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Clinical Sonography & Telecytology
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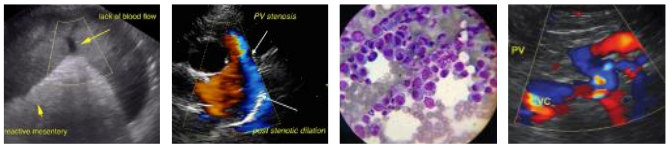

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dazzle Moss

SPECIES

Canine

BREED

Australian Shepherd

SEX

F (I)

AGE

6 yrs.

WEIGHT

44.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas DVM, PhD

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas DVM, PhD

INVOICE

15739

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Patient is a referral case from Littlestown Veterinary Clinic for an abdominal ultrasound. Patient presented to Littlestown on 12/1/22 with a history of inappetence and diarrhea. Routine chemistry and CBC at this time revealed mild regenerative anemia with markedly low platelet count.

Patient was started on Prednisone (10 mg BID) and CBC has been rechecked several times since initiating prednisone. Patient has clinically responded and now back to her normal self, however platelet count remains low and on 12/19 total platelet count was 75,000.

Referring DVM discussion with idexx internists suggested to rule out tick borne disease a cause for thrombocytopenia and treatment with 100 mg of doxycycline PO q 12 hours was initiated and patient is currently on this dosage of doxycyline.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

No evidence of pathology was noted in the area of the uterus or bilateral ovaries.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly subnormal in size, likely secondary to Prednisone therapy without overt pathology. The left adrenal gland subjectively measured 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized, likely secondary to suppression, owing to current Prednisone therapy. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited overall normal size and contour with a primarily maintained finely textured and homogenous parenchyma. Nonhomogeneous soft tissue echo was noted within the mid to cranial splenic vein, consistent with splenic vein thrombus with potential extension of the thrombus into the intrasplenic vasculature. Color doppler assessment of the spleen revealed subjective adequate blood flow without evidence of splenic infarction or neoplastic criteria.

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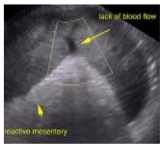

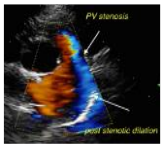

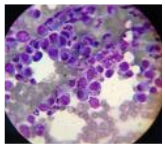
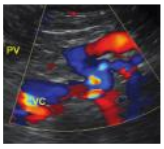

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Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The liver presentation is suspected to be secondary to current Prednisone therapy. No evidence of hepatic neoplastic criteria. The gallbladder was non-distended in size containing primarily anechoic content with mild, variably echogenic to hyperechoic debris primarily along the inner luminal surface. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach contained a mild to possibly moderate amount of variably echogenic to strongly shadowing ingesta extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

Pancreas

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 were evident.

Free Abdomen

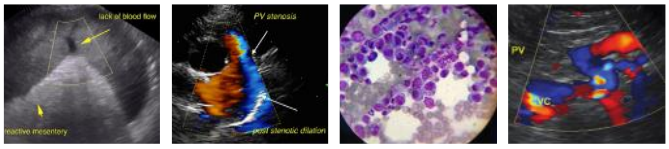
No omental masses or lymphadenopathy were noted. A scant pocket of free fluid was noted between the upper duodenum and the adjacent caudal liver. This is likely physiologic.

ULTRASONOGRAPHIC FINDINGS

- Splenic vein thrombus, otherwise sonographically unremarkable spleen without evidence of infarction or neoplastic criteria
- Vacuolar hepatopathy pattern - benign
- Mild nonorganized gallbladder debris (non-mucocele)
- Nonspecific shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the overall normal splenic presentation and subjective adequate splenic vascularity, the splenic vein thrombus is likely incidental at this stage, yet sonographic monitoring is recommended.



