

Report Requested By
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TVC-CASE-918117

Rosco (McGuire)

Dog | Hound Mix | 4 years, 3 months and 19 days | Male (Neutered)

Finalized : 2025-10-16

Submitted : 2025-10-14

Abdominal Ultrasound

Clinical Findings

Primary Reason for Exam and Relevant History

See records attached. Pet went to ER 10/12/2025 for being lethargic, vomiting, slow and shallow breathing. Last year, P encountered a fox 2x following these encounters, P started to shake and V+, as well as having diarrhea and incontinence incidents around the house. After consulting with rDVM, O was told these could be symptoms of an anxiety attack. 10/8/25 P was eating an abnormal amount of grass and was lethargic and unmotivated until parents arrived home, and lethargy and abnormal eating habits stopped. Today, this AM P had norm B/M until 4 pm when P came in contact with nearby dogs. 5 mins after contact, P immediately started to V+, became lethargic, and was lateral. As P was being taken to the ER, O noticed P's MM were pale.

6:45 PM P v+ foamy food piles, with a ting of blood

7:10pm P V a foamy food pile, with a few more tinges of blood

7:34PM P V 1 foamy pile

7:45p - v+ with blood

Weight 62 pounds

History

Patient History:

- Presented to ER (2025-10-12) for:
 - Lethargy
 - Vomiting
 - Slow and shallow breathing
- ER findings:
 - Radiographs: Large amount of unformed stool in colon, mild-moderate gastric gas, moderate small intestinal gas
 - Blood work abnormalities:
 - ALT: 786 (elevated)
 - Bilirubin: elevated
 - Platelets: 114 (low)

- Treatments:
 - Cerenia injection
 - SubQ fluids
- Started on:
 - Denamarin
- Current status:
 - No vomiting since ER visit
 - Remains lethargic
 - Hyporexic (will only eat when hand-fed)
 - Normal defecation
 - Normal urination
 - Breathing appears normal to owner
 - Decreased water consumption

Technician: Olivia!

Activity level: Decreased

Exam

Vital Signs:

Weight: 62 lb

Temperature: WNL

Heart Rate: WNL

Respiratory Rate: WNL

Mucous Membranes: pink but tacky

BCS: 6/9

Findings:

Eyes: Clear OU, no discharge or redness

Ears: Clean AU, no discharge or inflammation

Nose: Clean, no discharge

Oral: Mild tartar and gingivitis

Heart: Normal rate and rhythm, no murmurs or arrhythmias

Pulses: Strong and synchronous

Lungs: Clear lung fields bilaterally, no crackles or wheezes

Musculoskeletal: No appreciable lameness, normal muscle mass/tone

Integument: Healthy hair coat and skin, no ectoparasites seen

Peripheral Lymph Nodes: Non-palpable or less than 0.5 cm

Abdomen: Soft, non-tender, no masses or organomegaly

Urogenital: Normal external genitalia, no discharge or inflammation

Neurologic: BAR but lethargic

Assessment

Problem List:

- Progressive thrombocytopenia (platelets decreased from 114 to 93) - r/o tick-borne disease, immune-mediated disease, neoplasia, infection
- Elevated liver enzymes (ALT 660, improved from 790) with thrombocytopenia - r/o hepatopathy, toxin exposure, infectious disease
- Lethargy/hyporexia - r/o post-ER recovery, GI disease, hepatopathy
- Recent GI signs (historical) - r/o dietary indiscretion, inflammatory bowel disease, metabolic disease
- Elevated reticulocytes with dehydration - r/o splenic disease, bone marrow disorder

Plan

Diagnostics:

- Blood work results (2025-10-14):
 - ALT: 660 (decreased from 790)
 - Platelets: 93 (50-100 on confirmatory test)
 - Elevated reticulocytes (127.7)
 - Signs of dehydration present (hemoconcentration)
- Abdominal ultrasound recommended for Thursday:
 - To evaluate liver and spleen
 - Cost estimate: \$450
- 4DX: HW(-)Lyme(-)A(-)E(-)

Treatment Plan/Medications:

- Initiated:
 - Doxycycline - empirical treatment for possible early tick-borne disease
 - Rx: Doxycycline 100mg: 1.5 tablets BID x30 days with food
- Continue:
 - Denamarin as prescribed

Client Communication:

- Discussed blood work results and concerns about declining platelet count
- Reviewed possible causes of thrombocytopenia:
 - Infectious disease (including early tick-borne disease)
 - Immune-mediated process
 - Neoplasia
 - Idiopathic
- Explained rationale for empirical doxycycline treatment
- Discussed ultrasound benefits:
 - More detailed visualization than x-rays

- Can evaluate both liver and spleen
- Client elected to proceed with ultrasound
- Will call with ultrasound results when available

Current Medications/Doses

Doxycycline 100mg- 1.5 PO BID

Denamarian 425mg- Give 1 tablet orally once a day on an empty stomach and 2 hours before food

Omeprazole (Prilosec) 20mg 1 tablet orally twice a day for 2 week

Lab Tests

See attached file

Ultrasound Summary

Findings

Multiple static images and video clips from an abdominal ultrasound exam are available for interpretation. The urinary bladder is moderately distended with anechoic fluid. Urinary bladder wall thickness is normal. The prostate is within normal limits. Medial iliac or sublumbal nodes are within normal limits in size and shape. The spleen is normal in echogenicity and is homogeneous. Renal cortical echogenicity and corticomedullary definition is normal. The left adrenal is normal in size measuring up to 5.9 mm in thickness at the caudal pole. The right adrenal is also normal measuring up to 5.3 mm in thickness at the caudal pole. The gallbladder contains anechoic fluid and is moderately distended. Gallbladder wall thickness is normal. The parenchyma of the liver is subjectively slightly decreased in echogenicity. The parenchyma is mildly coarse in echotexture with the serosal margins of the liver being very mildly irregular. Subjectively the liver is not enlarged. The stomach contains a small amount of gas and gastric wall layering and thickness is normal. Wall layering throughout the small bowel and colon is normal. The pancreas is normal in echogenicity. No free fluid is noted. No abnormal mesenteric nodes are noted.

Conclusions

There is mild decreased echogenicity of the liver with coarse parenchyma. An inflammatory hepatopathy is suspected and could be secondary to an infectious etiology, toxin, immune-mediated inflammation, or copper storage abnormality. An infiltrative neoplastic process such as a lymphoma is less likely as I do not appreciate hepatomegaly.

Supportive care would be beneficial with assessment for response to the medical management of possible underlying tickborne disease. Recheck assessment of ALT levels would be recommended in 2 to 4 weeks, sooner if clinical signs progress, with recommendation for consultation with an internal medicine specialist for possible hepatic biopsy if symptoms persist and if platelet numbers are adequate.

