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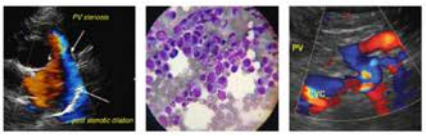

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PATIENT

Parker Dobnikar
267043

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.7 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr. Bianco

INVOICE

36756

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Suspect ITP; identified on pre-anesthetic bloodwork for a dental after discovery of a R-sided facial swelling on 04/01; clavamox 125mg PO q12, prednisolone 7.5mg PO q12
Abnormal PE/Chem/CBC/UA Results: estimated platelet count 20k (3/slide identified) 4dx negative PCV 59 TP 9.8; WBC 30.05 SEG 26.1 BAND 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The prostate is homogenous and measures 0.99 cm, which is within normal limits for a neutered male.

The left kidney is within normal limits in size (4.40 cm) for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (4.78 cm) for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. A small mineralization measuring 3.0 mm is observed in the right kidney. The surrounding mesentery is not hyperechoic. Blood flow to the right kidney is within normal limits.

Adrenal Glands

The left adrenal gland measures 0.48 cm at the cranial pole. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.60 cm at the cranial pole, 0.44 cm at the caudal pole, and 1.95 cm in length. The cranial pole is at the high end of normal reference range. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. The rounded effect may be due to the development of a benign adenoma. There are no sabnormalities noted with the phrenicoabdominal vein or the surrounding vasculature. This is not considered clinically significant for the moment.

Spleen

A subcapsular hypoechoic nodule is visualized within the body of the spleen, measuring 0.65 cm in diameter x 1.48 cm in length. It does not disrupt the integrity of the capsule.

A mass effect is observed at the tail of the spleen. It measures 1.50 cm in diameter x 1.70 cm in length. It is somewhat elliptical in shape. Within that mass effect is a slightly ill-defined, hyperechoic nodule measuring 4.38 mm in diameter x 5.85 mm in length. However, in different angles, that whole area appears more like ectopic splenic tissue rather than attached to the tail of the spleen. If it truly is attached to the spleen, it disrupts the capsule. Perivascular cuffing is noted in the nodular area. The mesentery surrounding the spleen and left limb of the pancreas is hyperechoic.

No abnormalities are observed with the vasculature of the spleen, i.e. congestion and thrombi are not identified, and the remaining parenchyma is within normal limits in echogenicity and echotexture. Perivascular cuffing is observed, which is consistent with myelolipomas; the latter are not considered clinically significant.

Liver

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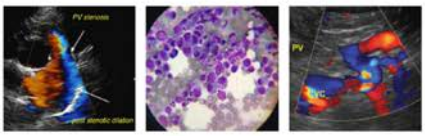

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A large portion of the liver is hidden by the distended stomach. There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The portion of the liver visualized is mildly heterogeneous with a coarse echotexture and occasional hypoechoic nodules of variable size. These are appear most consistent with nodular regeneration, which is a benign, age-related change often observed in senior patients. Hyperechoic punctate foci are noted scattered throughout the parenchyma, which may be mineralization or fat. No abnormalities are observed with the hepatic vessels.

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The portion of the cystic duct observed is not dilated or tortuous.

Gastrointestinal

Parker was not fasted last night. His stomach is severely distended with food (undigested kibble), as well as a small amount of fluid and gas, which is static. Some of the ingesta shadows. Definition of the wall layers of the stomach is preserved.

The duodenum is corrugated and filled with ingesta. It measures within normal limits at 0.33 cm. No abnormalities are observed with the thickness or definition of the wall layers of the small intestines Ingesta is present within some of the loops of bowel. Despite the absence of abnormalities of the intestines, the mesentery surrounding them is moderately hyperechoic.

The ileocecocolic junction is within normal limits. The colonic wall is not thickened and mural detail is considered normal.

