



PATIENT

PRESENTING CLINICAL SIGNS

Charco Tranquilino

History: 4/28/23, 59.6 lbs, T-103.0, HR-124, RR-20, Always outside no vaccines since 2018, not on HWP. Presented for not eating 2 days, drinking a lot of water. Has lost a little weight. vomited water once PE- bloody saliva in mouth, bloody fluid dripping from penis, bloody stool in rectum. TX with fluids IV, doxy 150mg BID, cerenia injection, 10mg pred BID, 24-hour call recommended but owner took P home. 5/01/23- recheck T-101.0, Eating some, no vomiting, no bleeding. Tx- fluids, doxy, increase pred to 20mg BID. 5/02/23- recheck, P is eating much better wt-52.0lbs. continued pred and doxy T 101 5/08/23- Recheck Wt- 54lbs, T-100, Lethargic, pale still on 20mg pred BID and 150mg Doxy BID. 5/09/23- ultrasound

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Male

AGE

5 Years

WEIGHT

54 Pounds

Abnormal PE/Chem/CBC/UA Results: 4/28/23, CBC: Wbc-34.98, N-33.66, L-0.7, Bas-0.13, M-0.37, E-0.12 PLT-39,000, Parvo- neg, *Lyme, Ehrlichia & Anaplas Test In House- negative, Chem: BUN-84.9, CT-2.0, P-11.1, Alb-2.8, ALT- >2,000, K-3.3, HWT- Positive, PT- did not coagulate Thoracic rads show microcardia from dehydration. 5/01/23, BUN-44.9, ALB-2.0, K-3.7, CBC: WBC-24.39, N-22.8, L-0.52, E-0.02, HCT-16.3, platelets- 49,000 5/02/23-PCV-20% 5/08/23- WBC- 43.11, N-41.22, L-0.81, M-1.02, E-0.04, HCT-12.8, platelets-293,000 Chem ALT 904, GGT 44, Alk phos 294 Pet seemed to be responding to treatment for ehrlichia with the bleeding stopping, fever resolved and kidney values and platelet count improving with fluid therapy. But then his PCV plummeted with no evidence of severe hemorrhage. I think he would have died of shock for the PCV to go from 42% on 4/28 to 16% on 5/1 That is when we increased the prednisone dose for possible secondary autoimmune hemolytic anemia. He seemed to respond the first day and now is not doing well with the PCV down to 13%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Urinary System

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

IMAGING PERFORMED BY

Laurel Logas

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 6.3 cm. The right kidney measured 6.3 cm.

HOSPITAL NAME

Bradentown VH

Adrenal Glands

REFERRING VET

Laurel Logas

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 0.6 cm.

INVOICE

22413

Spleen

DATE

5/9/23

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

SPECIES

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The **liver** revealed uniform parenchyma. The gallbladder and common bile duct were unremarkable.

BREED

Pit Bull Mix

Gastrointestinal

The **stomach** presented concentric wall thickening (up to 1.7 cm) with loss of mural detail. Some blood loss may be deriving from the stomach. The pylorus and duodenum appeared to be unaffected. However, the pyloric antrum did present a tapering thickening. The small intestine and colon were unremarkable.

SEX

Male

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.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

- Concentric gastric wall thickening- strong concern for severe gastritis owing to systemic disease or gastric lymphoma
- Acute inflammatory hepatopathy, given the patient history

WEIGHT

54 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel is warranted. Mucosal biopsies by endoscopy are indicated to assess potential for GI hemorrhage. However, the stomach does meet neoplastic criteria. Prednisone may be suppressing an underlying lymphoproliferative process. CBC path review +/- bone marrow aspirate may be appropriate. Prognosis is very guarded.

