

**DATE**

10/12/21

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Referral for Continued Care. **Date:** 10-09-2021. **Notes:** On Tuesday, patient began panting, and seeming off, ADR. Owner also noted lethargy. She called her primary veterinarian to get an appointment for this coming Monday. Luna was not improving, and she took her to her rDVM this morning. Bloodwork revealed no platelets. She was referred directly to AEH. Luna eats a special diet of the low fat, Royal Canin GI. She also receives Proin, and Provable. She has been eating and drinking normally at home. **Assessment:** ADR, lethargy, thrombocytopenia. DDX include infectious (tick borne disease), paraneoplastic, immune mediated, open. **Plan:** Spoke to owner and reviewed history, exam and DDX. Plan to send out CBC for pathology review, hospitalize for monitoring, start steroid pending CBC results. Discussed patient at risk for severe bleeding without any circulating platelets. Since patient has been eating, I think we can hold on IV fluids at this time, will just place catheter in case of emergency. Also recommend survey x-rays to rule out obvious masses.

PATIENT

Luna Pressman

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Spayed Female

AGE

10/9/11

WEIGHT

81.8 lbs

Current Medications: Sucralfate, Prednisone (40mg), Famotidine, Melatonin, Cyclosporin, Doxycycline, Cerenia, Vincristine (0.74mg on 10/10), Dex SP.

Lab Results: Attached separately.

Radiographs: Xray Lat abdomen- no obvious metallic FB or masses. Spleen mildly enlarged. Lat thorax- no obvious masses, normal cardiac silhouette. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

The left kidney has a normal shape and size (7.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Small, pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypochoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Goessling

The right adrenal gland is normal in size measuring 0.63 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypochoic) and shape with no evidence of a mass effect.

INVOICE

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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Heart

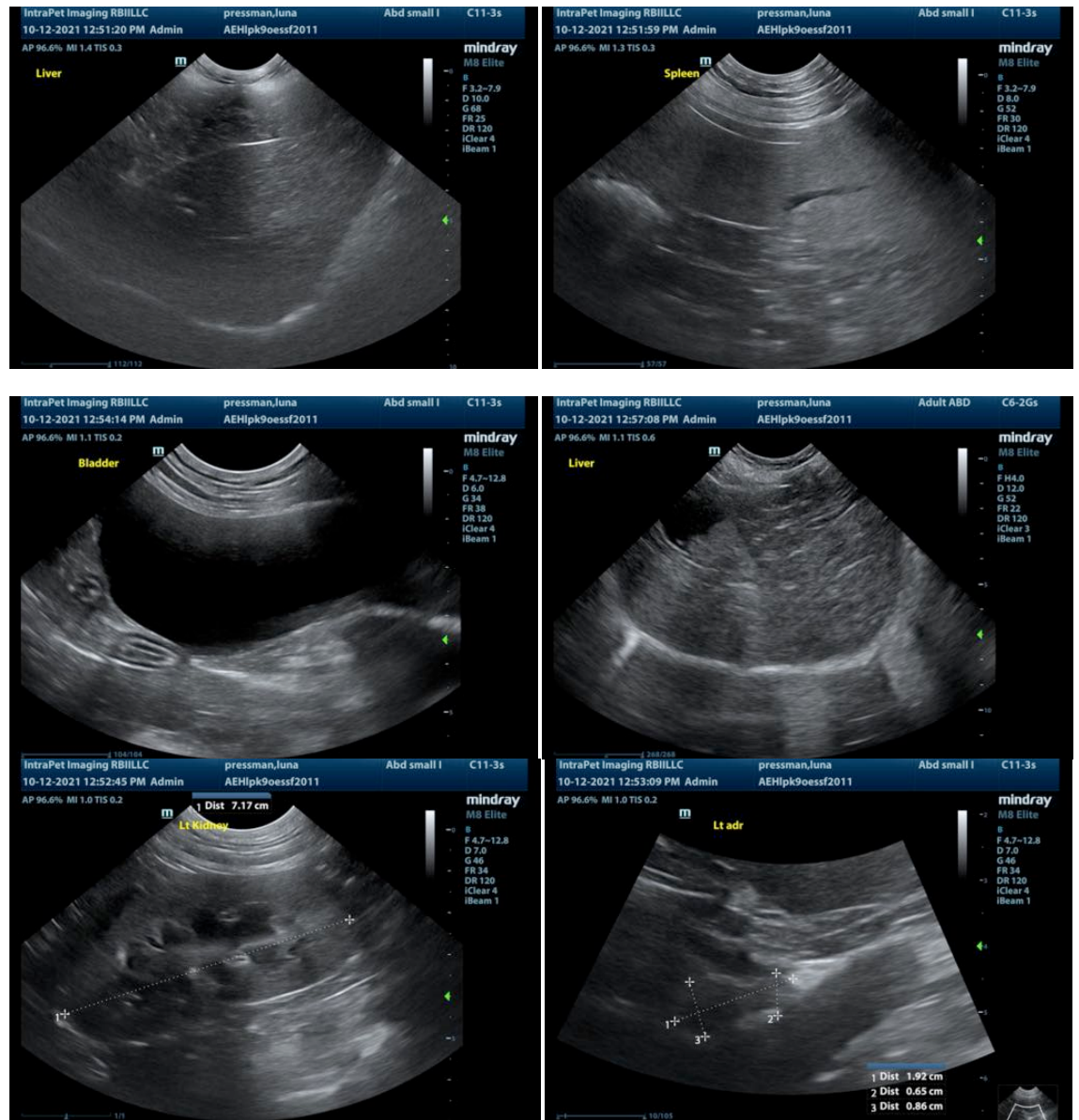
A brief view of the heart was submitted. No pericardial effusion was seen.

