



**PATIENT**

Molly Rogers

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

86 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo Vet Clinic

**REFERRING VET**

Dr. Garry Gotfredson

**INVOICE**

38144

**DATE**

6/1/22

**PRESENTING CLINICAL SIGNS**

Patient presented in May for ADR, diagnosed with Immune mediated thrombocytopenia. Started on immune suppressing doses of prednisolone. Has responded well but platelets remain slightly low. ultrasound to rule out primary or secondary ITP. Owner reports dog still seems somewhat lethargic  
Abnormal PE/Chem/CBC/UA Results: CBC-normal other than platelet count of 128K/UL, up from 11K/UL. Chem-WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 7.84 cm. The capsule is smooth. The cortex is diffusely hyperechoic (i.e. it is isoechoic to the spleen). Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Focal areas of increased echogenicity are also noted within the cortex, as well as along the cortico-medullary junction. These areas may be due to inflammation and ischemia, as well as fibrosis. Pinpoint and punctate hyperechoic foci are also noted along the diverticulae and pelvis, which are most likely due to mineralization. Nephroliths and pyelectasia are not observed. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

A precise measurement of the **right** kidney was not obtained due to interference of gas and ribs in the surrounding region. The capsule is smooth. Findings appear to be quite similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.69 cm at the cranial pole. In another view, it measures 0.67 cm at the cranial pole and 0.67 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures approximately 0.54 cm, however, it is an oblique view. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

Mild splenomegaly is suspected. It is within normal limits in architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**Liver**

There are no obvious signs of hepatomegaly. The liver's borders are smooth, but mildly rounded. The liver is diffusely hyperechoic. It has a mildly coarse or granular echotexture. Focal lesions are not noted. No obvious abnormalities are noted with the hepatic vessels.



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The gallbladder (GB) is filled with a small amount inspissated echogenic material. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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**Gastrointestinal**

Ingesta and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

**BREED**

Labrador Retriever

A moderate amount of ingesta and fluid are present within the lumen of the duodenum. The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

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The colonic wall is not thickened and mural detail is considered normal.

**AGE**

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**Pancreas**

No abnormalities are observed with the architecture, contour, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

**WEIGHT**

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**Other**

**Lymph nodes**

No abnormalities are observed

**Abdominal effusion** is not visualized.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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- There are no obvious signs of neoplasia on today's ultrasound.
- **Spleen:** Very mild to mild splenomegaly with preservation of the normal architecture. Differential diagnoses include splenitis (antigenic stimulation, including immune mediated induced inflammation). Other differential diagnoses include extramedullary hematopoiesis, hypersplenism and reactive hyperplasia. Neoplasia, such as lymphoma or other round cell tumour, is considered highly unlikely.
- **Liver:** A mild reactive hepatopathy may be present, however, overt abnormalities are not observed.
- **Gallbladder:** A small amount inspissated sludge is present, which is most likely insignificant. However, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested.
- **Kidneys:** Glomerulonephritis cannot be excluded. Subtle age-related changes are also suspected. Pyelonephritis cannot be ruled out despite the absence of overt sonographic abnormalities given the administration of steroids.
- **Gastrointestinal:** No significant abnormalities are observed. However, a delay in gastric emptying may be present if Molly was fasted.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following are suggested/recommended

- Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid or proton pump inhibitor may be required.
- Urinalysis and urine culture and sensitivity to exclude a urinary tract infection and possible pyelonephritis (immunosuppression caused by steroids).
- Exclude underlying causes of immune-mediated thrombocytopenia and glomerulonephritis, leptospirosis, tick borne diseases and heartworm disease. The appropriate tests are suggested to exclude an underlying cause, for example, SNAP 4Dx (or equivalent test), *Leptospira* PCR and/or serology, +/- testing for *Bartonella* spp., as well as PCR tests for other vector borne diseases.
- Arterial blood pressure
- If urine culture is negative, perform a urine protein: creatinine ratio
- Some dogs receiving steroids may experience lethargy, depression, etc. This is not necessarily dose dependent. A second immunosuppressive drug may be required to decrease the dose of prednisone.
- melatonin may have immunomodulating activity and administered in patients with IMT

