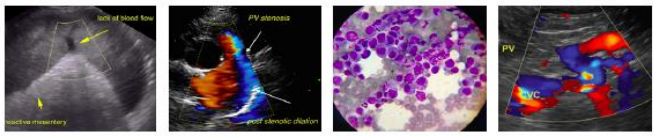


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Levi Bettin

SPECIES
Canine

BREED
Golden Retriever

SEX
MN

AGE
5 years

WEIGHT
72 #

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr Gromalak

DATE
9/14/22

History
Mild thrombocytopenia (136) and leukopenia on pre-dental bloods. History of elbow dysplasia and allergic dermatitis.

Therapy
Chronic therapy for DJD and allergic dermatitis - carprofen dasaquin, Omega 3 and Apoquel.
Course of prednisolone – 50 mg SID.
Course of azathioprine – 62.5 mg SID.

Physical Examination
Initial pre-dental exam was normal but now showing lethargy, diarrhea, vomiting, and PuPd.

Urine Analysis (9/12)
SG 1.009, mild inflammation and proteinuria.

Repeated Hematology
Fluctuating thrombocytopenia – from 82-136, and mild leukopenia.

Repeat serum biochemistry
Initial pre-dental bloods were within reference range, now showing mild azotemia.

4Dx (7/15)
Negative.

Abdominal Ultrasound (7/15)
Incidental splenic nodule.

Survey radiographs (7/15)
Normal.

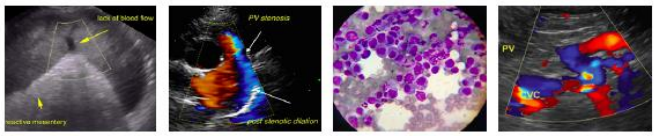
INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES

The important findings are:

- Fluctuating thrombocytopenia that was picked up on routine bloods without any obvious associated clinical signs and no response to prednisolone and azathioprine therapy.
- Constant mild leukopenia.
- Recent onset GI tract signs and lethargy.

Etiologies for the thrombocytopenia would be primary immune-mediated (IMT), secondary to infectious and inflammatory diseases and neoplasia, or a drug reaction. In this patient's case, secondary etiologies and a drug reaction appear to have been ruled.

With IMT, clinical signs (petechia, ecchymosis, and epistaxis) would be expected, which is not reported and the patient was presented for a routine dental procedure with no other clinical signs. Further evidence against the presence of IMT is the lack of response to prednisolone and azathioprine. Possible etiologies would be cyclic thrombocytopenia (*Anaplasma platys*) or that this is his normal thrombocyte count, the latter would also be in line with the constant mild leukopenia.



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Although the recent onset of GI tract signs may merely be non-specific gastroenteritis (viral, parasitic, toxins, dietary indiscretion), acute pancreatitis secondary to the azathioprine would be an important considered. The other important side effect of azathioprine is bone marrow suppression.

Although the azotemia is most likely pre-renal in origin, with the isosthenuria, acute kidney injury (toxins, hypoxia) and Leptospirosis would be differential diagnoses.

RECOMMENDATIONS

Further assessment would be:

- cPL/PSL assay.
- Drug history – ensuring no exposure to possible nephro-toxic drugs or chemicals.
- *Leptospira* serology and/or PCR.

Without further assessment or a specific diagnosis, initial symptomatic therapy would fluid therapy, anti-emetics, opioid analgesics, and intestinal absorbents/protectants; with monitoring of renal function.

As there is no convincing evidence that this patient has IMT, discontinuing all immune-suppressive therapy and monitoring thrombocyte count and for any developing associated clinical signs would be recommended.

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za