

Uno scorcio della cavità toracica durante l'ecografia addominale: incidentali o campanelli d'allarme?

Gliola Spattini
DVM, GP cert. Cardio, CCRT, PhD, DECVI



Objectives

- The abdominal–thoracic interface should be evaluated
- All artifacts should be assessed



Lilli, Mongrel, FS, 12 years

- Jaundiced
- Treated for pancreatitis
- Not responding
- Blood work pending

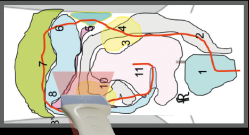


Lilli, FS, 12 years



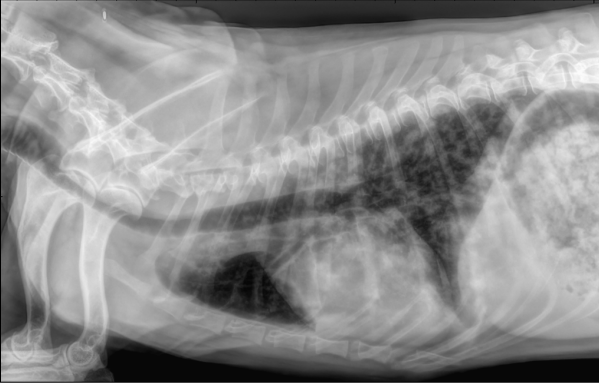
Probe position in a different patient

8





Lilli, FS, 12 years





Lilli, FS, 12 years

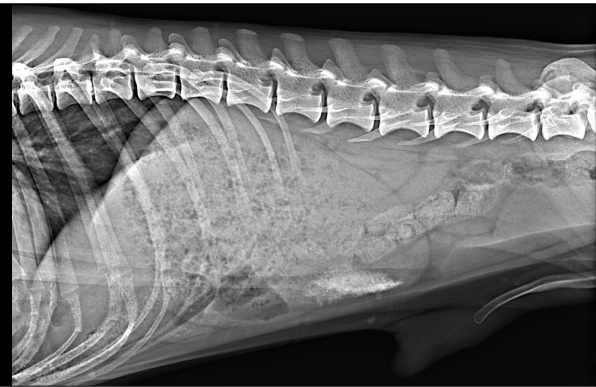
Final diagnosis pancreatic adenocarcinoma



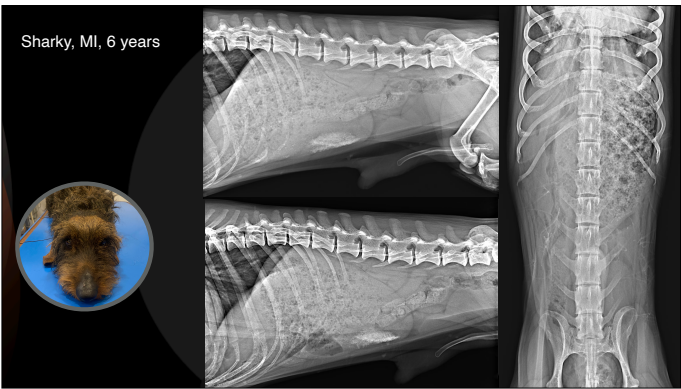
Sharky, MI, 6 years

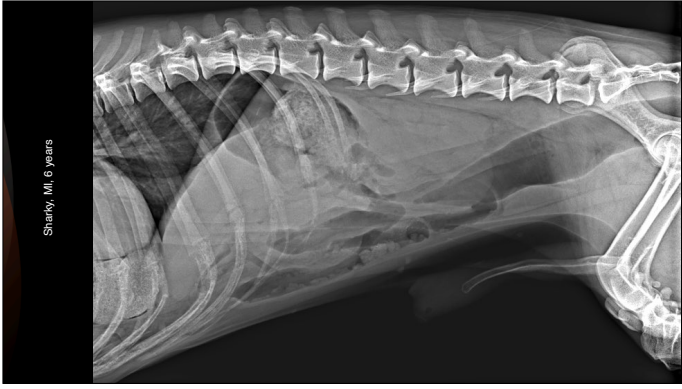


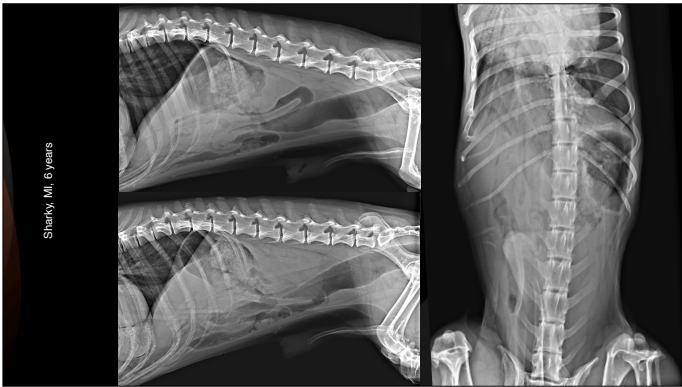
Sharky, MI, 6 years



Sharky, MI, 6 years







Sharky, Wirehaired Dachshund, MI, 6 years

Radiographic diagnoses:

- Overdistended stomach
- Cardiomegaly?
- Displaced colon?



