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Clinical Sonography & Telecytology
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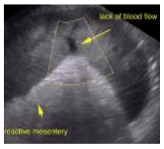
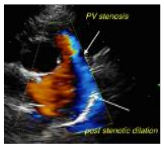
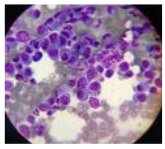
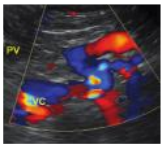

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Honey Pellizon

SPECIES

Canine

BREED

Chi X Pom

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.67 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Central Island VEH

REFERRING VET

Island Mobile Paws VS

INVOICE

20938

DATE

2/3/23

PRESENTING CLINICAL SIGNS

History: Presented on February 2 with a one day history of lethargy and anorexia. On PE, there was a high HR (172) and RR (36). Temp was 39.4. Mild abdominal pain on palpation was noted. Honey was lip licking and appeared to be dehydrated. Bloodwork showed a marked regenerative anemia with leukocytosis and mildly decreased platelets. There was a small amount of blood on the UA, thought to be iatrogenic. (results attached) PTT was upper end of normal. Slide agglutination and 4DX were negative. Coombs test submitted to lab. Radiographs of both thorax and abdomen showed a smooth splenomegaly. Honey was admitted for treatment for likely IMHA. She has been on IVF at 2x maintenance, cerenia at 1 mg/kg IV q 24, Dexamethasone 0.25 mg/kg IV q 24, pantoprazole 1 mg/kg IV q 12. Clopidogrel started at 10 mg/kg once then 2 mg/kg q 24 hrs. Brief images of the heart were subjectively normal.

Abnormal PE/Chem/CBC/UA Results: 2/2/23 CBC/Chem: HCT=18.8 Retics=186 WBC=18.68 with 13.34 neuts Platelets=130 Bili=15 (0-15) 2/3/23 (post fluids and meds) HCT=16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of nonobstructive medullary mineral were present, primarily in the lateral diverticula. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.33 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen exhibited mild to possible moderate enlargement with medial folding of the caudal spleen. Maintained symmetrical capsule contour was noted. Subtle generalized splenic parenchymal heterogeneity was noted. Splenic vascularity was normal. No masses or nodules were noted.

Liver

The liver was subjectively mildly enlarged. 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.

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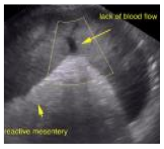
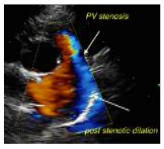
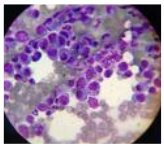
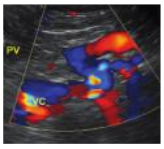

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The gallbladder was non-distended in size with anechoic content and mild nondependent mildly hyperechoic nonorganized debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to possible moderate splenomegaly with folding- subjectively benign
- Mild hepatomegaly- suspect reactive or vacuolar changes, potentially secondary to corticosteroid administration, benign.
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract
- Mild age-related kidneys with nonobstructive medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology, specifically no overt intraabdominal neoplastic criteria. The splenomegaly and associated splenic folding, although nonspecific, may indicate splenic hyperplasia, hematopoiesis, incidental splenitis, while the splenic folding may be secondary to mild splenomegaly or patient variant. Potential for early infiltrative splenic neoplasia is considered less likely.

Assuming normal clotting status, and using a 25-gauge needle, screening splenic FNA cytology could be considered primarily to ensure only benign changes are present. Infectious disease serology, if potential exposure, is warranted.

Empirically, and in conjunction with initiated therapy, some or all of the following protocol may be considered.

IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome

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

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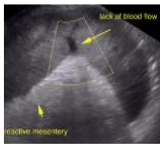
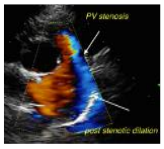
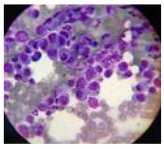
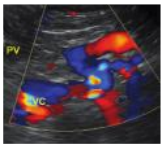