Pancreas

No overt abnormalities are observed, however, an in depth evaluation is not possible due to the marked distention of the stomach. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e., there are no signs of active pancreatitis.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration.
- The cranial pole of the right adrenal gland is at the high end of the normal reference range. This may be clinically insignificant, however, one cannot exclude the possibility of the initial development of a benign adenoma or hyperplasia. There are no signs of a mass. A re-evaluation of the adrenal glands may be considered in 6 months, or sooner, if Parker develops clinical signs of hyperadrenocorticism. Further diagnostics are NOT recommended.
- The splenic mass effect at the tail of the spleen may be ectopic tissue. The hyperechoic nodule within it is likely nodular hyperplasia. The larger mass is not cavitary, i.e., its appearance is not consistent with hemangiosarcoma, or a sarcoma. Differential diagnoses include extramedullary hematopoiesis, nodular or lymphoid hyperplasia. The same differential diagnoses exist for the smaller subcapsular mass.

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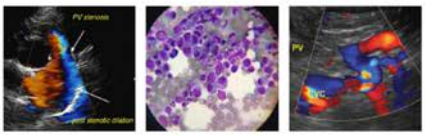

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- The hepatic changes are most consistent with a reactive hepatopathy and nodular hyperplasia. There are no obvious signs of neoplasia.

- A delay in gastric emptying is present if Parker ate more than 12 hours ago. The hyperechoic mesentery surrounding the small intestine may be due to inflammation, for example, subclinical inflammatory bowel disease or possibly the recent passing of a foreign body. A sonographic reevaluation of the stomach and intestinal tract is suggested, if possible, to exclude a possible foreign body or mass that may not have been visualized due to the large amount of ingesta present. Another option is to repeat abdominal radiographs and ensure the gas pattern has changed.

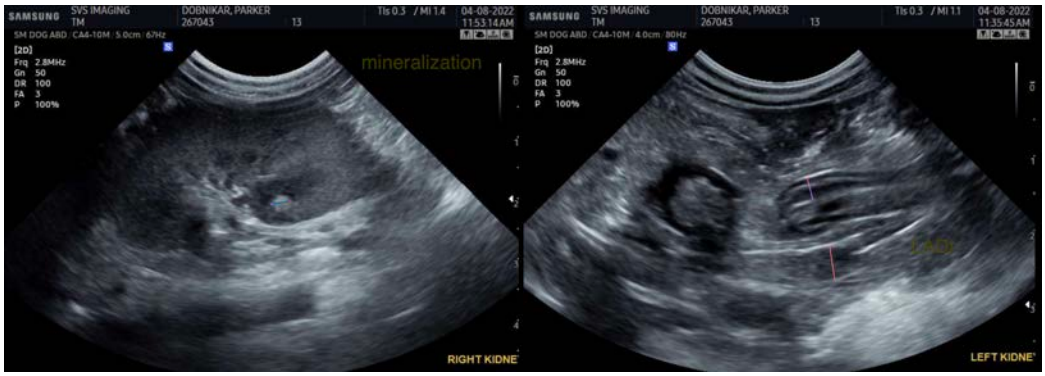
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

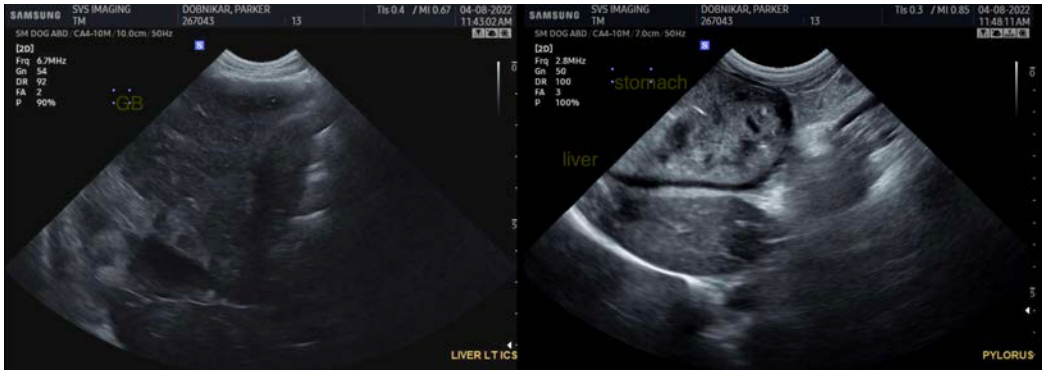
Fine needle aspirate of the spleen may be considered if the platelet count has increased above 50x 10^9. The smallest gauge needle is suggested. Risks of hemorrhage remain despite this, however. Another option is to repeat the ultrasound in 4-6 weeks.

