

PATIENT PRESENTING CLINICAL SIGNS

Shawna Olson

History: Referred for ultrasound, patient was diagnosed with glaucoma in early August, non-responsive to medical management and the eye was ultimately enucleated on 9/7/2021. Enucleated eye had multiple diagnoses (see results). Patient seemed to be okay until 9/22/21, presented for skin changes and blood work was completed. Started on Carprofen and Clavamox pending results.

SPECIES

Canine

Diagnosed with nonregenerative anemia, thrombocytopenia, ehrlichiosis, and mild liver enzyme changes with increased Bili. d/c Carprofen and Started on Doxycycline, prednisone. patient has been feeling fairly good despite, normal appetite prior to most recent blood work.

BREED

Yorkie

PE on 9/30/21: QAR, MM light pink/icteric, skin showing mild icterus, abdomen soft but distended.

SEX

Spayed Female

Temp 99.5, HR 90, RR 24. OS (histopath from enucleation): buphthalmos, corneal ulcer with suppurative keratitis, stromal vascularization, severe chronic intraocular hemorrhage, moderate suppurative endophthalmitis, idiopathic, mild lymphoplasmacytic endophthalmitis, mild lymphoplasmacytic panuveitis, pre- and postiridial fibrovascular pupillary membranes - synechia and iris bombe, extensive uveal necrosis, presumed ischemic, posterior cortical cataract, diffuse retinal detachment and atrophy, chronic secondary glaucoma. Bloodwork Abnormalities on 9/22/21 HCT 16.0 RBC 1.74 Hgb 4.2 MCV 92, MCHC 26.3 Bands 786 Lymphocytes 524 NRBC 4, Plt 36K (confirmed on cytology), Creat 0.4 Ca 7.4, CI 120, TCO2 12 Alb 0.7 AkIb:Glob 0.1 AST 77 ALP 208 Tbili 0.6 Bili unconj - 0.5

AGE

4 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

6 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.79 cm. The right kidney revealed slight pyelectasia. The right kidney measured 4.0 cm.

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws Prairie

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 1.56 x 0.64 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.02 x 0.2 cm.

REFERRING VET

Dr. Bergin

INVOICE

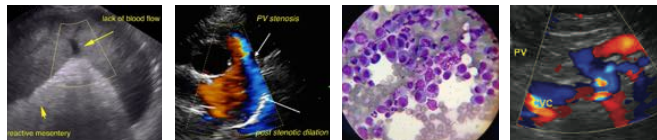
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Spleen

The **spleen** revealed subtle, micronodular changes and minor swelling. There was no obvious evidence of infiltrative disease. The splenic vein revealed no evidence of thrombosis.

DATE

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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. The gallbladder wall was mildly edematous likely owing to ascites and/or immune mediated disease. The hepatic lymph nodes are mildly enlarged.

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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. Soft stool was noted in the colon.

Pancreas

The right limb of the **pancreas** was hypoechoic and mildly irregular. This may be edematous owing to passive congestion.

Free Abdomen

Trace amounts of free fluid were noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable visceral abdomen with free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious neoplasia noted in this patient. However, if cortisones have been utilized a suppressed round cell neoplasia is a potential especially given the minor, hepatic lymphadenopathy. A cystic portion of one of the hepatic lymph nodes was also noted. Full coagulation panel, blood transfusion, FNA of the spleen, liver and abdominocentesis and cytospin +/- bone marrow aspirate would all be appropriate in this patient. Platelet count should be at least 70000 with hematocrit over 20 prior to any 25-gauge FNA and coagulation panel should be normal. I suspect Evan's syndrome or bone marrow disease. This patient is at high risk for thromboembolic events. Full coagulation panel would be ideal. The prognosis is guarded.

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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/>.

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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>

