



PATIENT

Dirks Whooley

PRESENTING CLINICAL SIGNS

History: ITP and IMHA diagnosis- had an AUS in Dec 2021; (attached) ITP resolved but IMHA worsening- on prednisone

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: AUS from 12/2021 report attached: mild hepatomegaly, solitary splenic nodule 7mm, atypical material within stomach- LABS 3/8/2022: RBC 4.49, HCT 33.8 THEN ON 3/23 RBC 5.21 AND HCT 39% WBC 26.1,

BREED

JRT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

7 Years 9 Months

The prostate is normal in size (0.87 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

12 Pounds

The left kidney has a normal shape and size (4.98 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (5.3 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.5 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Fallon VC

The right adrenal gland is normal in size measuring 0.37 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 hypoechoic) and shape with no evidence of a mass effect.

Spleen

REFERRING VET

Dr. Sarah Storm

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. There is a 0.7 cm hypoechoic nodule visualized within the parenchyma.

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Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed

DATE

3/24/22



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Dirks Whooley The gall bladder lumen is moderately distended. The wall of the gall bladder is not significantly thickened. It has a moderate amount of adherent mineralized debris, most consistent with sandy debris or small stones. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine *Gastrointestinal*

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

JRT

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 jejunum measured as normal (0.34 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

7 Years 9 Months

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. The wall is 0.1 cm.

WEIGHT

12 Pounds

Pancreas

The (pancreas/region of 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.

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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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Other

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

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ULTRASONOGRAPHIC FINDINGS

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Dr. Sarah Storm

- Hypoechoic splenic nodule visualized within the parenchyma. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Large heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This is consistent with a steroid hepatopathy.

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- Mineralized sandy debris/stones within the gallbladder. There is no apparent obstruction. The wall appears relatively healthy. I recommend continued monitoring.



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- Moderate shadowing material within the gastric lumen. Shadowing material in the gastric lumen - correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

There are no large mass lesions or lesions that are likely responsible for the continued anemia. There is a small hypoechoic nodule within the spleen. Consider a fine needle aspirate of this lesion or at least close monitoring with ultrasound.

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There is some irregular shadowing material within the gastric lumen. Correlate with radiographs and feeding history. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying time or foreign material within the gastric lumen.

Neutered Male

AGE

Depending on the current dose of prednisone and if there are concurrent immunosuppressive medications on board, you have the option of either trying to increase immunosuppression or tapering medications, as some times high doses of these medications can be somewhat toxic and/or you can have concurrent GI hemorrhage. Correlate these thoughts with your CBC findings and a pathologist review of the CBC with reticulocyte count, etc. With HCT at 39%, if this patient is clinically doing well, I would be attempting to very cautiously start to taper the prednisone dose.

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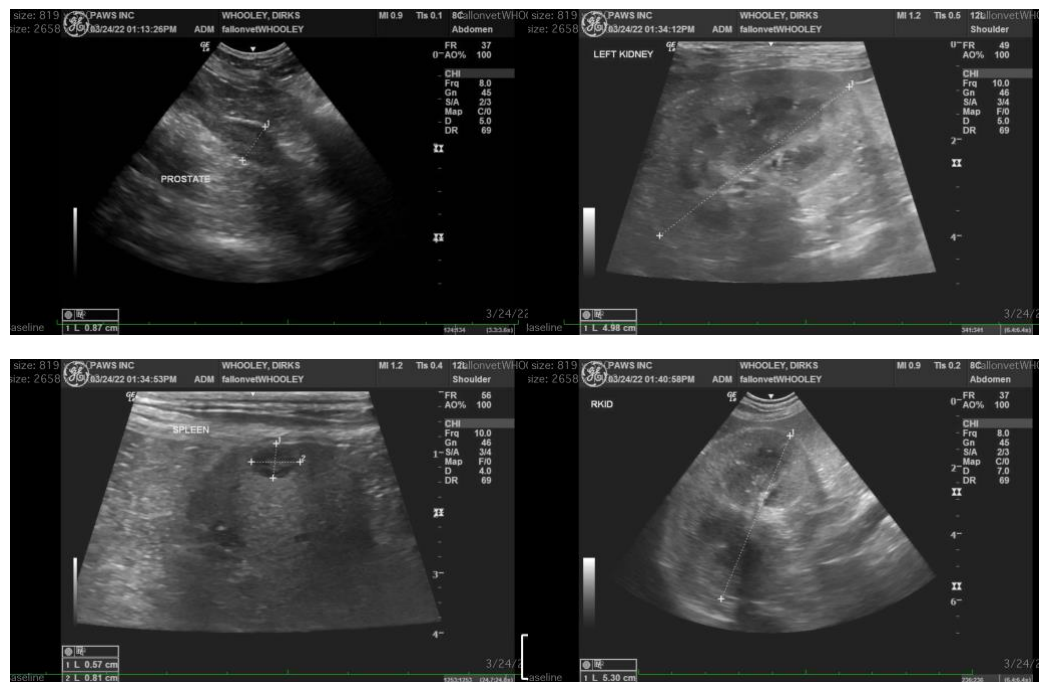
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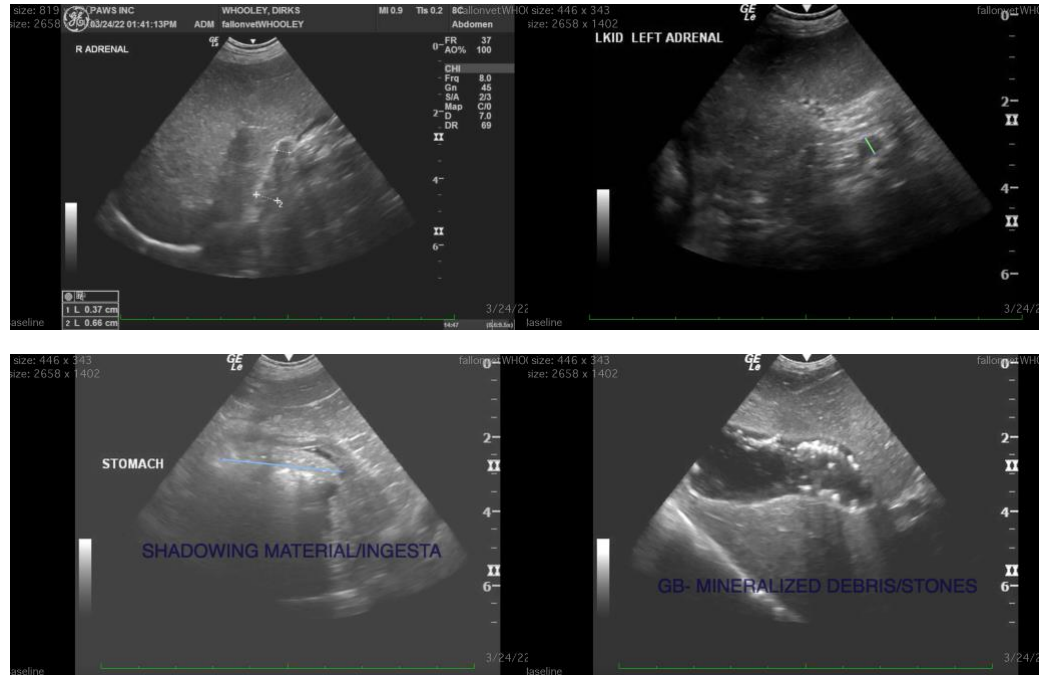
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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