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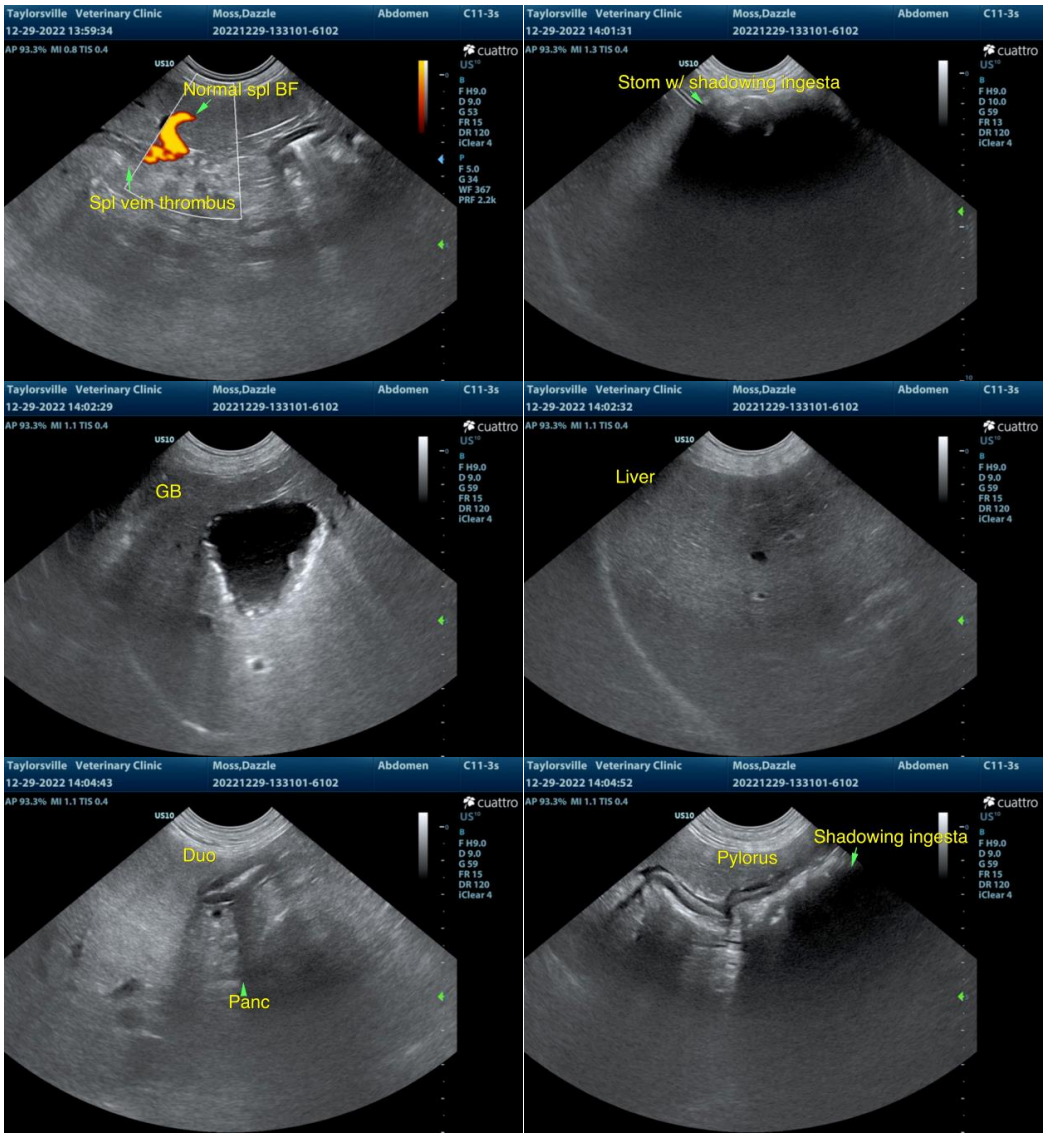
Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if evidence of hepatic enzyme elevations or cholestasis.

No overt evidence of intraabdominal neoplastic criteria.

The shadowing gastric ingesta is nonspecific and may indicate food or potential medications. Technically, the possibility of gastric foreign material cannot be excluded. Correlation with most recent meal ingestion is suggested. If documented NPO prior to the ultrasound, sonographic or radiographic monitoring for evidence of gastric emptying may be considered if clinically indicated.

Internal medicine consult could be considered regarding the possible use of low-dose anti-platelet or anti-thromboembolic medications given the presence of the splenic vein thrombus. Clotting status could also be considered.



