Signalment: Tank, 8 yr MC French Bulldog

Presenting Complaint: Vomiting (5 times over the course of 24 hrs). Progressive lethargy and weakness.

History: History of infected dewclaw that warranted Cephalexin administration earlier in the week. History of 6 pounds of weight loss over 6 months. Previously healthy dog.

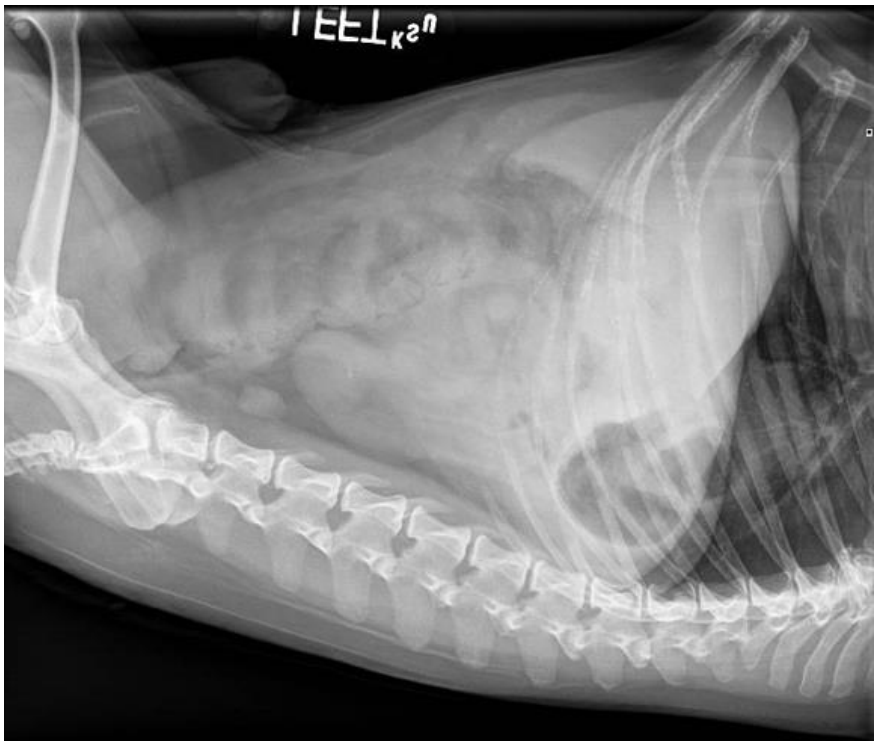
PE Findings: Patient was quiet, alert, and responsive on presentation, with a normal temperature, pulse, and respiration.

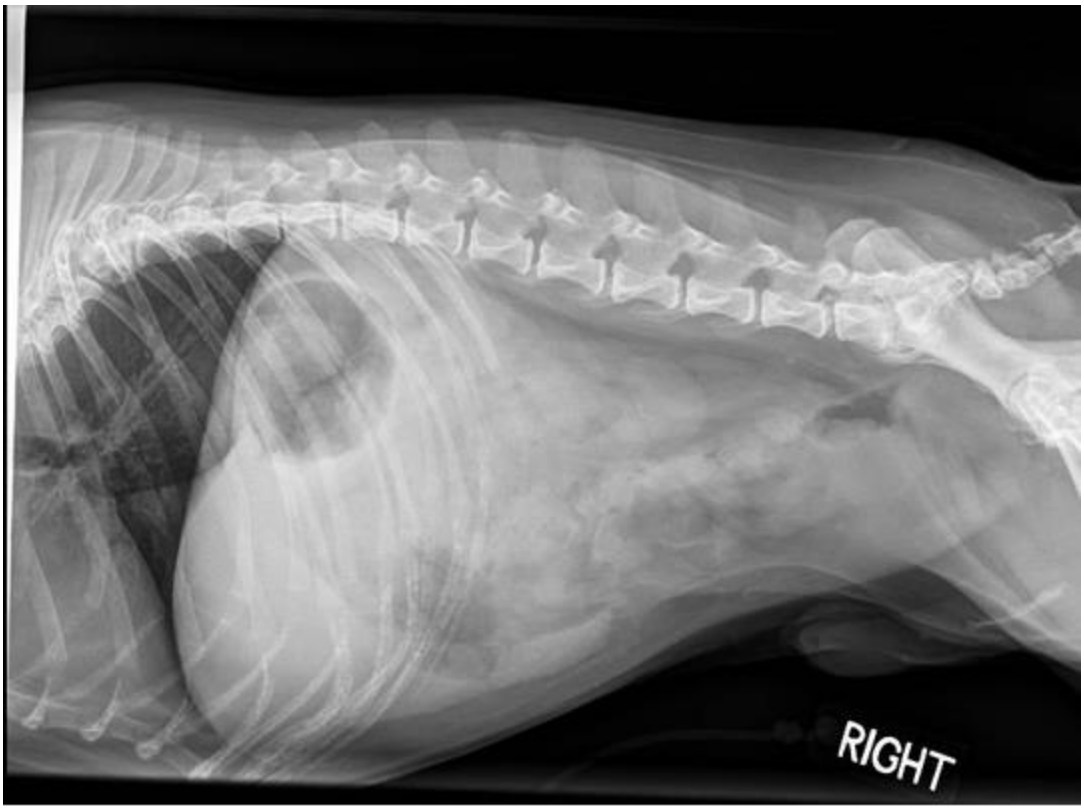
Blood Work:

- CBC: Stress leukogram (leukocytosis, neutrophilia – left shift, monocytosis), regenerative anemia
- Chemistry panel: hyperglycemia (192 mg/dl), ↑CRT (1.8 mg/dl), hypoalbuminemia (2.6 g/dl), hyperglobulinemia (3.6 g/dl), hypochloremia (102 mm/L), ↓ bicarbonate (14.9 mmol/l), ↑ anion gap
    - Hyperglycemia can be attributed to excitement/fright, especially in light of the stress leukogram and that Tank has no other signs of diabetes mellitus.
    - ↑ CRT can be attributed to hypovolemia or dehydration (pre-renal azotemia), renal insufficiency (renal azotemia), or a combination of the two.
    - Hypoalbuminemia with hyperglobulinemia indicates a chronic inflammatory process.
    - ↓[Cl-], ↓[HCO3-], and ↑anion gap indicates H+ and Cl- are being excreted, a renal compensatory mechanism for academia. This is likely due to chronic renal insufficiency.

Diagnostic Plan:

- Stabilization
    - Fluid therapy
    - Famotidine IV
    - Cerenia SQ
- Imaging
    - Radiographs – 3 view abdomen





- Findings
    - Loss of serosal detail, but normal abdominal contour
    - Multiple thoracic hemivertebrae
    - Ventral bridging and spondylosis in caudal lumbar vertebrae at lumbosacral junction and at the left femoral neck.
    - Left cranial abdomen – rounded, poorly marginated, soft tissue opaque mass
        - Although the mass is poorly defined, its presence in the abdomen is apparent via its mass effect, an area of poor serosal detail with increased soft tissue opacity where normal organs are not clearly visualized. It is important to note this to help identify possible organs of origin. In Tank's case, the mass effect is displacing small and large intestines caudally and to the right.
    - 1 small soft tissue opacity located on the right abdomen in the cutaneous area at the level of L6 (in lateral projections – it is superimposed over bowel)
    - Multiple small mineral opacities superimposed over the kidneys
    - Soft tissue mass super imposed over the diaphragm/caudal thorax that is most noticeable in the left lateral. In the 2nd left lateral view, this is reduced in size.
- Conclusions
    - Abdominal effusion – hemorrhagic, neoplastic, exudate
    - Abdominal soft tissue mass (neoplasia, hematoma, abscess, cyst, granuloma). Based on displacement and mass effect, possible organs of origin include liver and/or spleen
    - Hiatal hernia
    - Bilateral nephrocalcinosis/nephrolithiasis

- Cutaneous skin tag/neoplasm
- Left coxofemoral osteoarthrosis
- Spondylosis of lumbosacral vertebrae

- Ultrasound

        - Findings
            - Anechoic peritoneal fluid (1st image)
            - Multiple mixed echogenic nodules diffusely in the liver, the largest measuring approximately 1.5”
            - Head of spleen contains a large, heterogenous, mixed echogenic mass with multiple other smaller <2 cm nodules
            - Mineralizations in the kidneys were also found bilaterally
        - Conclusions
            - Anechoic peritoneal fluid – hemorrhagic, neoplastic, modified transudate
            - Nodules in the liver – differentials of neoplasia, hematoma, or abscess
            - Nodules in the spleen – differentials of neoplasia, hematoma, or abscess
            - Nephrocalcinosis/nephrolithiasis (consistent with what was found radiographically)
- Abdominocentesis
    - PCV = 29%
    - TP = 6.7
    - Confirms a hemoabdomen

Follow-Up

At this time, the clinician sent Tank home on Yunnan Baiyao (1 capsule PO q 8-12 hrs). The client was scheduled for a follow-up, and the owner did not appear and did not answer subsequent phone calls from the VHC. The standard of care would be referral to oncology for FNA and/or surgical biopsies of the nodules and hepatic/splenic masses to characterize the nodules more effectively for treatment.