IMAGING PERFORMED BY

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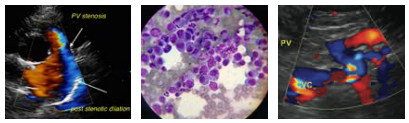

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DATE
8/10/21

PATIENT
Kai Martine and Kisamore

SPECIES
Canine

BREED
Mix

SEX
Female

AGE
2017

WEIGHT
91.6 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Nacke-Horney

INVOICE
91107

PRESENTING CLINICAL SIGNS

Abdominal Distension.
History: Date: 08-09-2021 Notes: Belly has always appeared bigger especially caudally, but she would act like a normal dog - past few
weeks owners have been noting it more. Over the past 4-5 days her personality has changed (not greeting the owner) - progressive - has
also been lethargic, not interested in eating her own dog food, and weak. Owner noted that she has been able to get her to eat some people
food - last give a piece of food this AM No vomiting or diarrhea. Owner confirmed intact. Recently has presented to rdvm due to gums bleeding and bruising - dx with tick borne disease, spleen enlarged on radiographs - discussed concerns for autoimmune disease - was clear at
recheck and spleen was not discussed further.
Current Medications: Trazodone Tablets 100mg, Acepromazine 10mg/mL Injection (Per mL), Buprenorphine 0.6mg/mL, Pantoprazole (Protonix) 40mg/vial Injection (Per mL)
Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous
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.

The left kidney has a normal shape and size (7.32 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.23 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 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 0.53 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 large in size The spleen echotexture is heterogenous and mottled, 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 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 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
Scant anechoic free fluid was noted surrounding the spleen. No mesenteric lymphadenopathy was noted. The omentum generally has increased echogenicity surrounding the spleen.

Other
No pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Large, mottled/moth eaten spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

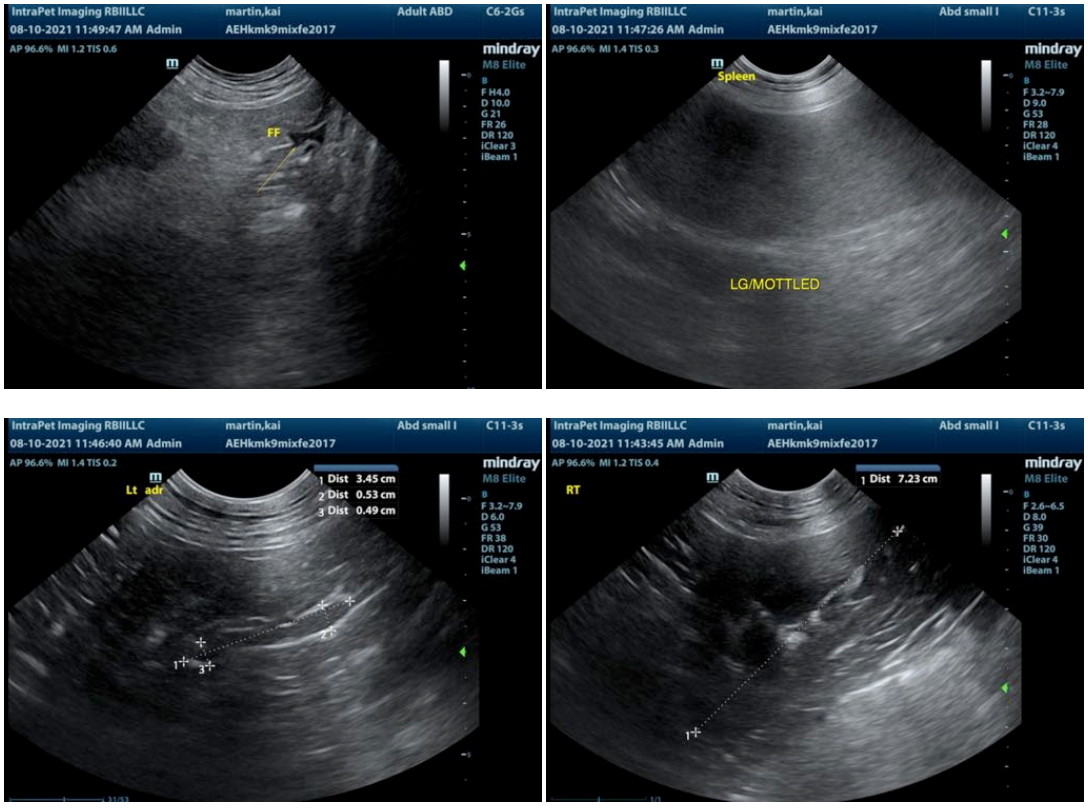
SECONDARY FINDINGS:

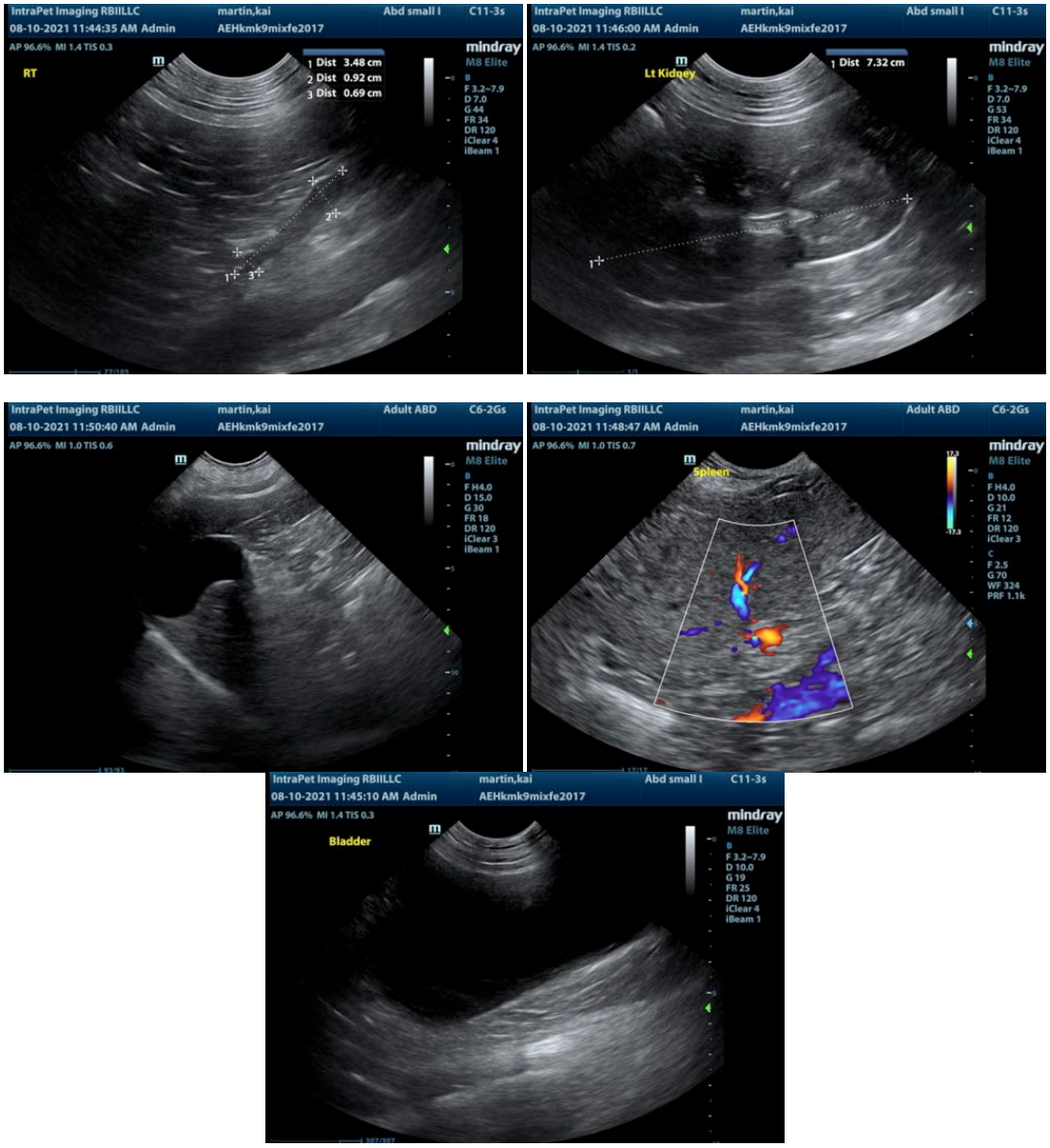
- Inflammation and scant free fluid surrounding the spleen. The findings are most consistent with with an inflammatory response.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The spleen is visualized as large and very mottled. No focal lesions are identified. The history noted “tick borne disease”. Consider full vector borne disease screening through NC State vector borne disease lab to

better evaluate for all possible infectious causes as there is a lot of co-infections possible. I recommend FNA of the spleen if clotting parameters and platelets are adequate. The spleen appears swollen and inflamed, but do not consider removal until Babesia and some other diseases are ruled out or this can potentially make things worse. I recommend three view thoracic radiographs.

The reproductive tract was not visualized on today's scan, which is fairly typical for a normal intact female that is not in heat.





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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