



PATIENT PRESENTING CLINICAL SIGNS

Katy Long

History: Presented to emergency center 12/13/2022 for fever, not eating or drinking, lethargic and vomiting. After treatment with IV fluids and supportive care, fever resolved and pet was eating and discharged. This morning she is again lethargic, only eating if hand fed and less than normal, and owner notes she is nauseous.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 12/13/2022: pyrexia - temperature 104.6 - decreased to 102.1 with treatment CBC - HCT 48.8%, WBC16.46K/uL, Neutrophils 15.04 K/uL, PLT 75K/uL, retics 4.8 K/uL, low retic Hgb (19 pg) Chemistries - WNL Lytes WNL 12/14/2022:Temperature 104.2 CBC similar to 12/13/2022 with continued thrombocytopenia with inflammatory leukogram. Chemistries and lytes WNL Radiographs - splenomegaly vs enlarged left liver lobe mm pale pink with CRT <2 seconds no icterus or petechia, blood sample and venipuncture site clotted WNL

BREED

German Shepherd

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of medial iliac or sublumbar lymphadenopathy or masses.

AGE

6 Years

WEIGHT

78.8 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 7.6 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.56 cm width at the cranial pole.

IMAGING PERFORMED BY

Rachel Runnells, RVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole.

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Spleen

The spleen exhibited generalized moderate to marked enlargement and maintained symmetrical capsule contour. Generalized mild parenchymal heterogeneity was noted. Splenic vascularity was normal. Potential mild medial folding of the cranial spleen adjacent of the caudal aspect of the left liver. Scant effusion was noted between the cranial spleen margins and the caudal left liver margins. No splenic masses or nodules noted.

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Dr. Holly Smith

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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DATE

12/14/22



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The gallbladder was non distended in size with minor echogenic, nonorganized debris without evidence of gallbladder or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of nonshadowing, potentially retained ingesta/chyme. No evidence of mechanical pyloric outflow obstruction.

BREED

German Shepherd

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor intestinal segmental ileus, along with nonshadowing intestinal ingesta/chyme noted. No evidence of mechanical intestinal obstructive pattern.

SEX

Spayed Female

Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE

6 Years

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

WEIGHT

78.8 Pounds

No overt lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Moderate to severe splenomegaly, exhibiting generalized mild heterogenous parenchyma, mild medial folding of the cranial spleen
- Sonographically unremarkable liver
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric and segmental intestinal ingesta/chyme-suspect mild gastroenteritis
- Scant perisplenic/perihepatic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the Generalized splenomegaly and mild splenic parenchyma heterogeneity may include hyperplasia, hematopoiesis, breed associated hypersplenism, splenitis with potential for infiltrative splenic neoplasia.

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Further assessment may include, assuming normal clotting status, screening splenic FNA cytology using a 25-gauge needle +/- infectious disease serology if clinically indicated. No evidence of hepatosplenic masses. As needed gastrointestinal support and medical therapy for suspected gastroenteritis is recommended. Spec cPL could be considered to assess for evidence of low-grade pancreatitis which may present as sonographically normal as a contributing factor. Some or all of the following protocol may be considered empirically, pending splenic FNA, if elected.

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IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome



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(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)

SPECIES

Canine

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)

Consider Onion/Garlic derivative ingestion if Heinz bodies present.

BREED

German Shepherd

Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper

Aspirin 0.5 mg/kg Sid owing to hypercoagulable state

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry

Doxycycline if infectious suspected clinically or based on CBC path review:

Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

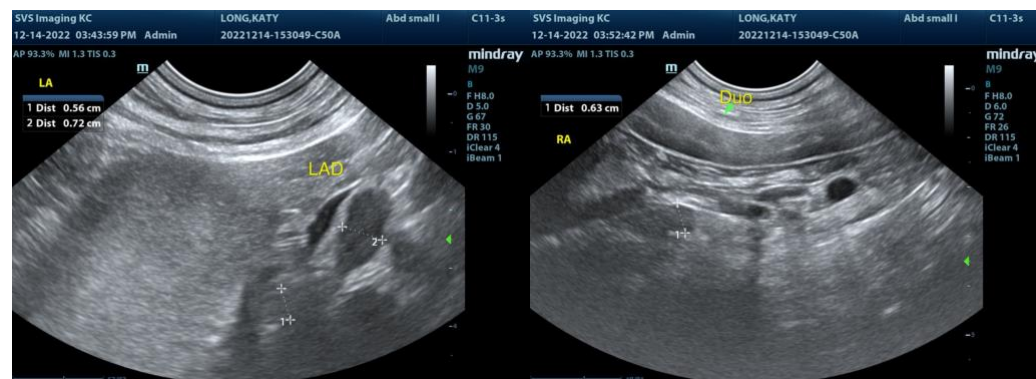
SEX

Spayed Female

Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

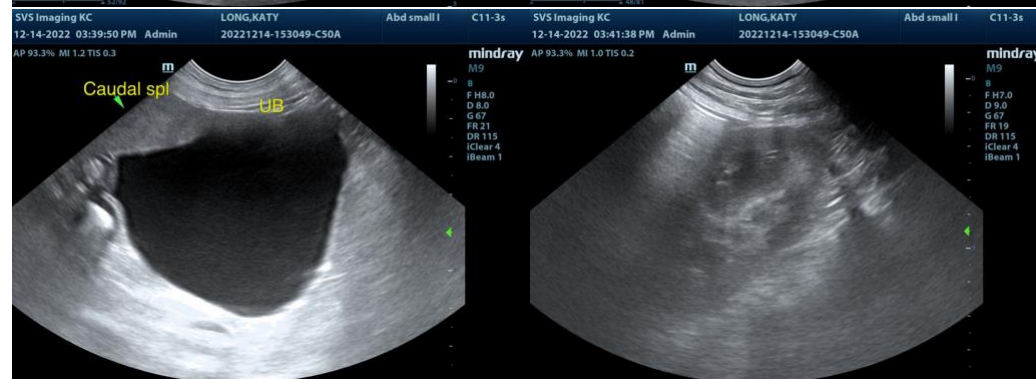
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WEIGHT

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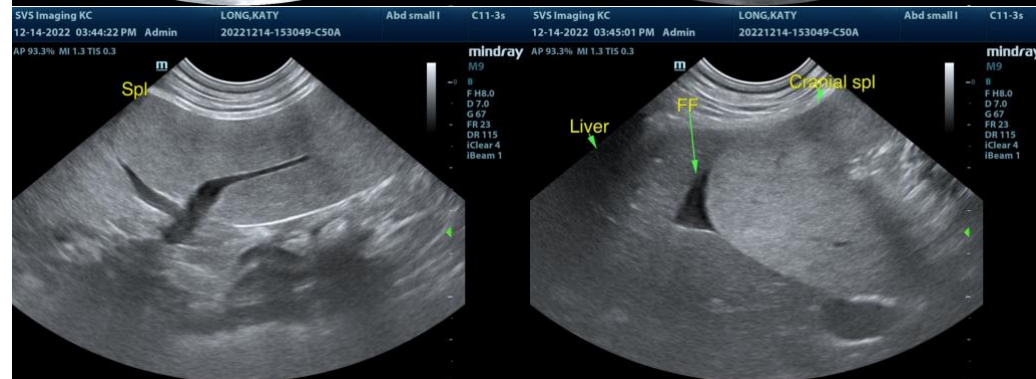
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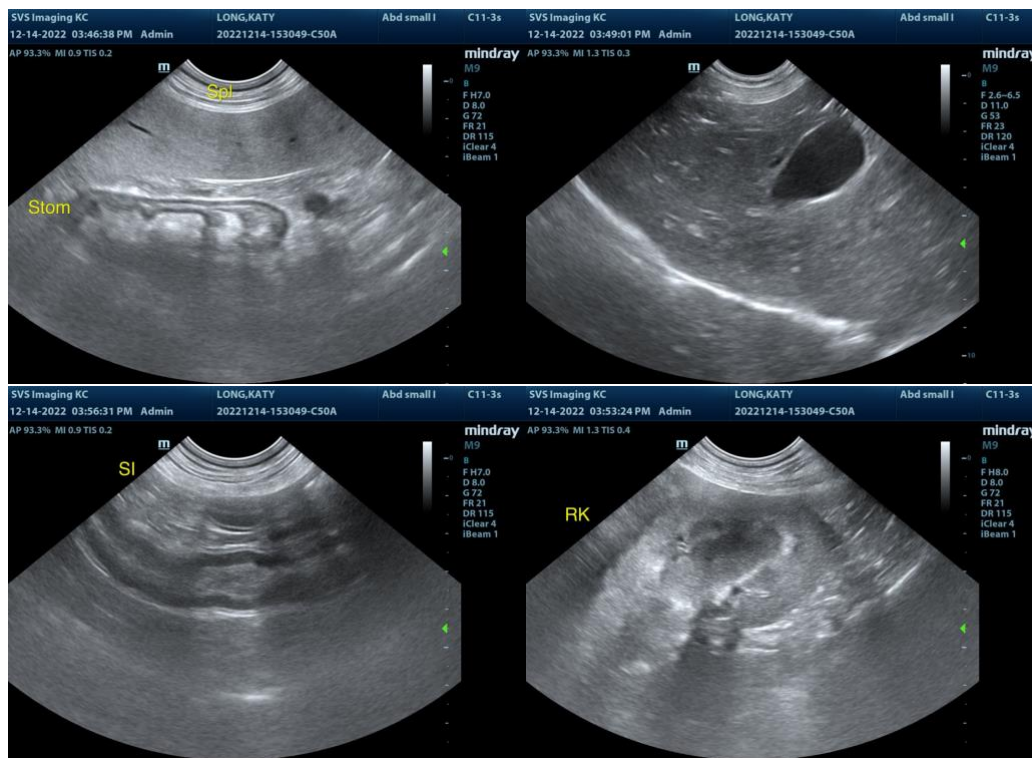
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com