


PATIENT PRESENTING CLINICAL SIGNS

Nakai Davidson

History: Acute onset lethargy and hyporexia few days after a routine repeat Cytopoint injection.

SPECIES

Physical Examination: Icterus.

Canine

Urinalysis: N/A.

BREED

Labrador retriever

CBC: Regenerative anemia, thrombocytopenia, negative Coombs' test.

Serum Biochemistry: Severely elevated ALP activity, elevated bilirubin and SDMA, and mildly elevated ALT and AST activity and glucose. Reduced albumin but still within reference range.

Radiographic Findings: Normal.

SEX

MN

Age

8 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Distended urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT

45.8 kg

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

 Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM

Normal renal size (left 7.4 cm, right 6.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechoic prostate.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.46 cm, right 0.72 cm.

HOSPITAL NAME

Signal Hill Animal Clinic

Spleen

Enlarged with a diffuse hyperechogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Small hypoechogenic parenchymal nodule (0.6 cm) in the body of the spleen. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET

Dr Sweet

Liver
INVOICE

304121

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gall bladder
DATE

4/14/23

Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal appearance of the neck of the bladder with no dependent or adhered sediment evident. Normal bile duct with no dilation or obstruction evident.


PATIENT
Gastrointestinal

Nakai Davidson

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.44 cm) and peristalsis, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Labrador retriever

Free Abdomen
SEX

Normal mesenteric lymph nodes.
No ascites evident.

MN

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Primary Findings:

WEIGHT

45.8 kg

- Splenomegaly.
- Splenic nodule.

Secondary Findings:

INTERPRETED BY

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the spleen would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the splenic nodule would be incidental hyperplasia, granuloma, abscess, and neoplasia.

On this ultrasound there is no obvious reason for the severely elevated ALP activity as reported causes are cholestatic disorders, severe hepatocellular carcinoma, bile duct carcinoma, and cortisone therapy; none of which appear to be present in this case. A possibility would be that there was a transient and self-resolving obstruction of the bile duct. Monitoring of ALP activity and bilirubin would be indicated.

Although the Coombs' test is negative with the regenerative anemia, thrombocytopenia, and appearance of the spleen non-associative (primary) immune-mediated hemolytic anemia would be a likely diagnosis with vector-borne disease a differential diagnosis.

With the age of the patient, the elevated SDMA may be from early renal disease, however, elevated activity has been associated with lymphoma.

Further assessment would be urinalysis, 4Dx/PCR for vector-borne disease and FNA cytology of the spleen and splenic nodule, the latter to rule out infiltrative neoplasia as a possibly etiology. FNA cytology of the liver can be considered if there is no resolution of the elevated ALP activity

Specific therapy would be dependent on an etiological diagnosis. Treatment for immune-mediated hemolytic anemia would be warranted.

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IMAGES

Spleen



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.

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