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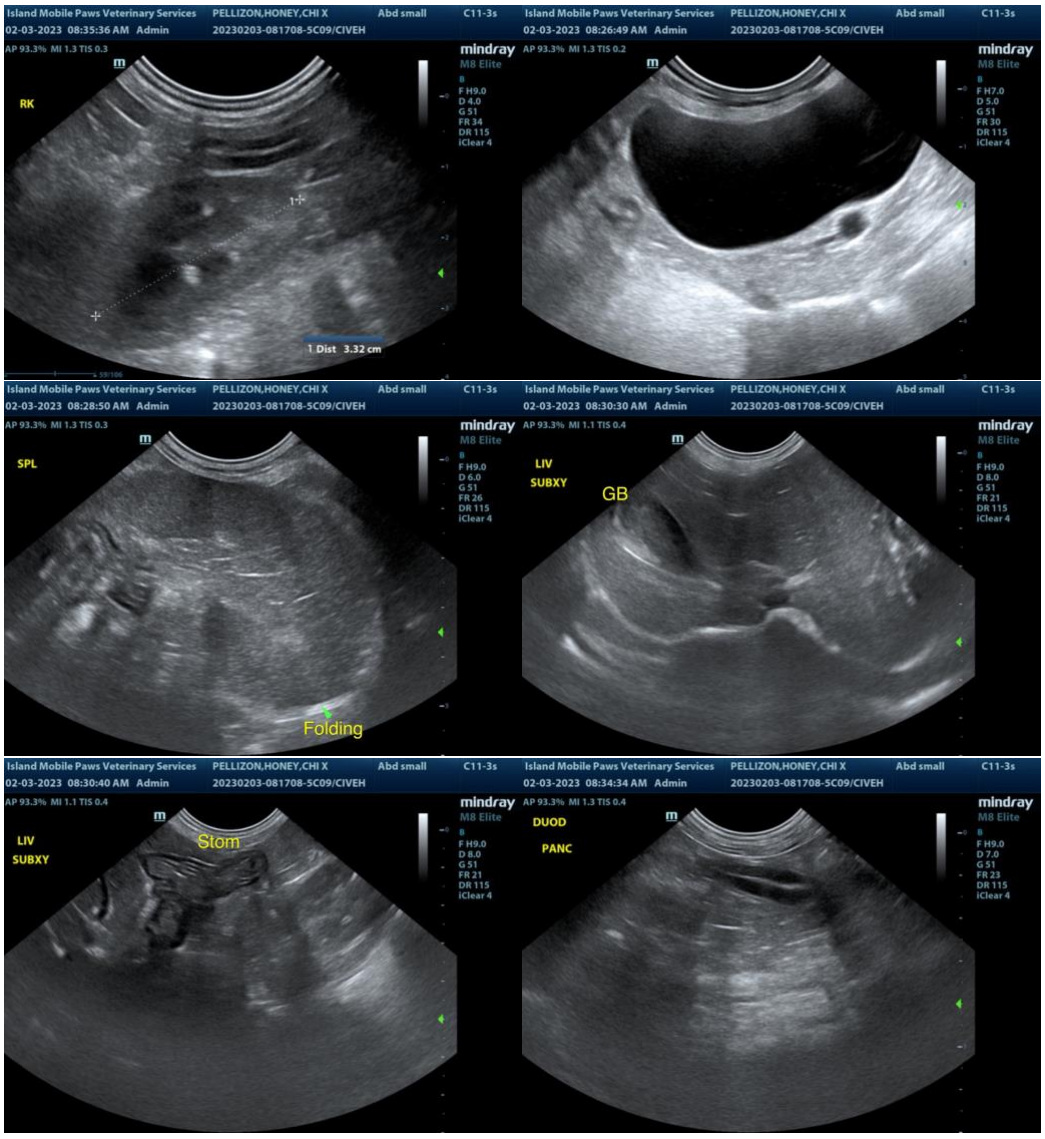
Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

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

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



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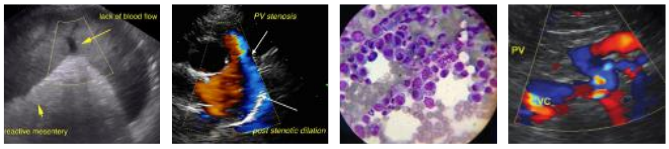

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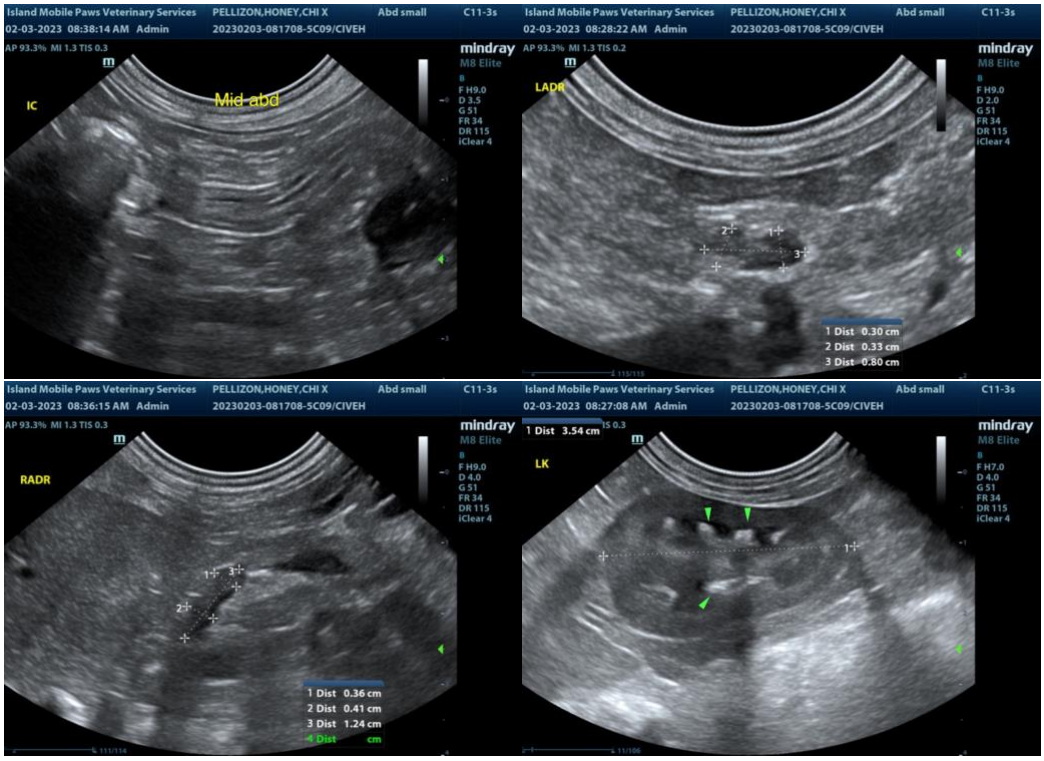

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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