Leptospirosis should also be excluded as a cause of thrombocytopenia. A tooth root abscess could also be an underlying cause of immune-mediated thrombocytopenia.

Decreasing the dose of prednisone to 1-1.5 mg/kg/day and adding a second immunosuppressive drug is recommended to decrease the side effects of steroids. Treatment options include a single dose of vincristine, or one can use cyclosporine, chlorambucil or mycophenylate. Melatonin may be used as an adjunct to the previous medications, however, there are no scientific studies to prove its use of in veterinary medicine.

A re-evaluation of the stomach and small intestines is suggested (see above for details).





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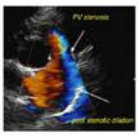
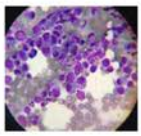
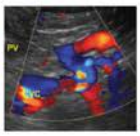

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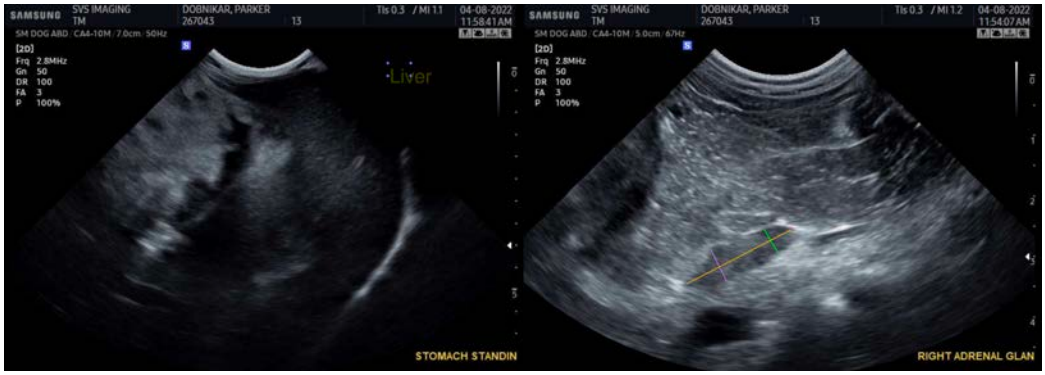

