

**DATE**

5/17/22

PRESENTING CLINICAL SIGNS

Maggie is a 14 y/o FS cocker who represents for continued care - transferred for AUS, returned for continued hospitalization Previous History: Was vomiting and lethargic- saw RDVM on Wednesday 5/11 labwork-- ALKP 279 neutrophils 12, 800, increase in platelets otherwise cbc/chem/lytes wnl subq fluids and orbax started Not better-- saw hunt valley (daughter is vet there) -- spleen a little big on films, tense abdomen, fever After IVF all day and pain meds, better. home Since home, has been increase in urination, possible increase in RR painful. Has known cardiac murmur-sees cardio regularly , Last visit about 2 weeks ago, No meds needed. Current Medications: Buprenorphine, Baytril, Ampicillin, Ondansetron, Protonix, Cerenia, Entyce. Lab Results: See attached.

PATIENT

Maggie Williams

SPECIES

Canine

BREED

Cocker Spaniel Mix

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

5/13/08

The **kidneys** were both swollen with pericapsular fluid accumulation. Mild mineralization was noted in the kidneys. This is consistent with acute on chronic nephritis. The right kidney measured 5.7 cm.

WEIGHT

25.4 lbs

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 2.21 x 0.78 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.05 x 0.82 cm at the cranial pole and 0.79 cm at the caudal pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour and coarse architecture. The spleen revealed a thrombus that extended for approximately 1.5 cm in the splenic vein from the splenic hilus.

HOSPITAL NAMEAnimal Emergency
Hospital**Liver**

The **liver** was swollen and hypoechoic to the surrounding fat. The gallbladder was unremarkable. There was no evidence of post hepatic obstruction. The common bile duct was normal.

REFERRING VET

Dr. Thompson

INVOICE**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 **pancreas** revealed mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery.

Free Abdomen

There were areas of free fluid noted in the cranial abdomen and the retroperitoneal space. Reactive mesentery was noted throughout the midabdomen.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Ascites.

Acute hepatitis pattern.

Splenic enlargement and thrombosis.

Nephritis pattern.

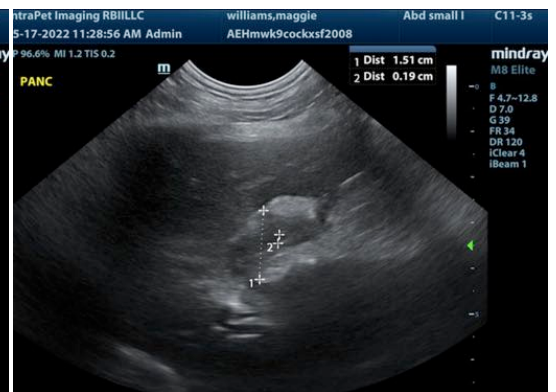
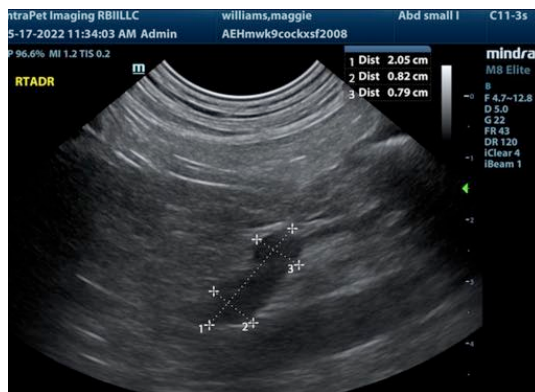
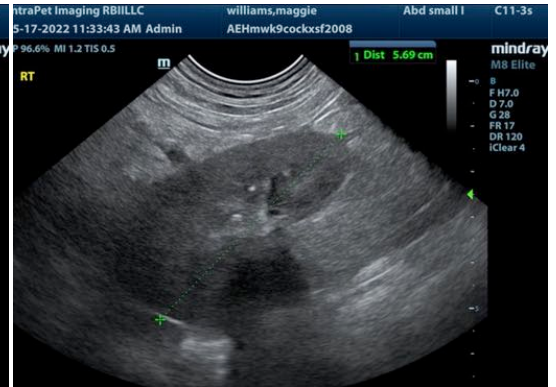
Minor pancreatitis.

