



Portable Animal Vascular Sonography, Inc.

 IMAGING PERFORMED BY
 pawsonography@gmail.com 530-786-8340

PATIENT

Fiona Lauret

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

Chief Concern/Provisional Diagnosis: P has had a hx of skin problems. Bruising and lesions of unknown origin. Concerned about potential immune mediated diseases. Diagnosis: DDX: IMTP
 History/Physical Findings P does have collarettes on skin. Hair over hind end is thinning. BW done on 4/29/22: platelets decreased at 42, neutrophils decreased at 48, WBC decreased at 3.3, lymphocytes elevated at 45. Pathologist performed blood smear and confirmed that the platelet count was accurate, only minor clumping observed, some platelets were enlarged suggesting accelerated platelet production by bone marrow. This can be observed with immune mediated destruction of platelets. All other values WNL. Radiographic Abnormalities: No radiographs taken. Current Therapy and Medications: prednisone 5 mg: Give 1/2 tablet by mouth twice daily for 4 days. Then, give 1/2 tablet by mouth once daily for 4 days. Continue by giving 1/2 tablet by mouth every other day until gone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

4 Years

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.

WEIGHT

6.12 Pounds

The left kidney has a normal shape and size (3.05 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 (3.19 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.

IMAGING BY

 Loetitia Saint-Jacques,
 LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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

Valley Vet Clinic

The right adrenal gland is normal in size measuring 0.36 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. Lopez

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

INVOICE

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The

DATE

5/18/22



PATIENT

Fiona Lauret visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

SPECIES

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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.

SEX

Neutered Male

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.

AGE

4 Years

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.

WEIGHT

6.12 Pounds

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous 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. In the absence of liver enzyme elevations, this could be within normal limits.

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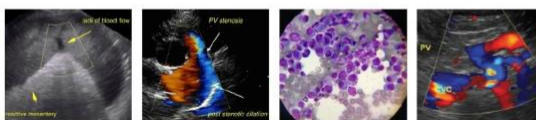
No significant lesions are visualized on today's exam. There is no evidence of a lymphadenopathy or large mass effect. Based on the history provided, there is a pancytopenia present. Recommend a pathologist review of a bloodsmear, tick borne disease panel, and bone marrow aspirate in addition to 3-view thoracic radiographs. Possible differentials would include infectious disease to the bone marrow, autoimmune disease, infection, primary bone marrow

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disease such as myelophthisis, fibrosis, and underlying neoplasia. As a side note, a platelet count of 42,000 (if that is what 42 means) is unlikely to result in clinical symptoms, so the skin disease could be something more significant to the disease process at hand. Recommend diagnostics prior to instituting any steroid therapy, as this could make obtaining a diagnosis very difficult and result in sepsis, etc.

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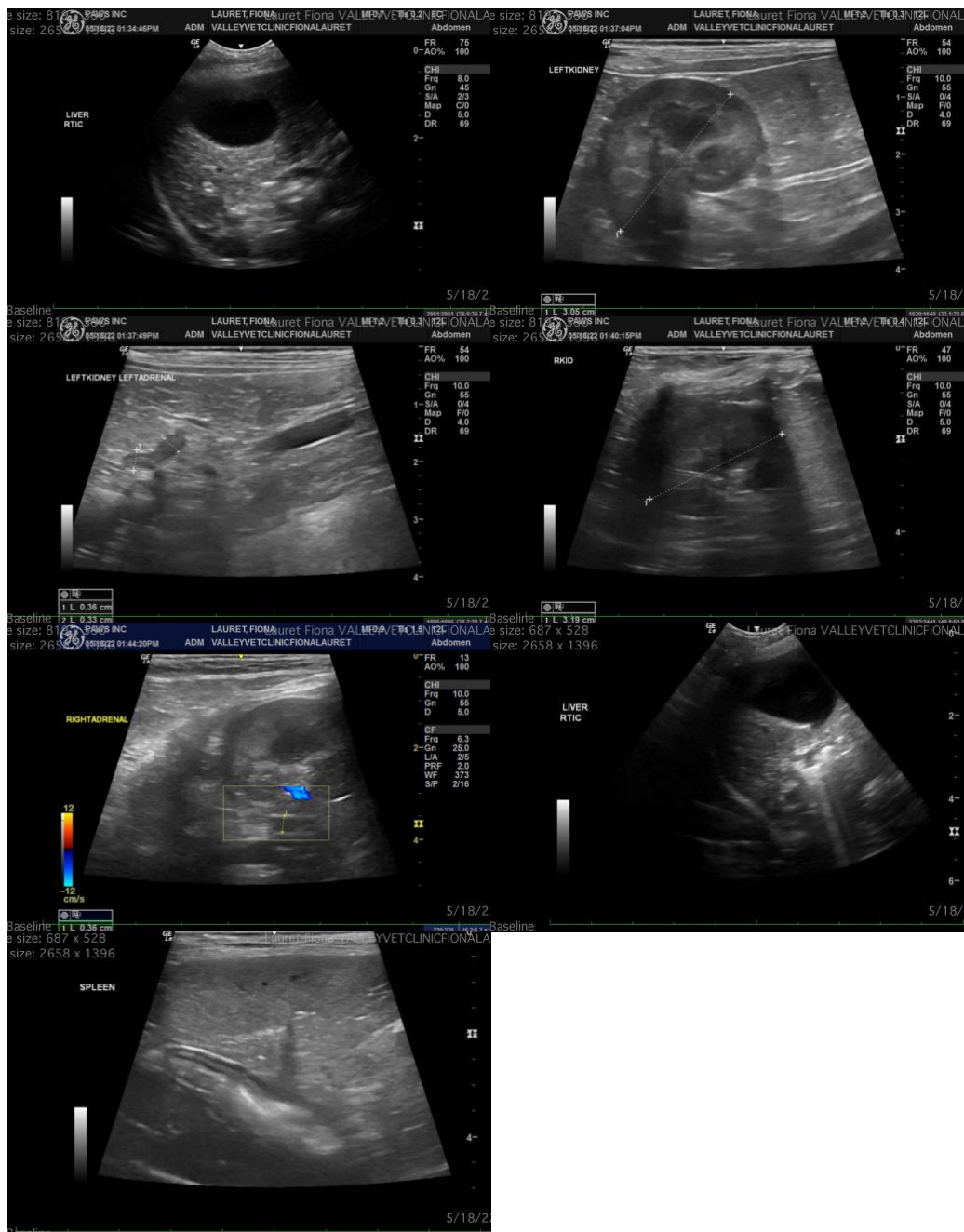
Dr. Lopez

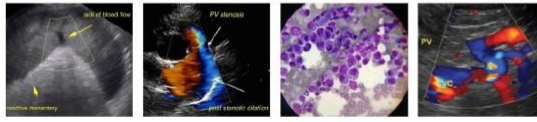
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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