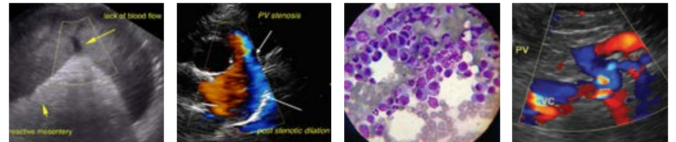


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Duke Pardon

SPECIES
Canine

BREED
Labrador Retriever

SEX
Intact Male

AGE
7 Years

WEIGHT
110 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. Megan Cassels-Conway

INVOICE
25045

DATE
8/28/21

PRESENTING CLINICAL SIGNS

Lethargy and sleeping a lot past few weeks. Chronic dark, hyperkeratotic ulcerative plaques and pruritis. On apoquel. Otitis externa noted. Bloodwork showed thrombocytopenia, repeatable and worsening.
Abnormal PE/Chem/CBC/UA Results: 8/25/2021 CBC- Plt cnt 89 L, Plt est decreased- few plt clumps observed Chem- Alb- 2.4 L Glob- 4.9 H Cholesterol- 332 H T4-2.0 u/a- sp g 1038 ph-7.5 prot 3+ sperm noted UPC 3.3 H Accuplex NEG Skin C/S: Beta Strep G , Proteus mirabilis, Staph pseudointermedius Ear C/S: Staph pseudointermedius, Yeast M pachydermatis, Proteus mirabilis 8/27/2021 HW Neg Blood drawn from hind leg with vaccutainer CBC: Thrombocytopenia 66 with giant platelets and few clumps. Monocytosis 1056, Basophilia 396 8/28/21 Agglutination Neg Thoracic rads wnl

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 large in size (2.77 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.19 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A 1.02 cm cortical cyst was visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.64 cm). Overall echogenicity is slightly hyperechoic with poor 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.

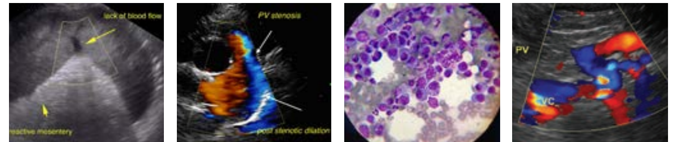
The right adrenal gland is normal in size measuring 0.78 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Duke Pardon

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

7 Years

WEIGHT

110 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. Megan Cassels-Conway

INVOICE

25045

DATE

8/28/21

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 is mildly dilated with fluid, most consistent with normal ingesta and gas. It measures as normal/slightly thickened at 0.94 cm 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

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.

PRIMARY FINDINGS

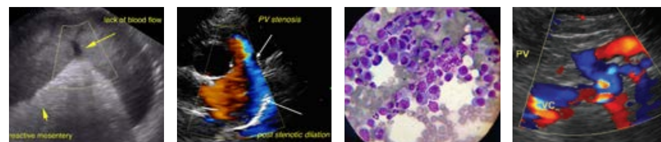
- Large, hyperechoic process – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

- Subjectively thickened stomach wall – This is of questionable significance, as there is some variability to degree of distention and rugal folds. Stomach wall thickening can be consistent with inflammation, edema, infiltrative neoplasia, or imaging artifact due to the rugal folds, etc.

SECONDARY 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.

- Mildly decreased corticomedullary distinction with a left-sided renal cyst – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Duke Pardon

SPECIES
Canine

BREED
Labrador Retriever

SEX
Intact Male

AGE
7 Years

WEIGHT
110 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. Megan Cassels-Conway

INVOICE
25045

DATE
8/28/21

disease or interstitial nephrosis.

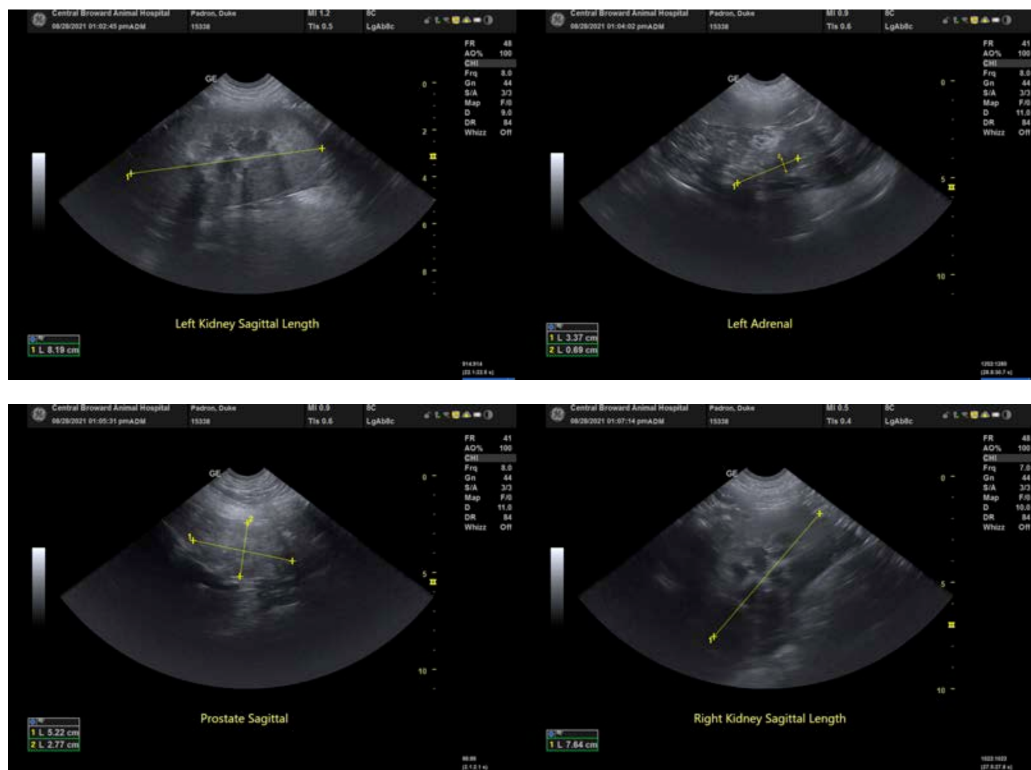
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