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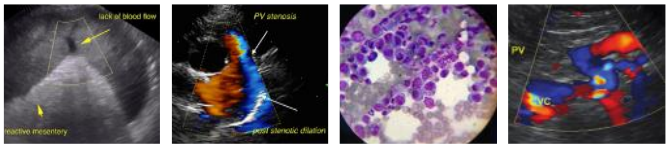

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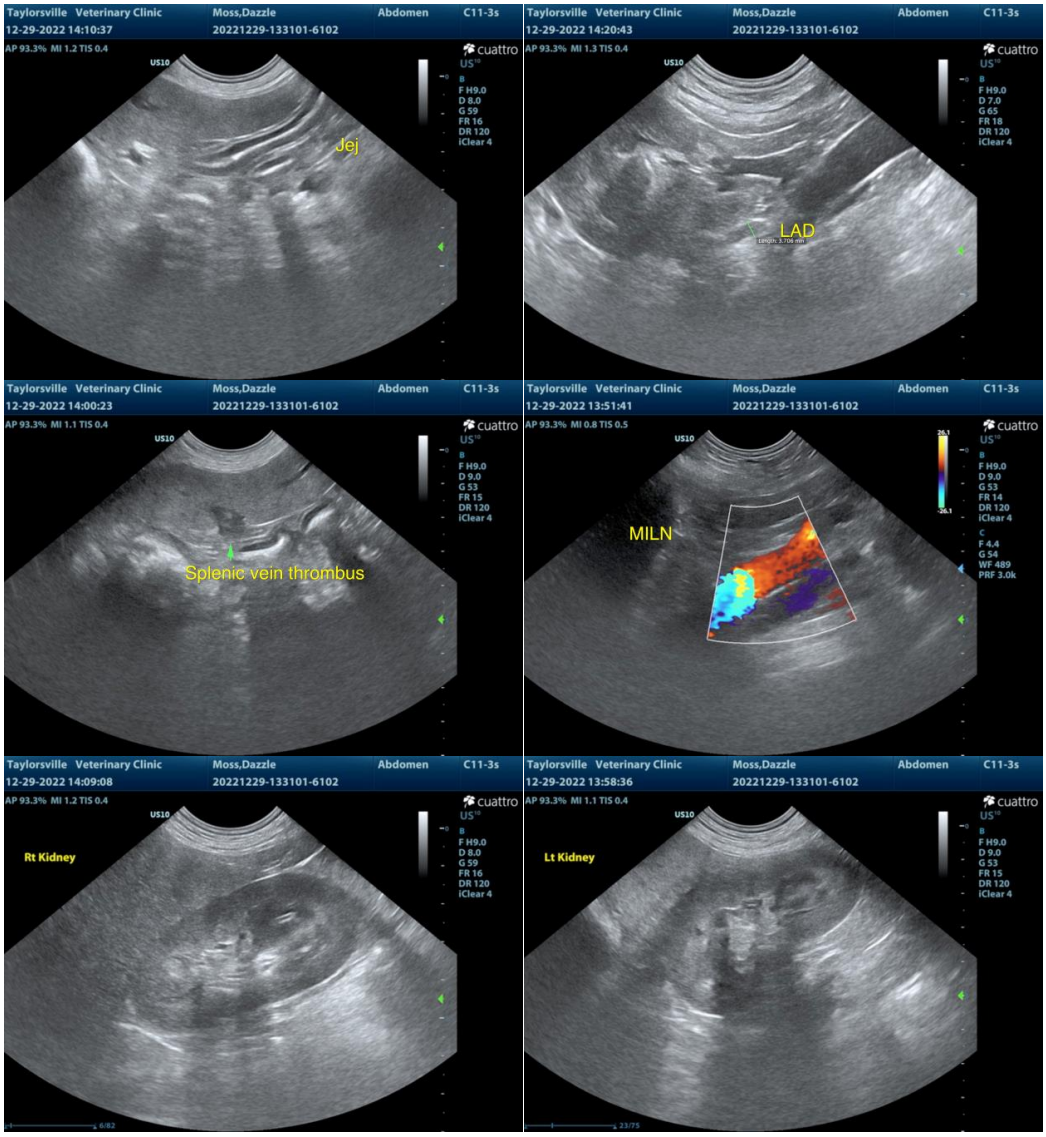

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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