The photograph shows a Wirehaired Dachshund dog lying on a blue surface. The dog appears to be in a clinical setting, possibly a hospital or a veterinary clinic. The dog's fur is thick and wiry, characteristic of the breed. The dog is looking towards the camera with a somewhat somber expression.

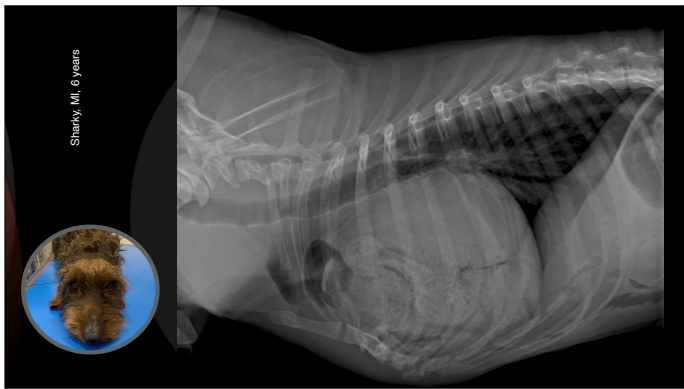
Sharky, Wirehaired Dachshund, MI, 6 years

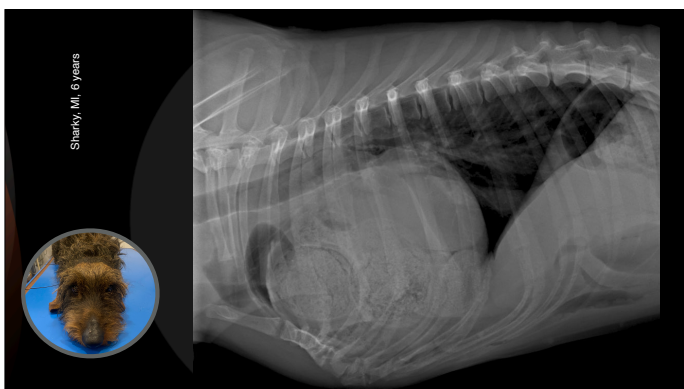
Ultrasonographic diagnoses:

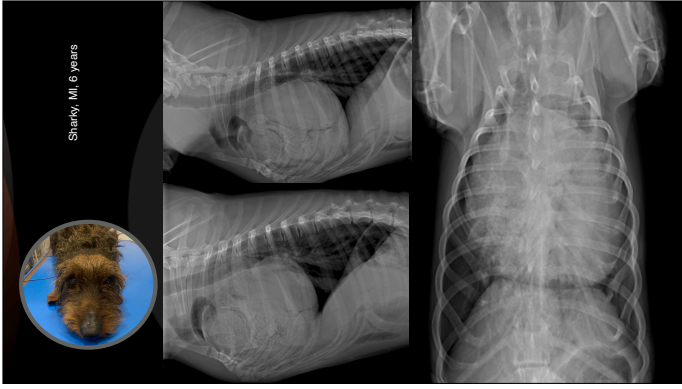
- Abdominal organs displaced in the chest
- Left displacement of the cardiac silhouette



What next?







Sharky, Wirehaired Dachshund, MI, 6 years

Final diagnoses:

- Congenital PPDH
- Constipation
- Underlying chronic enteritis

What next?

Sharky, Wirehaired Dachshund, MI, 6 years

Follow up

- Several episodes of acute abdomen: surgery and GE biopsy were performed
- Eosinophilic-plasmacytic chronic enteritis
- Managed well with immunosuppressive treatment (Mycophenolate)

Still doing fine 1 year later

Romeo, DSH, MN, 1 year

- For two days lethargic and anorexic
- Chronic vomiting once a week for the last four months
- Tense abdomen and mild dehydration on PE



