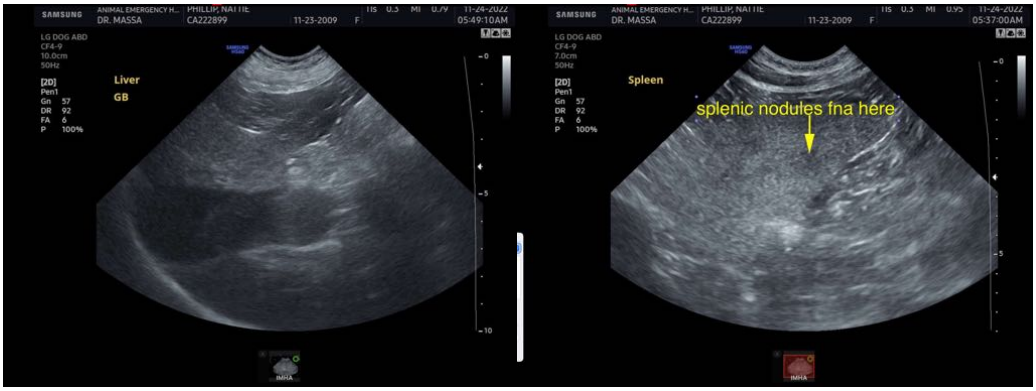
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable liver, acute insult such as Leptospirosis should be considered in this patient.

Undefined, nodular splenic changes. Hyperplasia versus emerging round cell neoplasia or splenitis is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated. The bilirubin elevation is likely owing to hemolysis. Given the liver enzyme elevations FNA of the liver is recommended.



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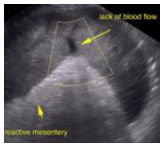
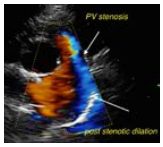
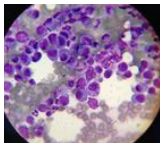
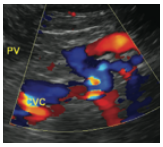

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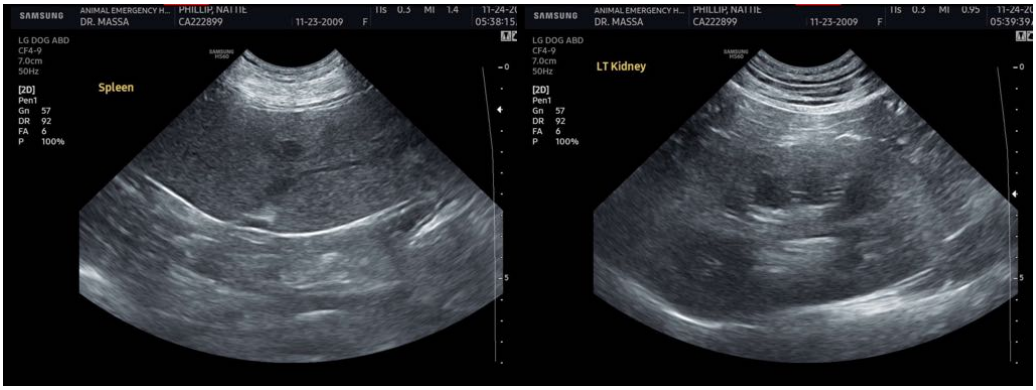

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com