



**PATIENT PRESENTING CLINICAL SIGNS**

Leo Beal

History: Suddenly ADR/lethargic/ very stiff on March 15, 2022 . History of osteoarthritis and mild L hip dysplasia. Rheumocam given SID. Temp 39.7. Diagnostics on Mar 17 2022 - NSF aside from mild elevation in alkp/ALT. Chest rads and abdominal rads NSF, 4dx neg On March 18, 2022 - lethargy worsening, inappetent, stiffness remains. Temp 40.3, hunched back and appears to be generally painful. Began on 0.2mg/kg dexamethasone, 200mg SID itraconazole (live in blasto endemic area), cerenia, mirtazapine, gabapentin Mar 20 , 2022 - no improvement, fever temporarily decreased to 39.7, ate small amount. By mid-afternoon temp back to 39.9, panting, very listless, occasional spots of petechiation on penis and gums. Seems very painful generally (hips and abdomen) Reactive lymphadenopathy, grade 4/6 systolic murmur and mild crackles on auscultation CBC mild anemia, severe thrombocytopenia, slide agglut positive Chem - liver enzymes back to normal but lipase too high to read Coags - PTT slightly elevated, PT normal Rads - mild to moderate pleural effusion, new finding UA - usg 1.019, 2+ cocci, 1 + WBC Due to suspicion for autoimmune ds, gave 0.35mg/kg dexamethasone IV and methadone for pain. Temp decreased rapidly to 38.4. Fentanyl patch applied. Cefazolin IV and Metronidazole IV. Patient developed diarrhea while under sedation for ultrasound - liquid, brown/yellow diarrhea.

**SPECIES**

Canine

**BREED**

Rottweiler X

**SEX**

Neutered Male

**AGE**

10 Years

Abnormal PE/Chem/CBC/UA Results: See above. DDX - blasto w/ secondary ITP/Evan's Syndrome? Primary ITP/Evan's syndrome? Severe pancreatitis Rule out Pancreatic neoplasia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

32 kg

**Urinary System**

The **urinary bladder** revealed calculi with minimal shadowing, measuring up to 3.0 mm. A minor amount of suspended debris was present. Iliac trifurcation was unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 6.0 cm.

**IMAGING PERFORMED BY**

Celine Ward

**HOSPITAL NAME**

Kenora VC

**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 0.6 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

**REFERRING VET**

Dr. Celine Ward

**Spleen**

The **spleen** revealed minor heterogeneous parenchymal changes with an overt 1.0 cm nodule at the mid body. Mild disruption of architecture noted.

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**Liver**

The **liver** was swollen and irregular. Minor gallbladder polyps and sand noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory

**DATE**

3/20/22



**PATIENT**

component. There was no overt suspicion of neoplasia. This is a mild change. Trace amounts of free fluid were noted between the liver lobes.

Leo Beal

**Gastrointestinal**

**SPECIES**

Some retention of ingesta and chyme was noted in the **stomach**. The descending colon was filled with soft stool.

Canine

**Pancreas**

**BREED**

The **pancreas** revealed minor hypoechoic parenchymal changes with enhanced surrounding mesentery, for a region of approximately 5.0 cm at the right pancreatic base. This may represent a sequelae from prior episodes of pancreatitis or low-grade inflammation.

Rottweiler X

**SEX**

**Free Abdomen**

Neutered Male

Trace amounts of free fluid were also noted in the mid **abdomen**. The source is unclear.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

10 Years

- Swollen, irregular liver
- Potential pancreatitis
- Small, non-shadowing bladder concretions
- Stomach ingesta and chyme. Soft stool noted in the descending colon.
- Heterogeneous spleen

**WEIGHT**

32 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Full urinary work up warranted, if not already performed. The minor amounts of free fluid are concerning, as the exact source is unclear. The dexamethasone treatment may be suppressing a more significant presentation. Treatment for UTI indicated and reassessment of the clinical signs. 25-gauge FNA of the spleen and liver warranted to ensure underlying neoplastic event such as lymphoma is not playing a role in this patient. If the coagulation parameters are <20% elevated, then 25-gauge FNA should be fairly safe (the platelet count should be over 70,000 prior to FNA). Bone marrow aspirate and CBC path review may also be appropriate.

