



**PATIENT PRESENTING CLINICAL SIGNS**

Raven Juliano History: IMHA.  
Physical Examination: N/A.  
**SPECIES** Urinalysis: N/A.  
Canine CBC: Normal.  
**BREED** Serum Biochemistry: Normal.  
Pitbull terrier Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

**Age** Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.  
4 years

**WEIGHT** Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.  
70 #

Iliac lymphadenomegaly (left 0.5 x 1.5 cm, right 0.8 x 3 cm) with normal shape and echogenic appearance. Ureters not visualized.

**INTERPRETED BY** Normal renal size (left 7.1 cm, right 7.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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ECVIM

**Reproductive System**

N/A.

**IMAGING PERFORMED BY Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.39 cm, right 0.36 cm.

**HOSPITAL NAME Spleen**

Oviedo Veterinary Care and Emergency Enlarged (2.8 cm) with increased echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET Liver**

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

**INVOICE Gall bladder**

304126 Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

**DATE**

4/15/23



**PATIENT**

***Gastrointestinal***

Raven Juliano

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.49 cm, duodenum 0.38 cm, colon 0.18 cm) and peristalsis and no distension of the lumen.

**SPECIES**

Canine

***Pancreas***

Normal size (left 1.5 cm, right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Pitbull terrier

***Free Abdomen***

**SEX**

Mesenteric lymphadenomegaly (0.9 x 3.3 cm) with normal shape and echogenic appearance. Small amount of acellular ascites present.

FS

**Age**

**ULTRASONOGRAPHIC FINDINGS**

4 years

Primary Findings:

**WEIGHT**

- Splenomegaly.
- Lymphadenomegaly.
- Ascites.

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Secondary Findings:

**INTERPRETED BY**

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

The most likely etiology for the spleen would be reactive secondary to the IMHA with splenitis and infiltrative neoplasia, differential diagnoses.

Sonya Myers, DVM

**HOSPITAL NAME**

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

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Emergency

The ascites can be ascribed to the splenomegaly and lymphadenomegaly.

**REFERRING VET**

Further assessment that could be considered would be FNA cytology of the spleen and lymph nodes and analysis of the ascitic fluid to exclude an associative (secondary) IMHA.

Dr Chow

Specific therapy would be dependent on an etiological diagnosis. Management of the IMHA would be prednisolone with the addition of cyclosporin and/or mycophenolate (if there is not a satisfactory response) and blood transfusions as needed.

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**PATIENT IMAGES**

Raven Juliano

**Spleen**

**SPECIES**

Canine

**BREED**

Pitbull terrier

**SEX**

FS

**Age**

4 years

**WEIGHT**

70 #



**INTERPRETED BY**

**Iliac lymph node**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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**REFERRING VET**

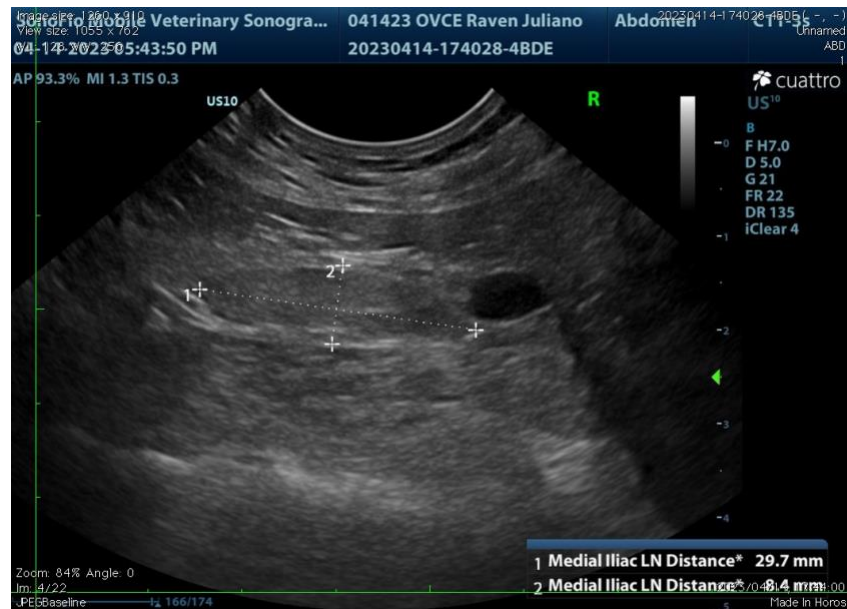
Dr Chow

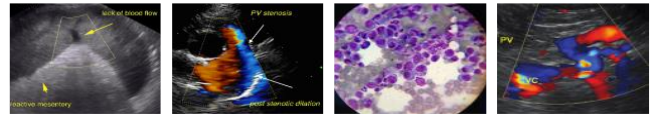
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**PATIENT**

**Mesenteric lymph node**

Raven Juliano

**SPECIES**

Canine

**BREED**

Pitbull terrier

**SEX**

FS

**Age**

4 years

**WEIGHT**

70 #



**INTERPRETED BY**

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ECVIM

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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
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**HOSPITAL NAME**

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Emergency

**REFERRING VET**

Dr Chow

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