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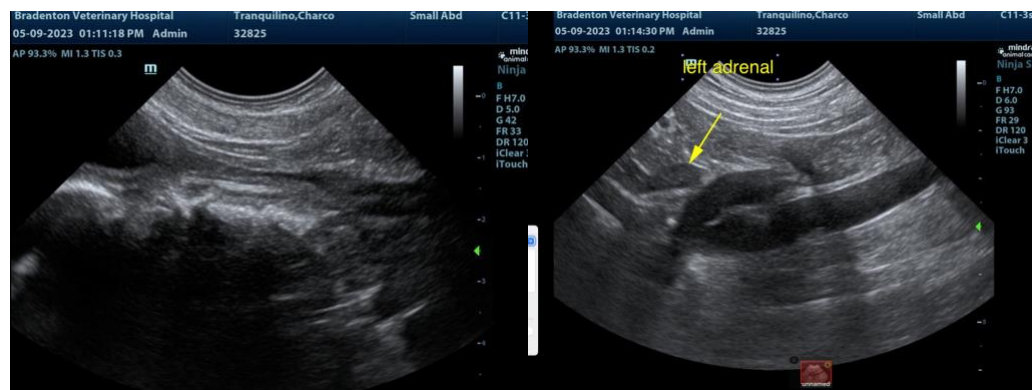
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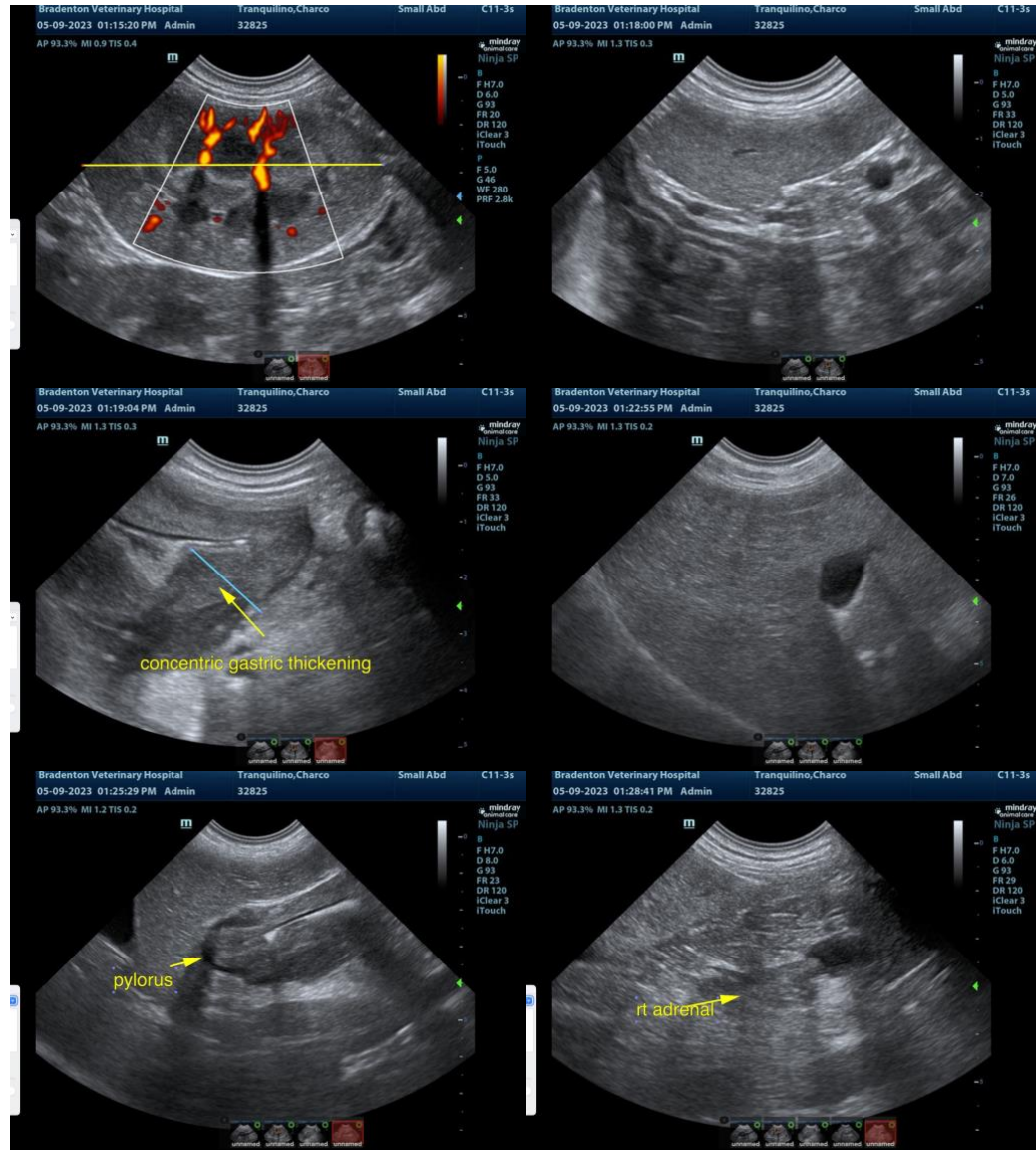
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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