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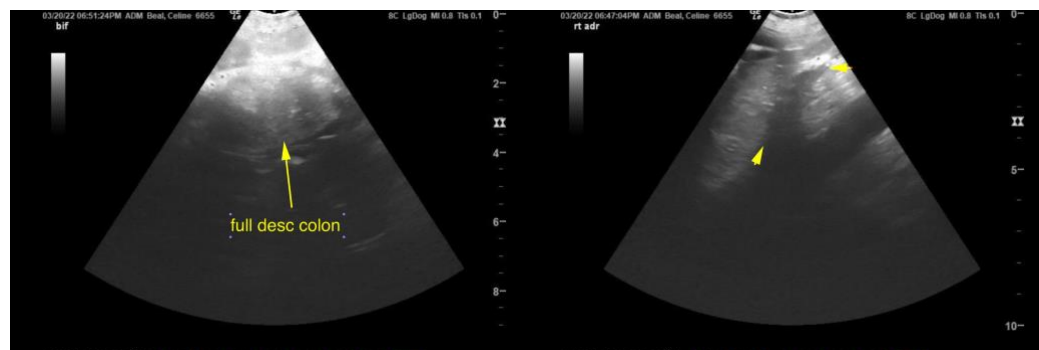
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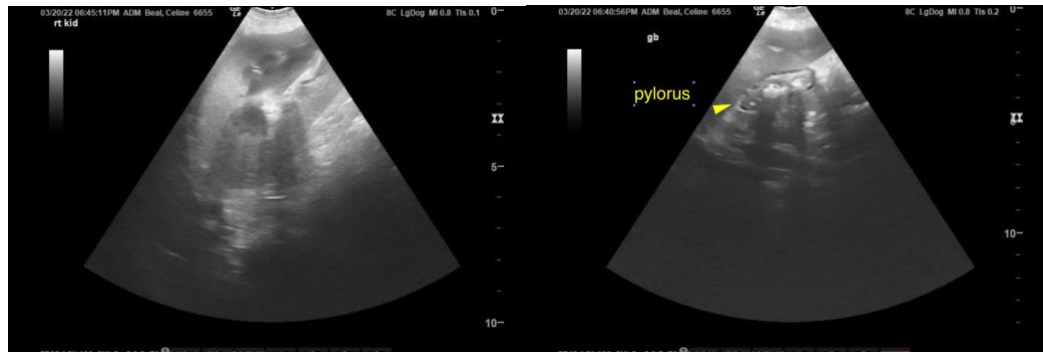
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**SPECIES**

Canine

**BREED**

Rottweiler X



**SEX**

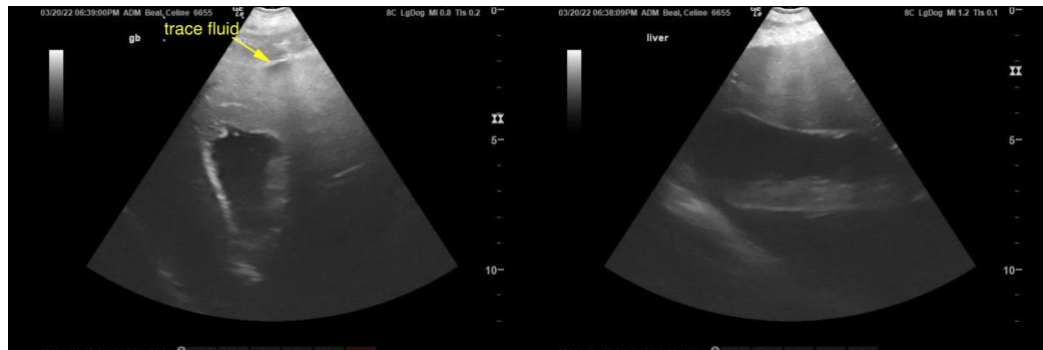
Neutered Male

**AGE**

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**WEIGHT**

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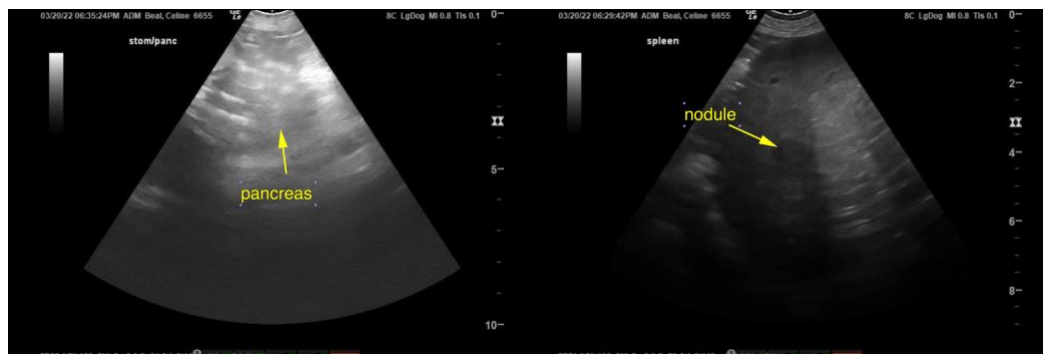
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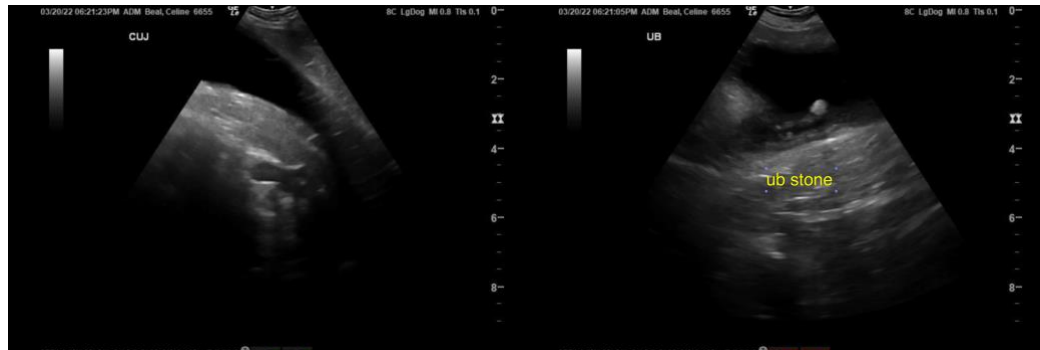
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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