



PATIENT PRESENTING CLINICAL SIGNS

Bama Lunsford

History: Prev ultrasounds performed and sent in (5/17/21) and (7/16/21). Prev diagnosis of glaucoma OD. Presented today for an ultrasound after senior wellness panel was performed on 6/5/23. Bloodwork is attached. Liver enzymes continue to elevate and patient is now anemic and thrombocytopenic. Petechia present today where blood was drawn and where needle was inserted for cysto. Performed platelet estimate, PCV/TP and rechecked CBC in house today. results attached. 3 view chest rads sent to radiologist for consult - report pending. Started patient on Doxycycline 100mg (1 tab SID x14d) and Prednisone 20mg (1/2 tab BID) Hx of being on galliprant - d/c mid 2021 due to NSAID panel results current meds: T-Relief, Tacrolimus BID, Latanoprost BID, Dorzolomide + Timolol BID
Abnormal PE/Chem/CBC/UA Results: 6/13/23: Platelet Estimate 0.4 plt/OIF Total estimate: 4,800 to 8,000 platelets No clumping observed Rouleaux and hypochromasia observed PCV - 44 TP -8

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

11 years

WEIGHT

21.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale Blue Ash Pet
Hospital

REFERRING VET

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INVOICE

44701

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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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. There was loss of corticomedullary definition and microcystic cortical changes. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pinpoint mineralization was noted in both kidneys. The left kidney measured 4.23 cm. The right kidney measured 4.5 cm.

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 0.5 cm. The right adrenal gland measured 0.76 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule with micronodular changes. The primary nodule measured 0.85 cm with other micronodular changes. Capsular expansion was noted. Reactive surrounding mesentery was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. The liver was subnormal in size. 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



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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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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Chronic interstitial nephrosis renal pattern.

Concerning splenic nodules. Round cell neoplasia, hemangiosarcoma or less likely abscessation.

Otherwise, geriatric abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plasma transfusion would be ideal in this patient. If the platelet count is > 70000 and coagulation panel is normal then 25-gauge FNA of the splenic nodules would be warranted with CBC path review +/- bone marrow aspirate and biopsy. Other than the splenic changes the abdomen appears to have age related changes expected for this age patient. Prognosis is guarded.