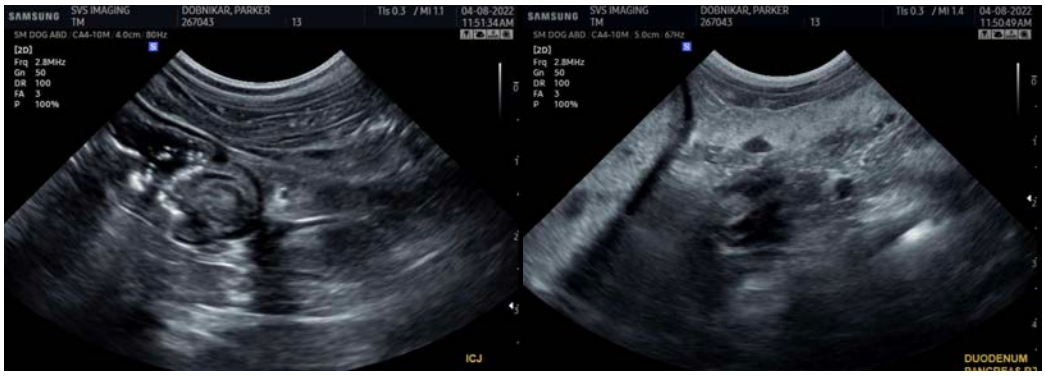

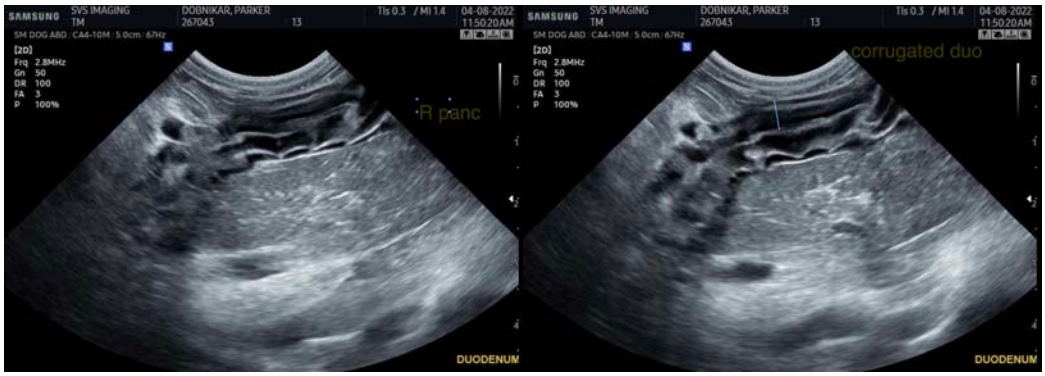

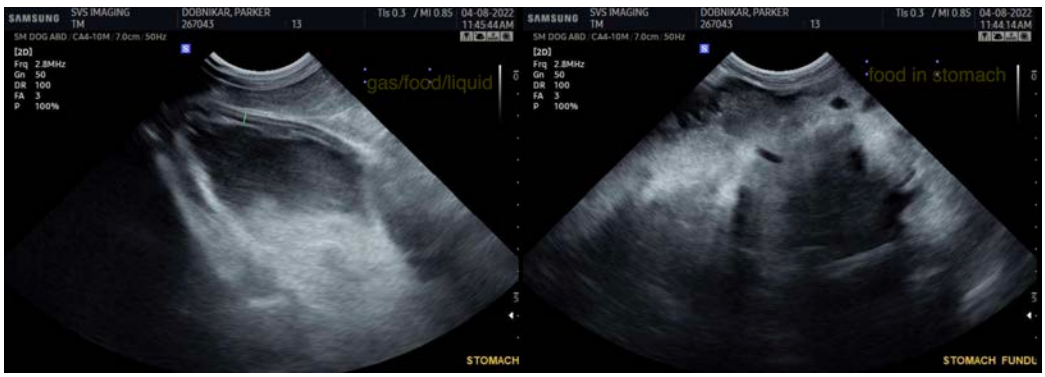

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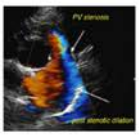
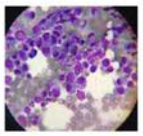
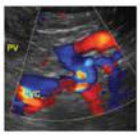

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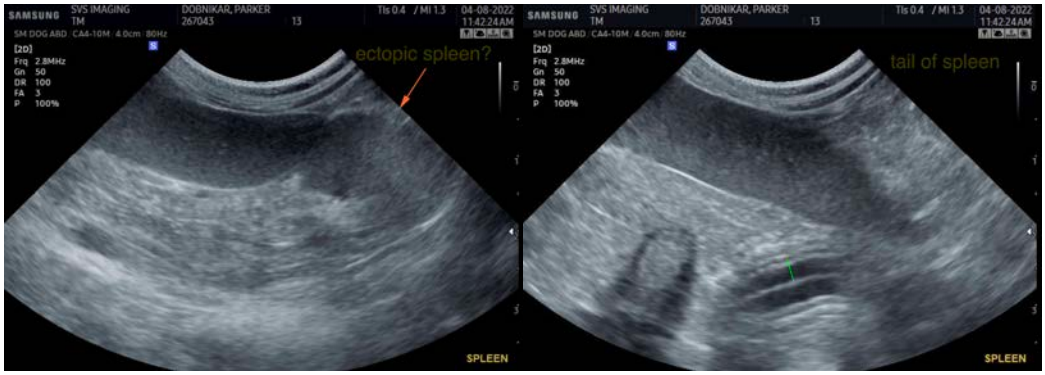