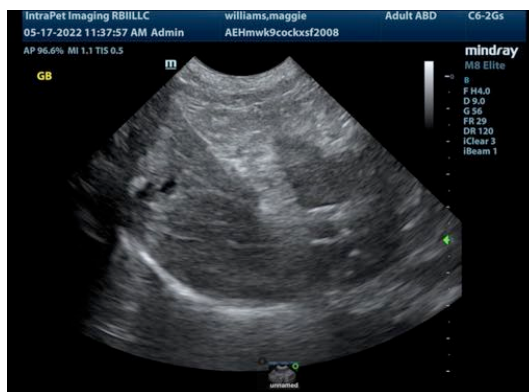
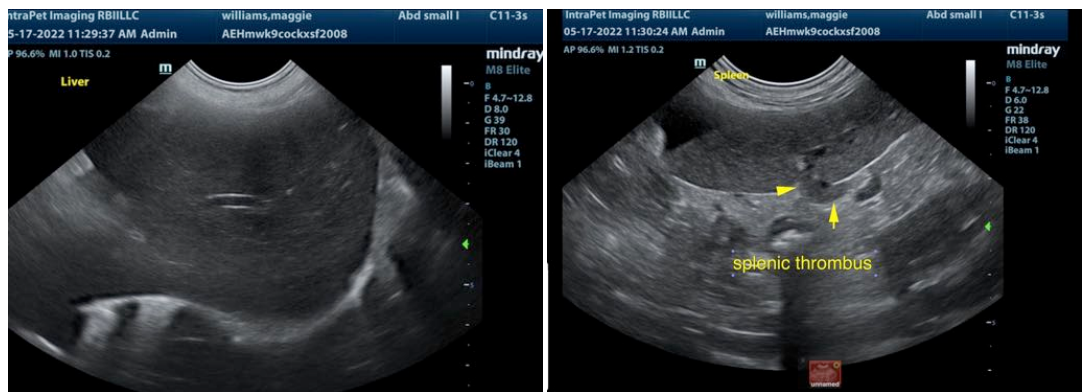
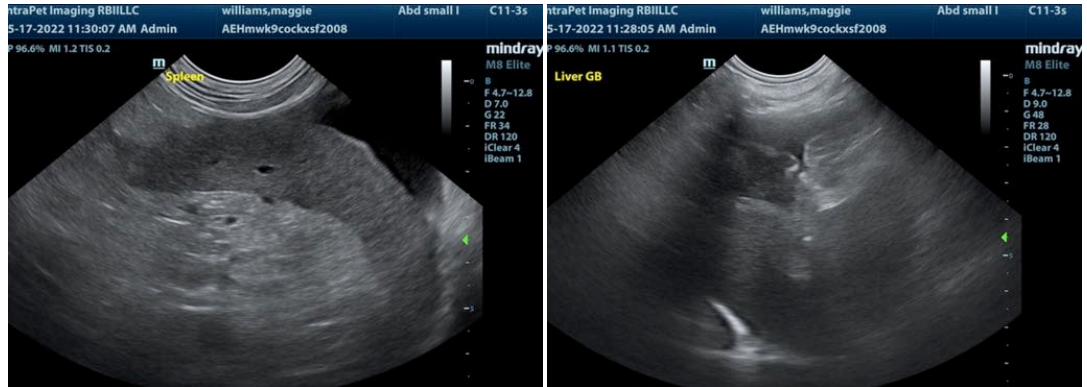
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for underlying neoplasia in this patient given the bilirubin elevations, assuming that the bilirubin elevation is not artifactual. Coagulation panel, abdominocentesis, 25-gauge FNA of the spleen and liver is recommended with cytopsin of the free fluid for further definition. I recommend rechecking the bilirubin value to ensure that it is not a lab error as I would suspect a very high ALT value in this type of presentation if bilirubin elevation was present. Given that there is no particular anemia then infiltrative parenchymal disease is the primary concern. Full coagulation panel with D dimers is warranted given the splenic thrombus; however, the splenic thrombus is likely owing to systemic disease such as underlying lymphoma or similar. Further diagnostics are necessary primarily coagulation panel and sampling. There is minor sampling risk; however, I think it is relatively contained for 25 gauge FNA of the spleen and liver as well as abdominocentesis and cytopsin. Mastocytosis, lymphomatosis, and carcinomatosis are all potentials.

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/>.

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>





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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