

**DATE PRESENTING CLINICAL SIGNS**

8/27/21

PATIENT

Rose Fowler

History: 8-27-2021 Notes: referral for anemia from PHAH bloodwork PCV (8/27)- 14 PCV (8/26)- 22 CBC- anemia; low platelets (do not know if there is pathologist review for the platelets- saw that there is a decrease slide agglutination- negative) Chem- ALP- 163 T.bil- 0.9. Assessment: anemia, concern for possible IMHA, r/o neoplasia, bone marrow disease, immune mediate.

SPECIES

Canine

Current Medications: DexSP- switching to Prednisone, Mycophenolate, Maropitant, Doxycycline.

Lab Results: PCV (8/27)- 14 PCV (8/26)- 22 CBC- anemia; low platelets (do not know if there is pathologist review for the platelets- saw that there is a decrease slide agglutination- negative) Chem- ALP- 163 T.bil- 0.9.

BREED

Pitbull Terrier

Radiographs: x-rays- no obvious masses in the chest or abdomen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/25/11

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.

WEIGHT

62.4 Pounds

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 right kidney measured 7.0 cm. The left kidney measured 6.62 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 right adrenal gland measured 2.63 cm x 0.78 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 2.35 cm x 0.74 cm at the caudal pole and 0.67 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The **spleen** revealed minor heterogeneous parenchymal changes yet normal size and contour.

REFERRING VET

Dr. Willer

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 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.

INVOICE

12828

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

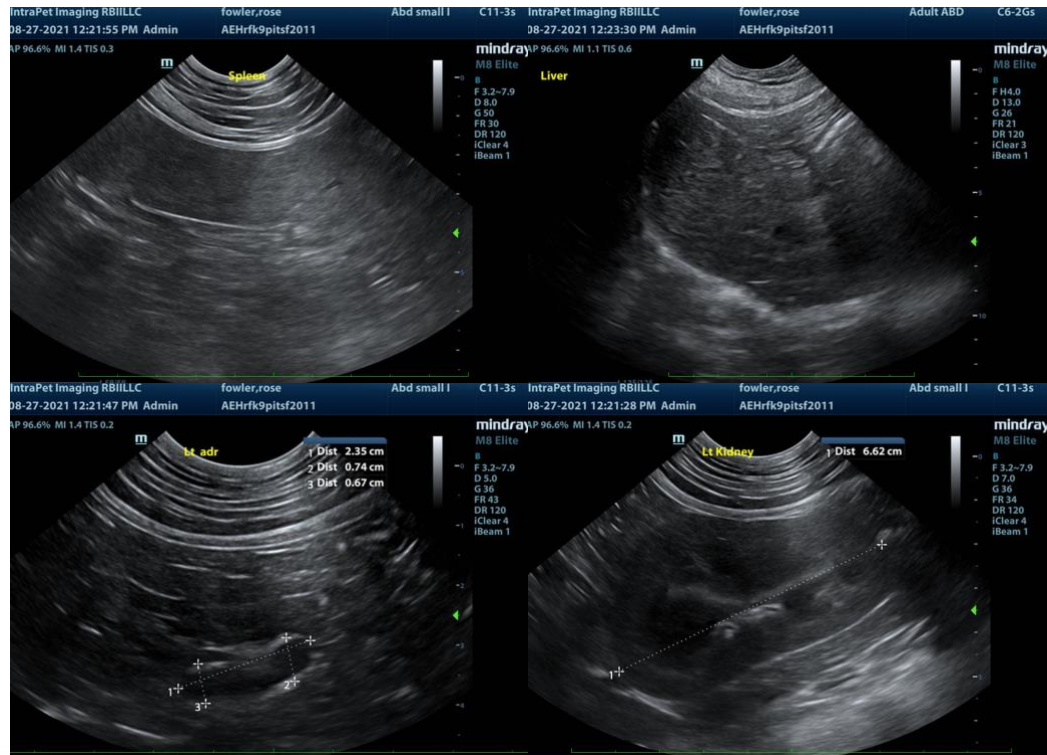
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

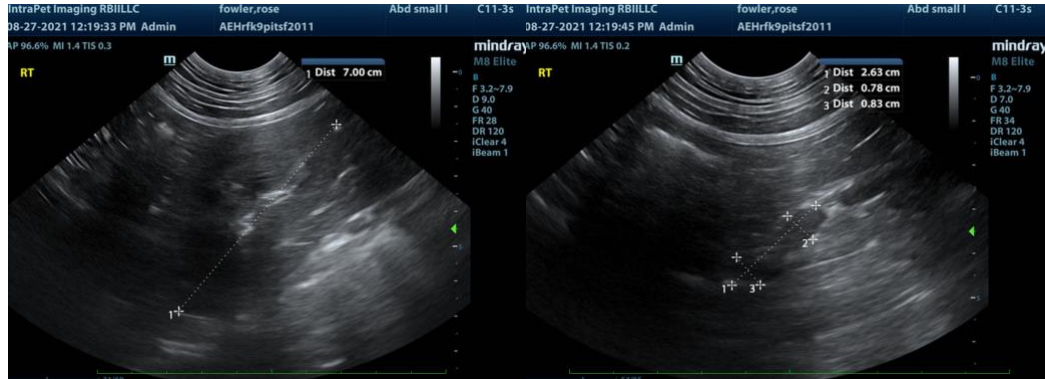
ULTRASONOGRAPHIC FINDINGS

- Unremarkable geriatric abdomen
- Minor heterogeneous splenic and hepatic changes
- Stomach, retention of ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt cause of anemia in this patient. CBC path review and bone marrow aspirate recommended.





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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