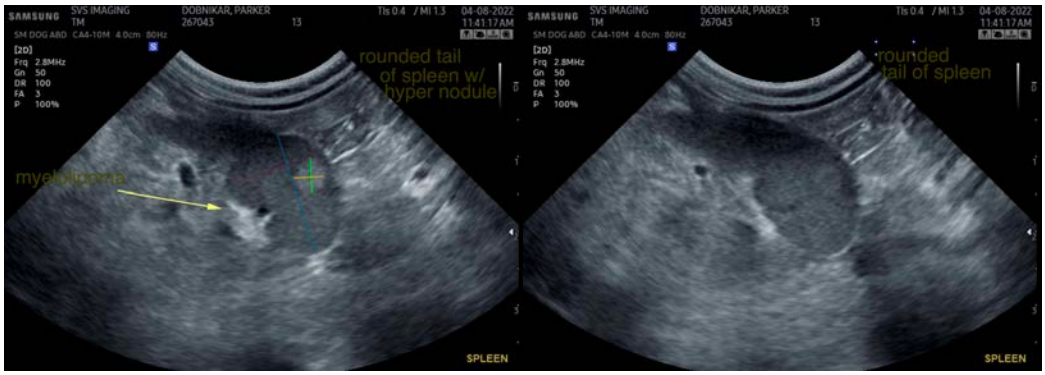

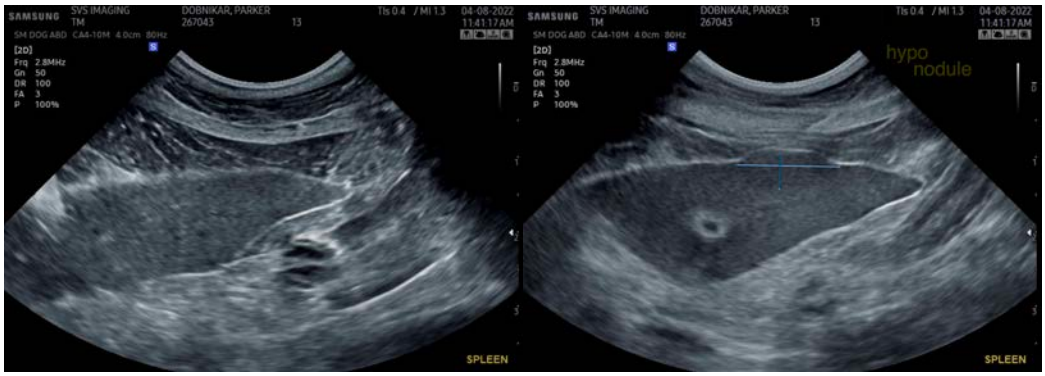

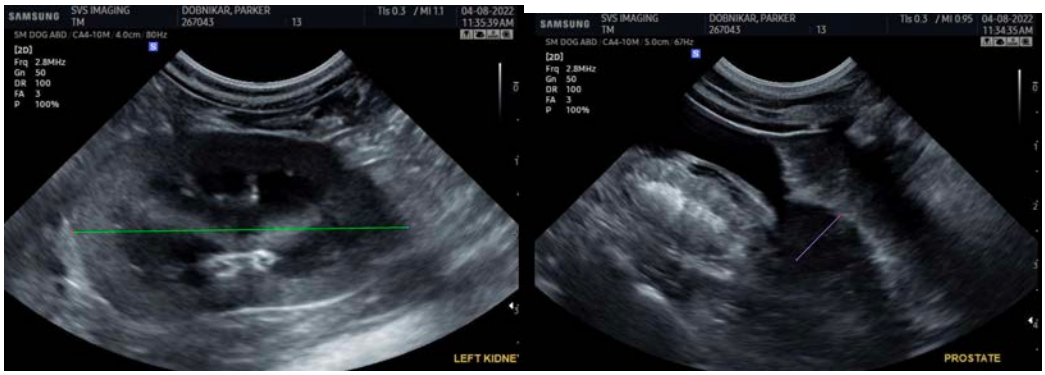

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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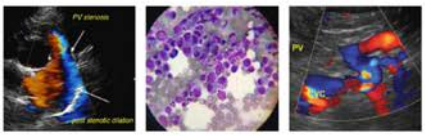

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can be of any further assistance please contact me.

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