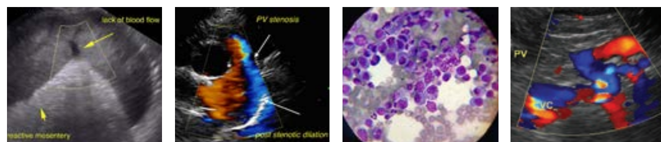
Many of the ultrasonographic changes visualized are relatively mild and non-specific. Some of these could be within normal limits for this age of a dog. Correlate findings with blood work. No obvious lesion is visualized to explain the thrombocytopenia or hypoalbuminemia reported. Recommend urinalysis and culture to rule out prostatitis as an inflammatory condition.

Considerations for further evaluation of thrombocytopenia and hypoalbuminemia include:

- Evaluation for melena and GI parasitism. Vector borne disease testing (Consider NC State's vector borne disease lab's panel with testing for babesia and PCR serology for other vector borne diseases).
- Consider dermatologist consultation on skin lesions (Could this be presentation of immune mediated disease, lupus, etc.?).
- If possible, try to obtain a urine sample with an inactive sediment for urine protein/creatinine ratio and recommend blood pressure evaluation.

In general, workup from here would entail further diagnostics to look for an inflammatory, neoplastic or infectious condition, which could be causing a reduced platelet count, illness, proteinuria, skin lesions, etc. You could consider a bone marrow aspirate in the future if a platelet count doesn't rebound and no definitive cause is identified. Additionally, GI occult blood loss is possible. Consider GI protectants for empirical therapy.





PATIENT

Duke Pardon

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

7 Years

WEIGHT

110 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

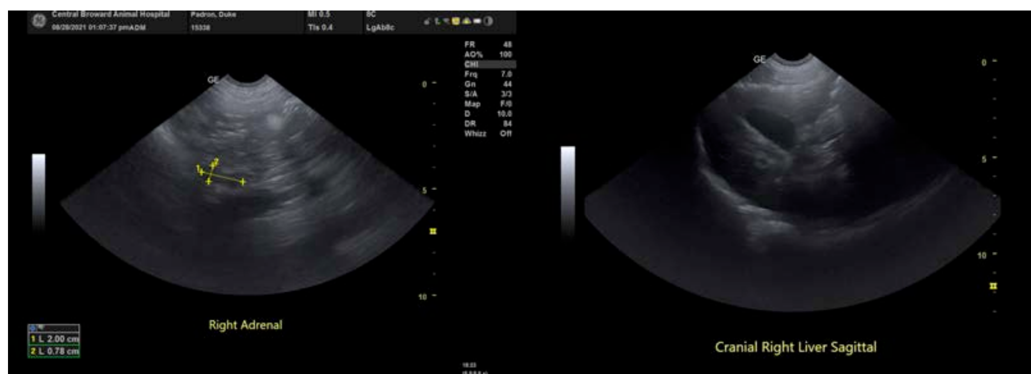
Dr. Megan Cassels-Conway

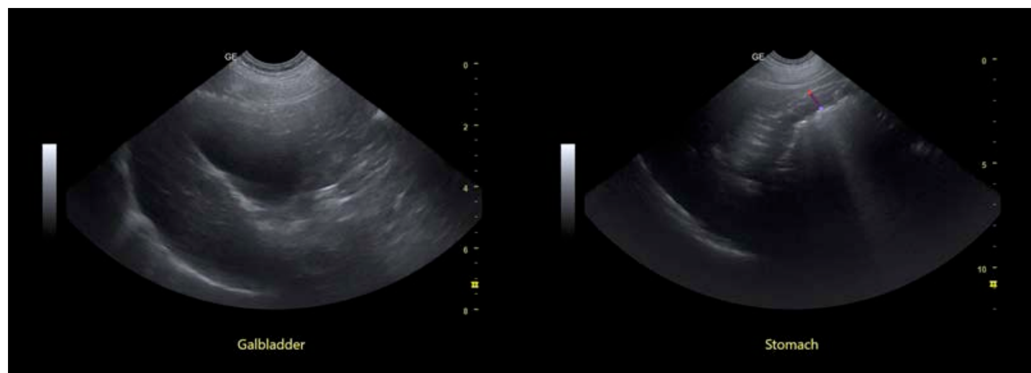
INVOICE

25045

DATE

8/28/21





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com