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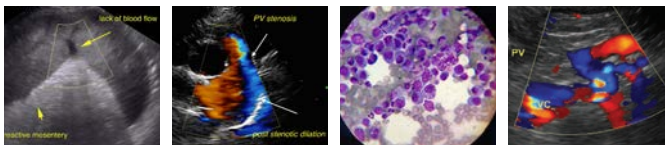

**PATIENT**

Abigail Wackerling

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

58 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Megan Cassels-Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Janeen Lezcano

**INVOICE**

46392

**DATE**

4/4/23

## PRESENTING CLINICAL SIGNS

Severe echymosis over trunk, limbs and pinna noted at groomer. Incidental finding, P acting normally at home and BAR. Started on doxycycline and omeprazole last night, dex SP injection last night and started oral prednisone this morning. Thoracic rads WNL, abdominal rads WNL.

Abnormal PE/Chem/CBC/UA Results: 4/3/23 CBC in house PLT <1 CBC to Antech PLT 27 Chem Lipase 2149 PT WNL 6.6sec PTT WNL 10.1sec UA: 1.030, 2+ blood Accuplex: Negative HW, Lyme, Ehrlichia, Anaplasma

## 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.

The left kidney has a normal shape and size (6.75 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.83 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.

The right adrenal gland is normal in size measuring 0.65 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*

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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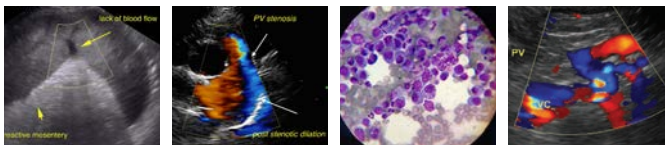

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### *Gastrointestinal*

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. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.40 cm. 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.

## ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No focal lesions are visualized to explain the low platelet count reported. Provided chest x-rays and palpation of peripheral lymph nodes is normal, evidence for an underlying neoplastic process is not currently present.

Recommend pathologist review of a blood smear, looking for any irregularities. Additionally, consider screening for vector borne disease (I like NC State's vector borne disease lab). Once you've started Doxycycline, PCR testing is likely less helpful, so consider serology, at least for ehrlichia and rocky mountain spotted fever. In the meantime, if no other concurrent illnesses are evident, then I would consider empirical treatment for immune mediated thrombocytopenia. Additionally, consider adding in melatonin, as this has anecdotally been shown to help with this disease process. Recommend close continued monitoring of platelet counts, red blood cell counts, etc., and looking for any symptoms that may help to identify a primary cause.

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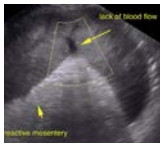
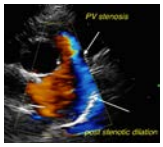
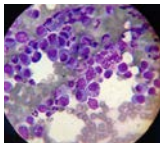
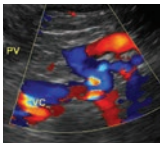

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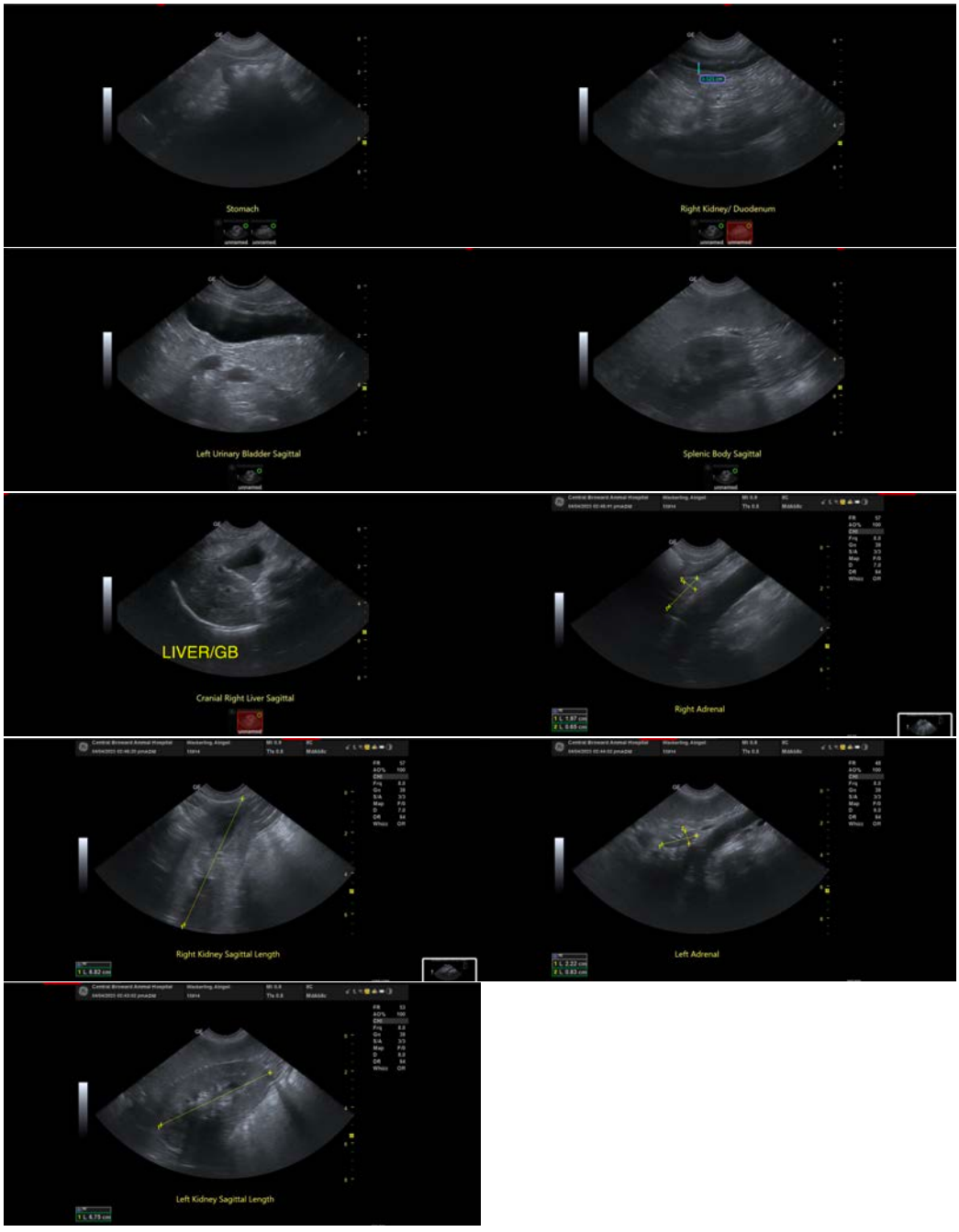


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

kathleen.sennello@sonopath.com