



PATIENT PRESENTING CLINICAL SIGNS

Kodi DeGross

Brief History: RDVM transfer on 2/21 for blood transfusion, suspect IMHA. Presented for chronic weight loss, hyporexia, subacute vomiting, orange stool, polydipsia.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 2/21 CBC: Severe regenerative (434 K/uL reticulocytes) anemia (12.7%), with leukocytosis (26.57), and need for manual differential (automated notes neutrophilia 14.28, lymphocytosis 10.06, monocytosis 1.82), normal platelets (177) Chem 17: Elevated amylase (1507), tbili normal (0.8) PCV/TS: 15% & 6.6 g/dL FAST: 0/4 for free abdominal fluid, homogenous slightly hyperechoic liver with some rounding of liver margins and relative hepatomegaly. UA (via cystocentesis): USG 1.024, pH 8.0, 30 mg/dL proteinuria, negative for glucose, ketones, 250 Ery/uL, 3 mg/dL bilirubinuria, 8 mg/dL urobilinogen, 2 wbc/hpf, 9 rbc/hpf, no bacteria, no casts or crystals.

BREED

Chocolate Lab

RADIOGRAPHS: 2 view chest, 2 view abdomen. Chest: Normal cardiac silhouette. Clear lungs. Abdomen: Good abdominal detail, hepatomegaly, Some gas in stomach. Saline agglutination: positive pre transfusion PCV 15% TS 6.8 g/dL post transfusion: PCV 16% second blood transfusion planned for this afternoon

SEX

Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

7 years

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

55.5 lbs

The prostate was uniform and measured 1.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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 left kidney measured 6.0 cm. The right kidney measured 7.23 cm.

IMAGING PERFORMED BY

Carter

Adrenal Glands

HOSPITAL NAME

Willamette VH

The left **adrenal gland** was 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 0.5 cm. The right of the right adrenal gland was unremarkable.

REFERRING VET

Dr. Cohen

Spleen

INVOICE

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The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease. A splenic lymph node or accessory spleen was noted and measured 2.0 cm just caudal to the gastric fundus and medial to the spleen.

DATE

2/22/22



PATIENT

Liver

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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. Inspissated blood was noted in the portal vein and vena cava. The gallbladder was edematous.

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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

Splenic enlargement, likely reactive spleen.

Accessory spleen or splenic lymph node.

Gastric stasis.

Inspissated blood noted in the portal vein and vena cava.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history I believe this is a pre-thrombotic state. Full coagulation panel is indicated. There was no overt evidence of neoplasia in this patient. However, if cortisone has been utilized this may be suppressing a more significant presentation. CBC path review +/- bone marrow aspirate is warranted. Plavix therapy may be appropriate as a preventative to potential thrombotic episodes.





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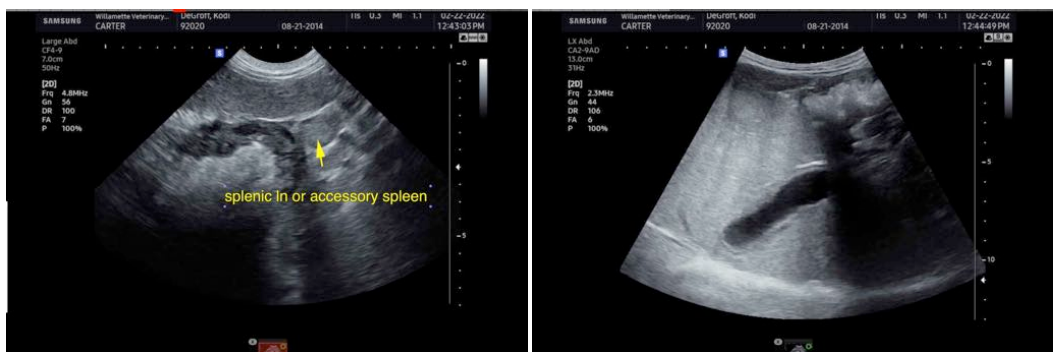
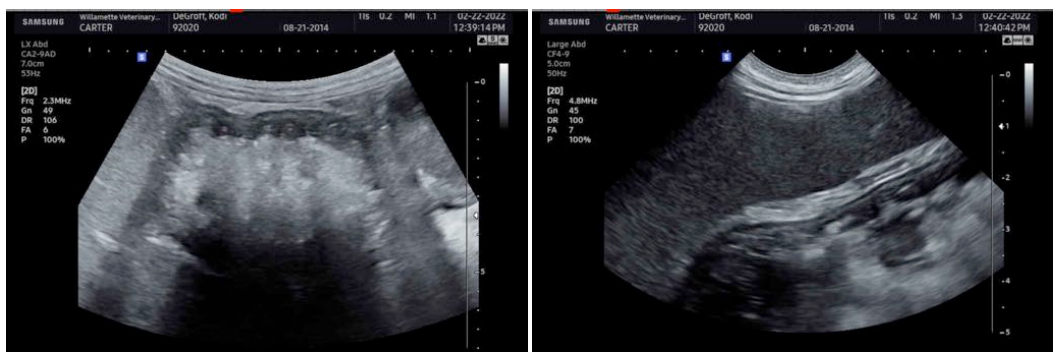
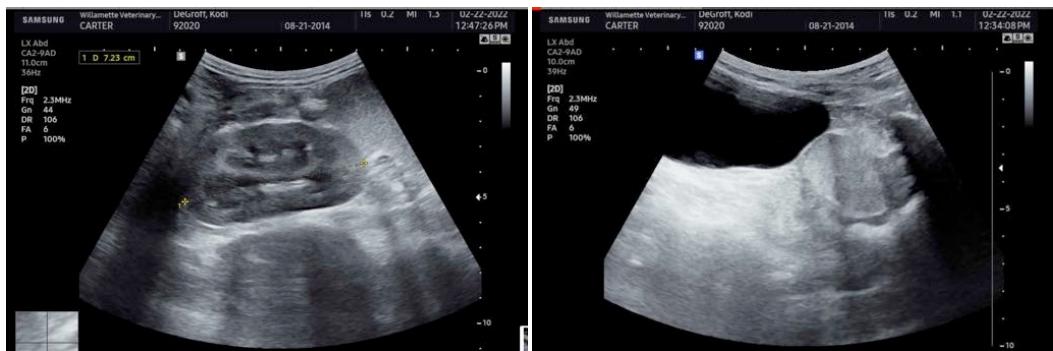
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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