

**DATE**

6/24/22

**PRESENTING CLINICAL SIGNS**

History: Referral for Anemia, Bloody Urine and Bloody diarrhea. Lethargic, not and vomiting. Urinalysis - USG > 1.050 ; RBC TNTC Lateral and VD imaging (full body) - Thorax- normal cardiac silhouette (size and shape) ; no pulmonary lesions noted ; no free fluid Abdomen - prominent spleen ; mild aerophagia without distention Blood sample - serum yellow / orange (hemolysis) Urine – frank hematuria Fecal material - hematochezia, mild CBC - Hct 22% / PCV 25% Reticulocytes 188 / 18 Leukocytosis - neutrophilia Platelets 157, Chemistry - ALT 543 Tbili 5.2

**PATIENT**

Tuco Stoe

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

7/11/20

**WEIGHT**

25.1 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency H

**REFERRING VET**

Dr. Ruby

**INVOICE**

16281

Current Medications: Vitamin B, Protonix, Cerenia, Doxycycline, Mycophenolate.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 prostate is normal in size (1.2 cm) and shape for this neutered male dog. The parenchyma is homogeneous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.97 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.

The right kidney has a normal shape and size (5.09 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**

The left adrenal gland is normal in size measuring 0.62 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 0.56 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 gall bladder 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.

### ***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 small intestinal wall measured 0.2 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/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.

### ***Free Abdomen***

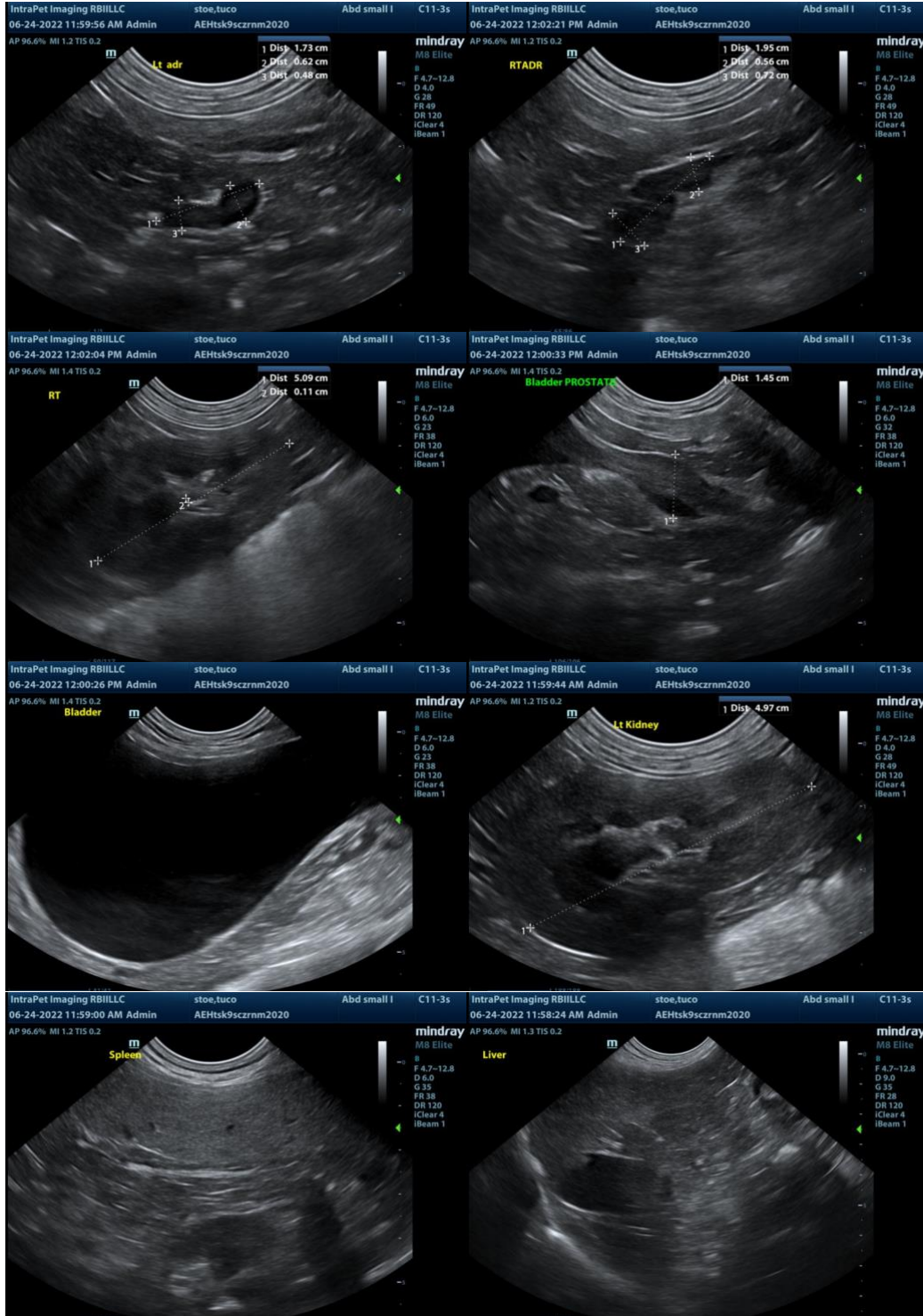
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- No significant lesions observed.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant lesions were visualized on today's exam to explain the anemia, hematochezia and hematuria reported. Recommend a coagulation profile but it appears that at least part of the anemia reported is due to hemolysis. Recommend abdominal radiographs to look for a zinc foreign body and a pathologist review of the CBC to look for blood parasites, abnormal cells, etc. Consider screening for Leptospirosis. Three-view thoracic radiographs and a possible evaluation for autoimmune disease. Recommend urinalysis and culture.



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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