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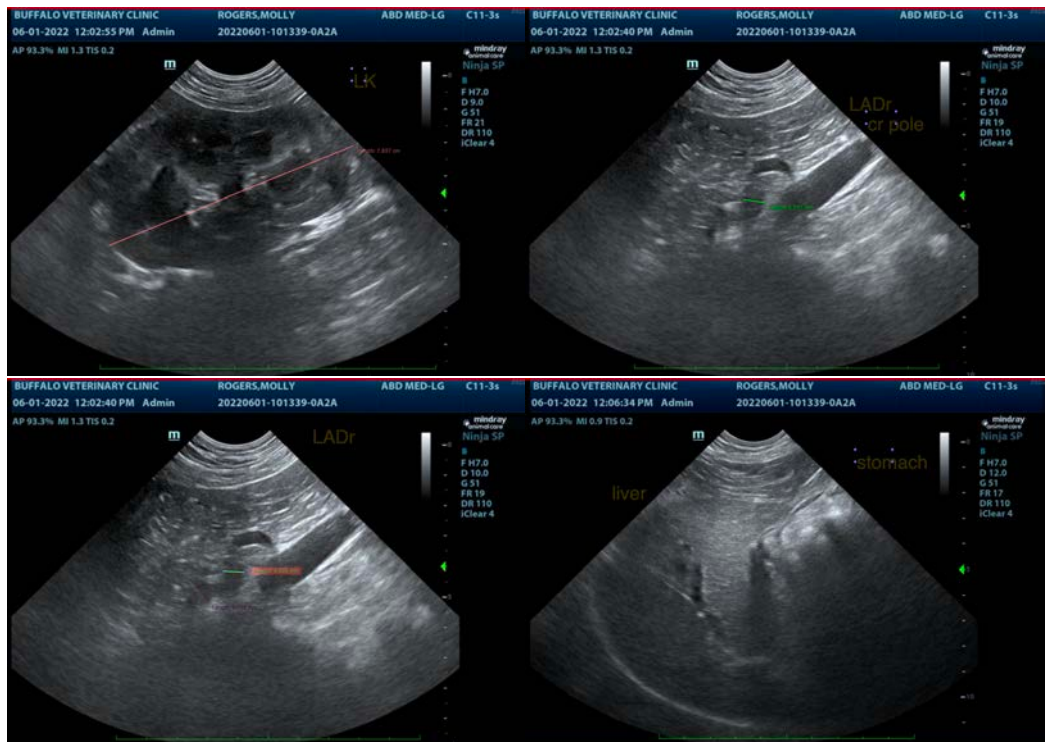
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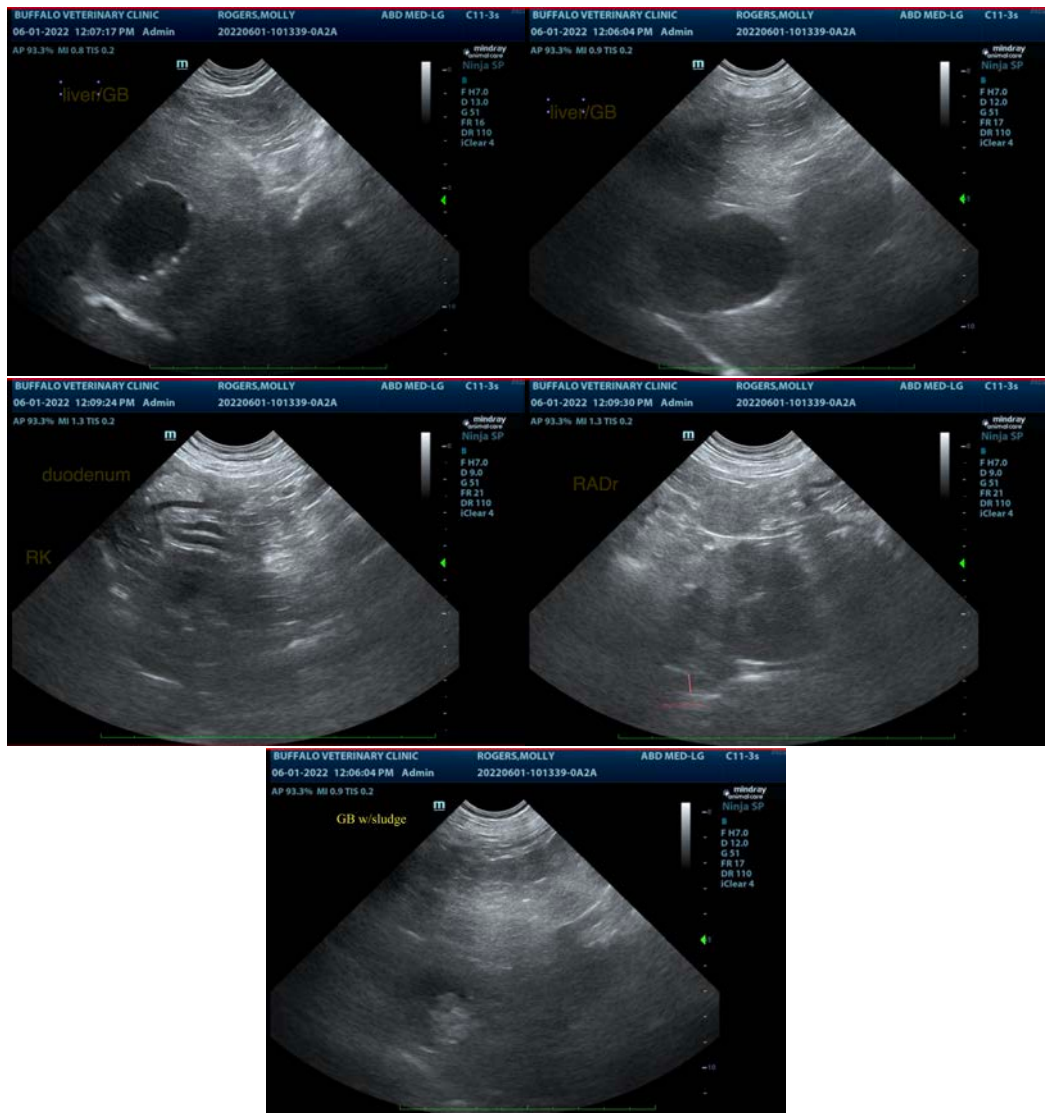
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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