Romeo, 1 year

Blood works



RBC (milioni μL):	8.14	6.35	9.50	Acanthociti:	+	Elipctociti:	
HGB (g/dL):	10.5	9.6	14.3	Anisocitosi:		Ipocromia:	
HCT (%):	29.2	28.0	42.5	Agglutinazione:		Macrocti:	
MCV (fL):	35.8	38.0	49.5	Codociti:		Microcti:	
MCH (pg):	12.9	12.6	16.0	Cheratociti:		Parassiti eritrocitari:	
MCHC (g/dL):	36.0	33.0	35.0	Cinociti:		Policromasia:	
CHCM (g/dL):		30.0	33.5	Corpi di Heinz:		Pantopigmentazione basofila:	
CH (pg):		12.0	15.5	Corpi di Howell-Jolly:		Rouleaux:	
CHDW (pg):		1.70	2.70	Cristalli di Hb:		Schistociti:	
RDW (%):	18.8	14.2	17.4	Dacriociti:		Selenociti:	
RDW (g/dL):		1.60	2.50	Drepanociti:		Sferociti:	
NRBC/100 WBC:	0	0	0	Eccentricociti:		Stomatociti:	
				Echinociti:		Torociti:	
Varie RBC:							
WBC (x 1000 μL):	11.1	5.0	11.0	Linfociti attivati:	+		
Conta corr. WBC (x 1000 μL):		5.0	11.0	Linfociti atipici:			
Mielociti (μL):	0	0	0	Neutrofili tossici:			
Metamielociti (μL):	0	0	0	Corpi di Doehle:			
Neutrofili banda (μL):	0	0	300	Schizomielociti citopL:			
Neutrofili segmentati (μL):	921.3	2500	7000	Vacuolizzazione citopL:			
Linfociti (μL):	1332	1300	3500	Basofilia citopL:			
Monociti (μL):	111	65	250	Granuli tossici:			
Eosinofili (μL):	444	70	600	Neutrofili giganti:			
Basofili (μL):	0	0	110	Macropoliciti:			
Danneggiate (μL):	0	0	0				
Indifferenziate (μL):	0	0	0				
Altre (μL):	0	0	0				
Varie WBC:							
PLT (1000 μL):	434	130	430	Stima PLT:	ADEG: <input type="checkbox"/> IMADG: <input type="checkbox"/> AUMENT: <input checked="" type="checkbox"/>		
MPV (fL):	12.8	7.9	17.5	Varie:	Piastrine attivate: <input type="checkbox"/> Macroplastrine: <input type="checkbox"/>		
PCT (%):	0.545	0.20	0.50		Piastrine allungate: <input type="checkbox"/> Includi piastrine: <input type="checkbox"/>		
PDW (%):	14.4	55.0	70.0				

Blood works

CPK (IU/L):	492	40-150					
AST (IU/L):	28	20-60					
ALT (IU/L):	33	15-50					
ALP (IU/L):	41	10-70					
GGT (IU/L):	1.8	1.5-12					
Coliesterasi (IU/L):		1055-3050					
Bilirubina Totale (mg/dL):	0.22	0.1-0.5	Tempo di tromboplastina parziale attivata - aPTT (sec):	74.7	10.5	21.0	
Proteine Totali (g/dL):	7.5	5.8-8	Tempo di protrombina - PT (sec):	12.6	10.0	12.1	
Albumine (g/dL):	4.2	2.5-4.0	Fibrinogeno (mg/dL):	380.1	125	240	
Globuline (g/dL):	3.3	2.8-5.0	Prodotti di degradazione della fibrina/fibrinogeno - FDPs (ng/mL):	3.31	< 4		
Rapporto A/G:	1.27	0.4-1.3	Antitrombina (%):	191	108	160	
Cholesterolo (mg/dL):	93	70-200					
Trigliceridi (mg/dL):	31	30-100					
AMILAS (IU/L):	908	350-1800					
Urea (mg/dL):	29	20-65					
Creatinina (mg/dL):	1.30	0.7-1.6					
Glucosio (mg/dL):	159	80-145					
Calcio (mg/dL):	9.0	8.0-11.2					
Fosforo (mg/dL):	4.2	2.4-5.0					
Magnesio (mg/dL):		0.81-1.05					
Sodio (mEq/L):	150	141-155					
Potassio (mEq/L):	4.5	3.0-5.5					
Rapporto Na/K:	33	31-43					
Cloro (mEq/L):	116	110-130					
Cloro corretto (mEq/L):	121	112-119					
HCO ₃ (mmol/L):		12.0-22.5					
Divario Anionico:		-					
Chemol. sier. calc. (mOsm):	293	285-296					
Ferro totale (pg/dL):	34	110-170					
TIBC (pg/dL):		130-225					
TIBC (pg/dL):		175-303					
Saturazione (%):		19.5-42.5					
SAA (ng/ml):	166	0.1-0.5					