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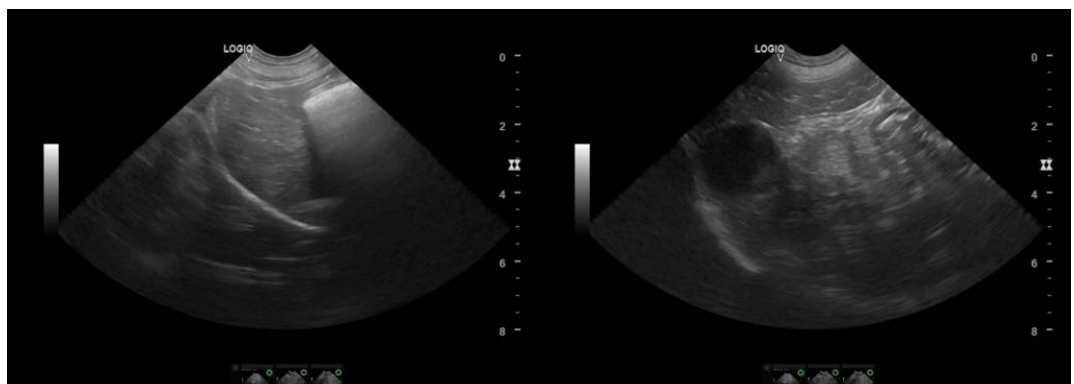
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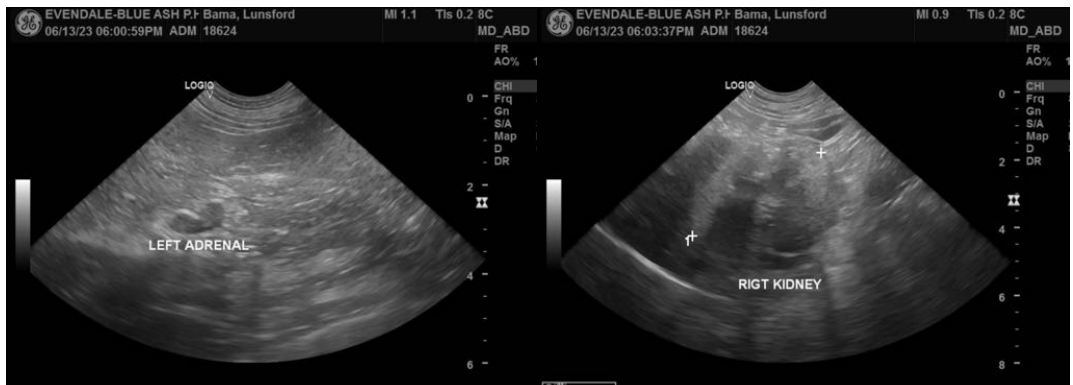
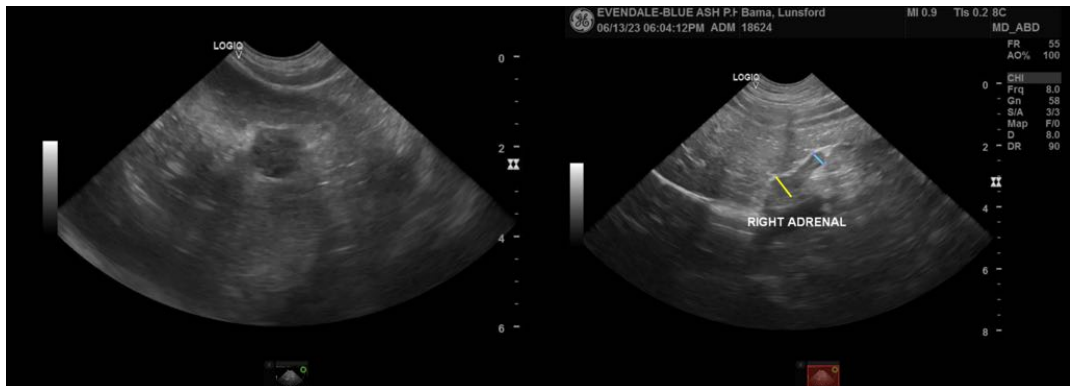
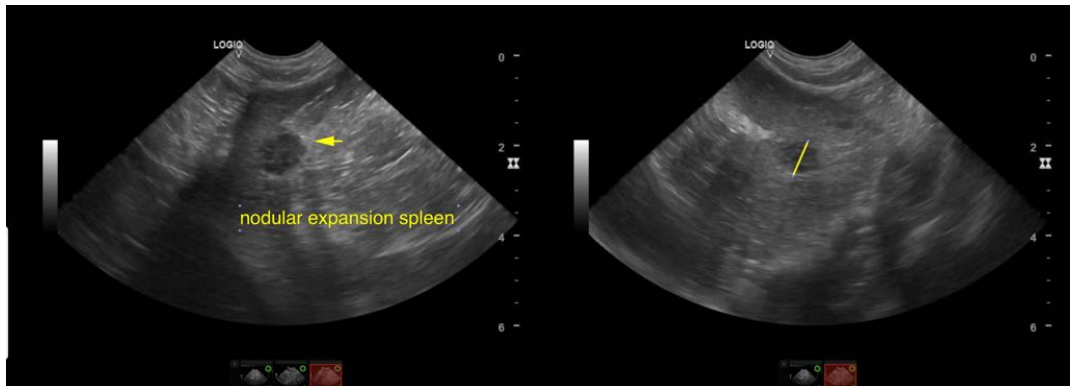
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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