



PATIENT

Pinot Gris McAfee

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

2 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Peterson

HOSPITAL NAME

Willamette VH

REFERRING VET

Peterson

INVOICE

12586

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Pt transferred from RDVM for anemia of unknown cause. Potential exposure to garlic/onions recently, unknown if pt ingested any.

Abnormal PE/Chem/CBC/UA Results: rDVM labs: CBC HCT 14%, low Hgb 3.4, macrocytic and normochromic, WBCs wnl 14.2k, neuts 9k, thrombocytopenia 100k PCV 11% slide agglutination negative 4DX negative Chem = low Ca 8.9, TP 10.6, globulins 7.9, normal bilirubin 0.4 smear = polychromasia and anisocytosis, suspect heinz bodies and spherocytes and ecentrocytes fecal negative UA USG 1.020, bilirubinuria Intake 8/16 Pale MM on intake, 5% dehydration, grade 3 heart murmur, grade 1 dental tartar, generalized muscle atrophy along spine and hips, BCS 3/9 , In hosp, intermittent lethargy/QAR. EPOC = resp alkalosis pH 7.47, low pCO2 26.9, low CREA 0.35, GLu 140, cPL snap = normal Slide agglutination = negative CBC = HCT 13%, regenerative with retics 279k, macrocytic 101.6, normochromic, low Hgb 3.1, mild leukocytosis 19.4k, mild neutrophilia 12.7k, monocytosis 1.82k, thrombocytopenia 58k - platelet clumping seen throughout slide review **agglutination noted while making blood smears** place second IVC Blood type = DEA 1.1 negative Pre transfusion PCV/TS = 14%, 60mL pRBC transfusion give over 4hr Post-transfusion PCV/TS = 20%, 9.3 8/17 - path review to OSU - agglutination confirmed, immune mediated destruction visible but no spherocytes -- may be primary or secondary IMHA or other bleeding diathesis recheck PCV/TS 21% , 9.3 FAST scan: mild amount of free fluid in the cranial abdomen, moderate splenomegaly, no obvious mass, unable to tap scant free fluid PM manual plt count: 12/hpf = 180k T.bili= 0.7 mg/dl pcv/ts - 25/11 cbc: rbc 2.44 m/ul, hct 24.2%, wbc 18 k/ul, neut 13.4 k/ul, mono 1.32 k/ul, plt 128k 8 hours recheck: pcv/ts - 29%/9.4 g/dl PT - 12 (wnl) This AM pcv/ts 28.5%/9.4 In hosp on and off lethargic/QAR. Normal BM.

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 were noted. Ureteral papillae were normal.

Both **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. Blood flow to the kidneys appeared adequate. Both kidneys measured 4.0 cm each.

Adrenal Glands

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 0.4 cm.

The **right adrenal gland** was not visualized.

Spleen



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The **spleen** was mildly swollen with uniform parenchyma, likely hyperplastic given the anemia history. Cranial folding of the spleen was noted.

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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Chihuahua

Gastrointestinal

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The **stomach** was dilated with chyme. Transit in the small intestine appeared to be present. This presentation is likely owing to metabolic ileus.

Pancreas

AGE

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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

- Minor hypersplenism
- Slight gastric overdistention, likely metabolic ileus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the spleen + bone marrow aspirate would be likely the best option in this patient. However, no significant abdominal pathology other than mild splenic enlargement noted.

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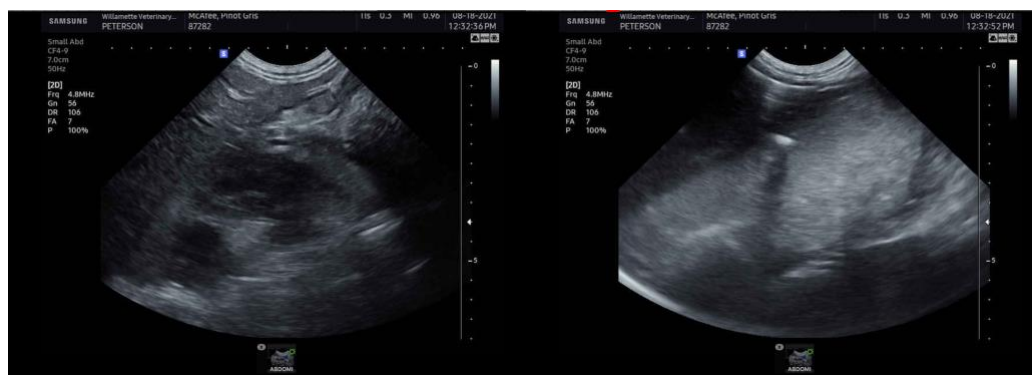
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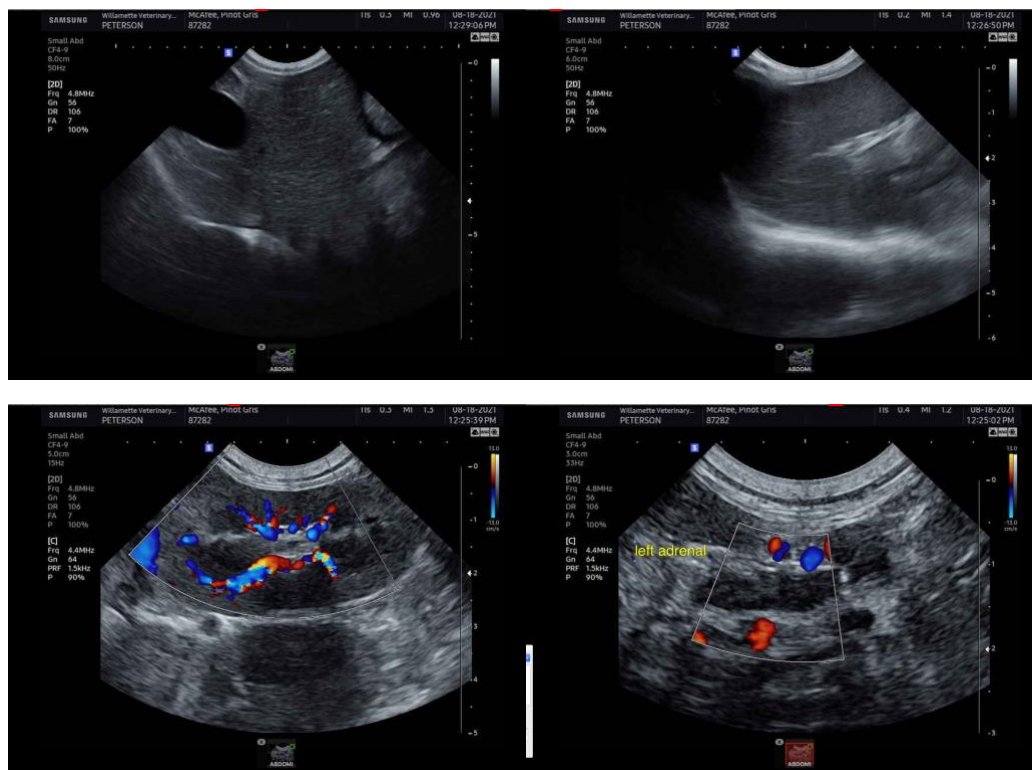
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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