Romeo, 1 year

Severe systemic inflammation



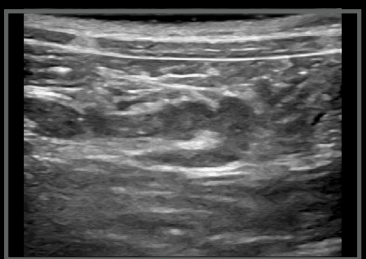
FIV and FELV: -

Abdominal ultrasound

Romeo, MN, 1 year

Probe position in a different patient

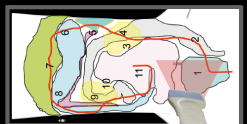

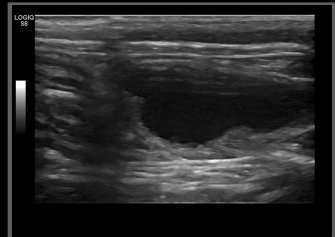
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Romeo, MN, 1 year

Probe position in a different patient

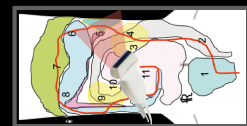

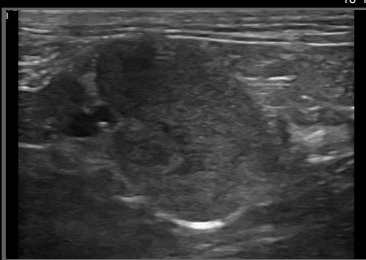
11-1

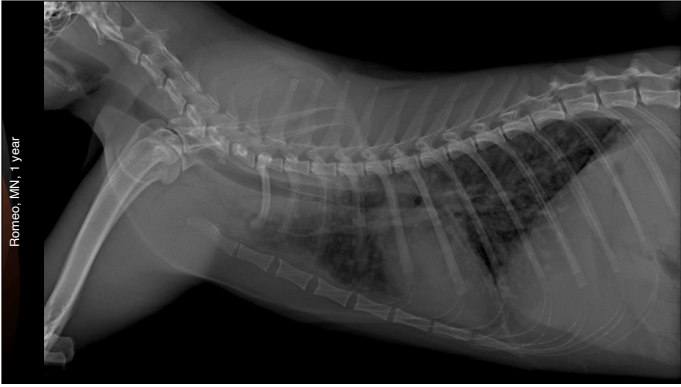


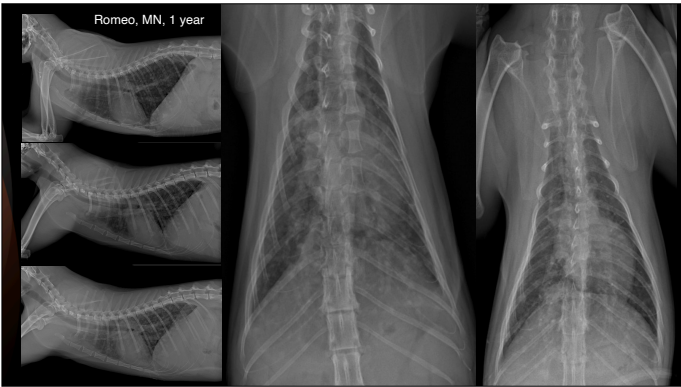
Romeo, MN, 1 year

Probe position in a different patient

10-11







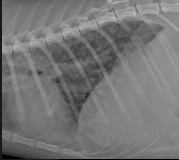
Romeo, DSH, MN, 1 year

Radiographic diagnoses:

- Peribronchial / military interstitial pattern
- Metastasis/carcinomatosis
- Granulomas (FIP)
- Eosinophilic granulomas
- Severe chronic lower airways disease

Otherwise unremarkable thorax

What next?



Romeo, DSH, MN, 1 year

One month later

- Losing weight
- Poor appetite
- Lethargic
- Stable blood works



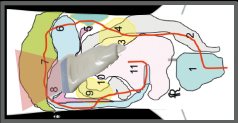
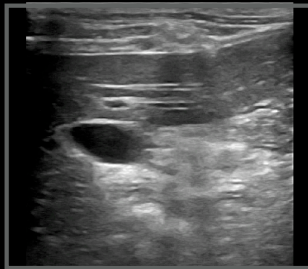
Romeo, MN, 1 year

One month later

Probe position in a different patient



8-7-10



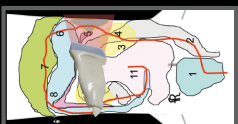
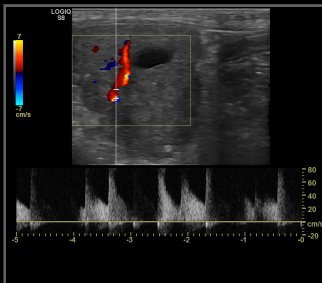
Romeo, MN, 1 year

One month later

Probe position in a different patient



5



Conclusions

- Young age is not sufficient to rule out severe infiltrative conditions
- Always check the thorax interface, even during an abdominal ultrasound



Rebirth with solid roots

Thank you



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