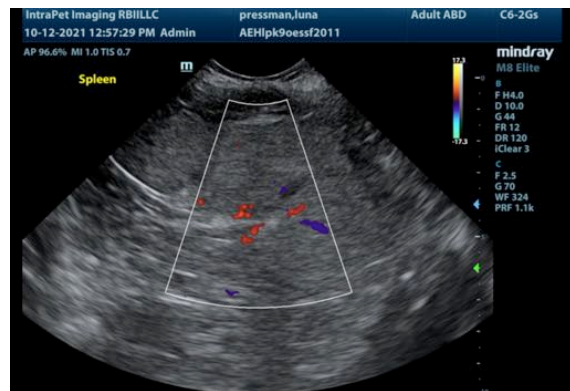
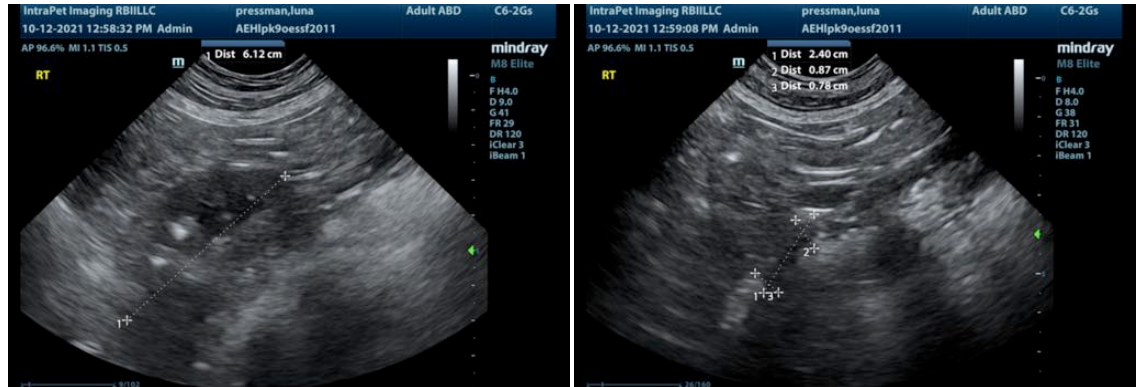
ULTRASONOGRAPHIC FINDINGS

- Occasional, non-obstructive nephroliths were noted in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Mild gallbladder sludge. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No obvious cause is visualized to explain the thrombocytopenia reported. I recommend three view thoracic radiographs.





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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