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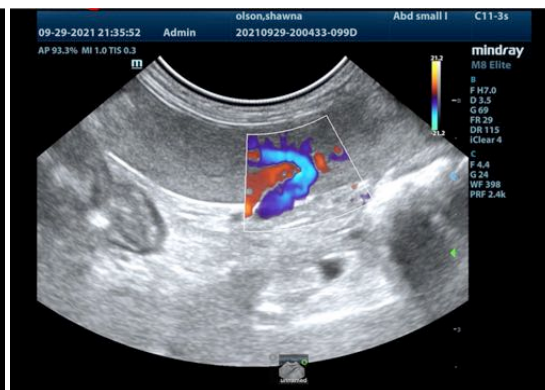
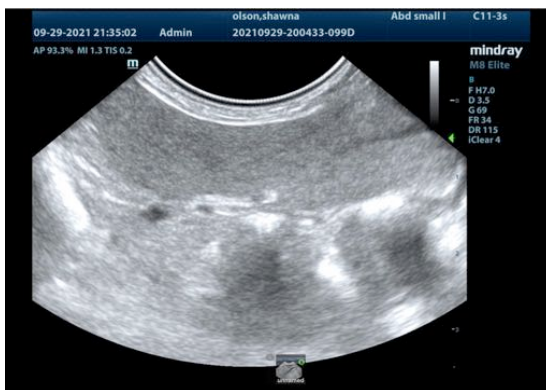
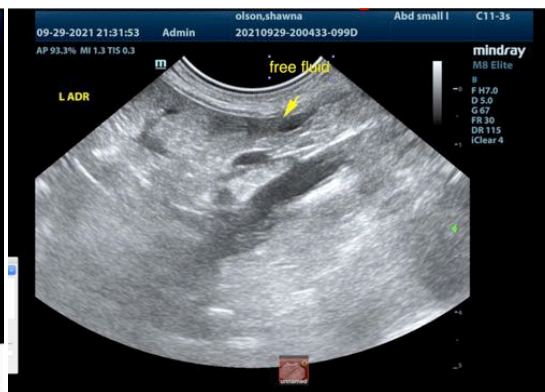
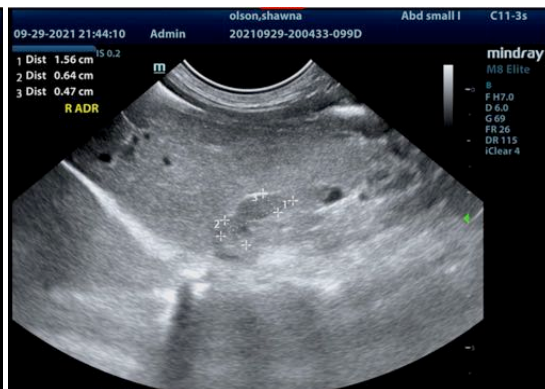
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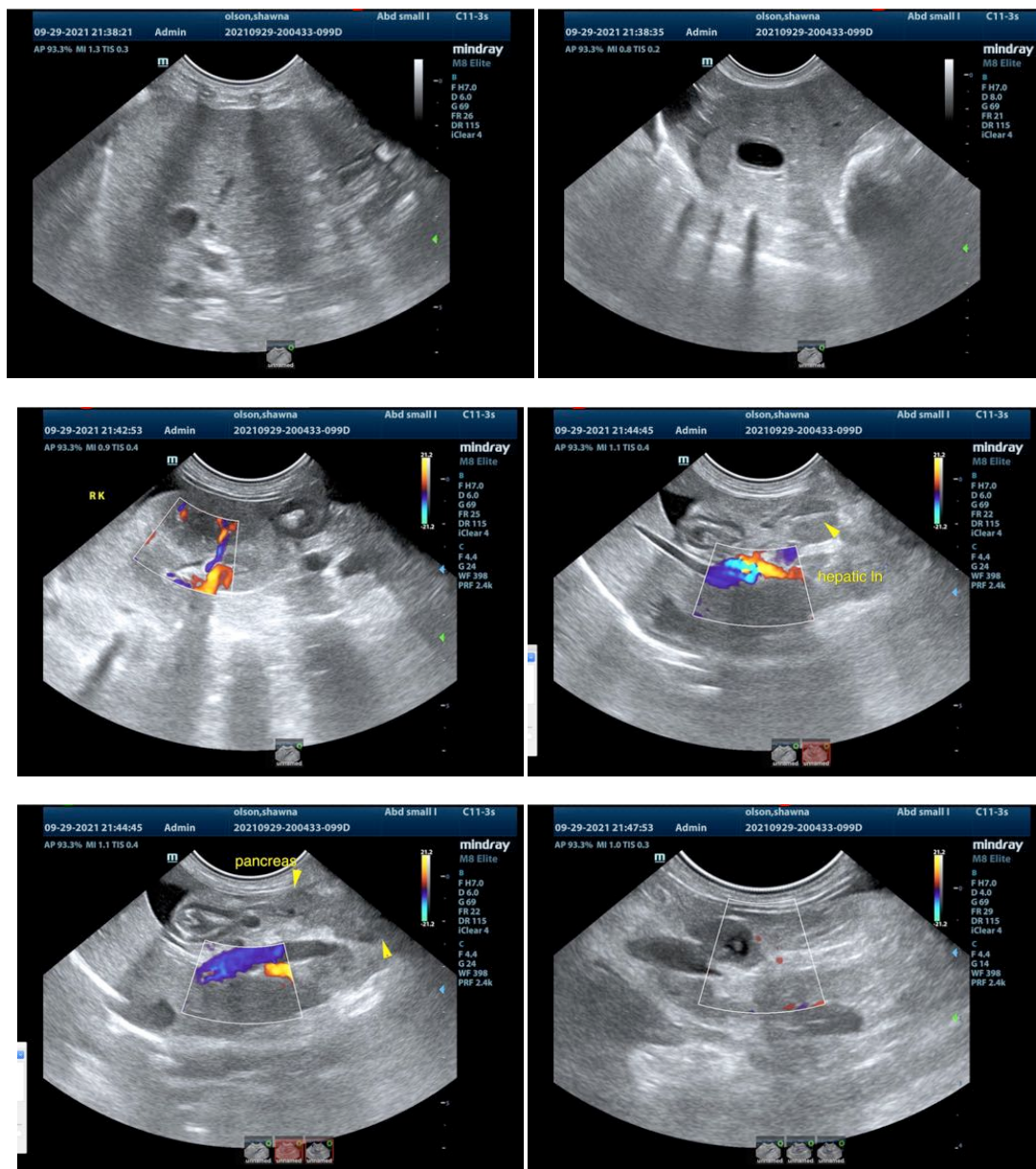
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com