

ANTECH IMAGING NEWS

NEW WEBSITE COMING SOON!

The updated site will still be accessible through www.AntechImagingServices.com.

Simply login with your current username and password for continued access to your images and to submit consults. New features include:

- Descriptions of consult types with current turnaround times
- Complete bios of our specialists searchable by name or specialty
- Direct links to How-to PDFs and X-ray course materials
- Simplified contact with Customer Support and Technical Support
- Direct access to PennHip information

We are excited to launch these improvements in the near future!



Who can you call?

For technical questions:

AIS Telemedicine
Support (24/7/365)
Office: 1-877-727-6800
Fax: 1-877-870-4890
Support@AntechImagingServices.com

For all other questions or concerns

Lisa Ziemer, DACVR Chief Medical Officer
LisaZiemer@AntechImagingServices.com

THIS ISSUE'S FEATURED SERVICE...

ULTRASOUND & INTERNAL MEDICINE

Follow these tips to get the most out of ultrasound consults:

1. Provide the correct signalment, pertinent history, and your clinical impression are paramount to an accurate read. Think about going into an exam room with none of this information about your patient... would your diagnosis be efficient and precise?
2. Most studies can be completely done with 30-40 still images and 10-15 motion clips. Make sure to annotate each.
3. Recommended to submit: transverse/sagittal of kidneys, full spleen hilum, several bowel segments cross-section/longitudinal, several images of liver/gallbladder, and adrenals/pancreas if possible.

AIS Internal Medicine Specialist Dr. Stacy Randall, DVM, DACVIM

Hometown: Born in Key West Florida but rather nomadic

Hobbies: World travel, historic Titanic, languages, photography of whales and honu, writing, cross stitch, fencing & dance

Pets: 1 black and white cat though have 3 grand cats. At one time, I had 9 cats, a lab and a grown buck who was very spoiled & raised from 3 days old!

Academic: Antioch College
Univ. Florida College of Vet Medicine DVM
Purdue U College of Vet Med Internal Medicine residency

Practice: Affiliated Veterinary Specialists, Mainland Florida
South Texas Veterinary Specialists, San Antonio TX

Interest: Renal, Endocrine and Oncology



Words of Wisdom:

Life is 10% what happens to you & 90% how you react to it!

WHAT'S YOUR DIAGNOSIS? Quick Case Study



Patient: "Charm", a 2 yr old F/S German Shepherd

History: Shelter rescue operation in N. Canada

Symptoms: Hematuria, otherwise NSF

Urinalysis: 2+ WBC, 3+ RBC, pH 5.0, SG 1.044, 2+ protein, possible worm

Ultrasound: Selected image demonstrates cross-section areas of worms. These are external to the kidneys and in the region of the peri-renal tissue, caudate lobe of the liver and renal capsule.

Diagnosis: Dioctophyma renale (giant kidney worm)

Discussion: This is a rare finding and would never have been identified on radiographs. The still images of the cross-section cystic structures are classic for the parasite and help to discern that surgery and debulk could be considered and that a long course of febendazole is warranted as these structures are still present after treatment.



Worm Image by RE Mandelager CC BY-SA 3.0 (<https://creativecommons.org/licenses/by-sa/3.0/>) from Wikimedia Commons



WHAT'S YOUR DIAGNOSIS? Featured Case Study

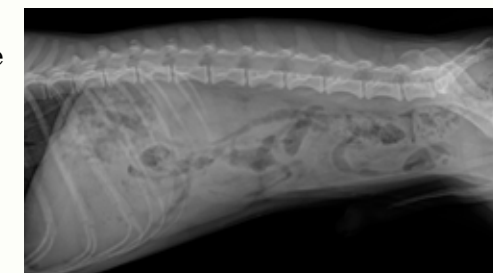


Patient: Scruffy, a 2 year old M/N Morkie

Symptoms: Episodes of vomiting and disorientation

Labwork: Severe elevations of post-prandial bile acids

Urinalysis: pH = 8.5, S.G. 1.002, protein 1+, RBC 3+



Radiographs: Subjectively small liver. No stones visible.



Fig. 1: The liver is rounded, hyperechoic, coarse, and granular without defined target lesions. The gallbladder is distended with some biliary debris without choleliths or intrahepatic cholestasis.

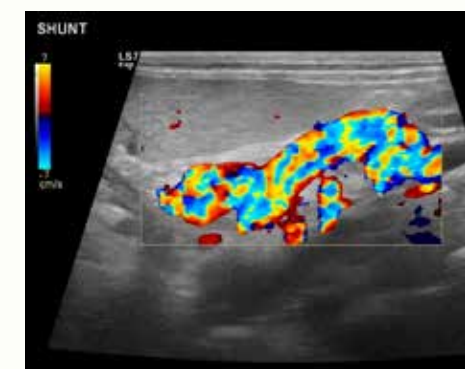


Fig. 2: Color flow to the region is diffusely distended, abnormal and turbulent. There are various feeder vessels visible.

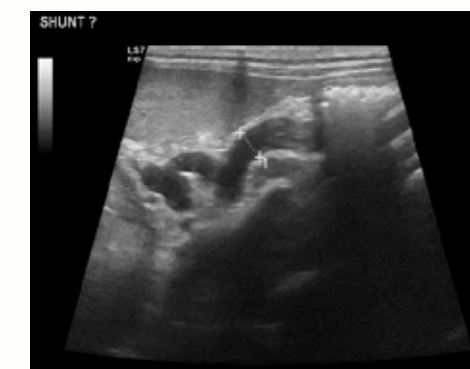


Fig. 3: There is a large, tortuous aberrant vessel adjacent to the spleen.

Assessment: The large, turbulent, abnormal vessel could be compatible with a shunt. This would be consistent with the clinical signs, breed, bloodwork changes and severely abnormal bile acids. Microvascular dysplasia can also be present and is seen in 60% of vascular shunting cases. The urinary stone is most likely ammonium biurate, which is not radiodense so is not visualized in radiographs.

Recommendations: Treat medically with lactulose, antibiotics, and small protein, low-protein diet. It is highly recommended to do further diagnostics such as nuclear scintigraphy and liver biopsy, but ultimately surgery is needed. If possible, place an ameroid constrictor ring to address the shunt. The stone potentially could be dissolvable if the liver disease is treated, but certainly removal and quantitative analysis would be appropriate.

Note: This is a common occurrence seen in practice but can be easily missed with radiographs alone. Ultrasound is necessary to visualize the stone, and color flow assists in shunt diagnosis.

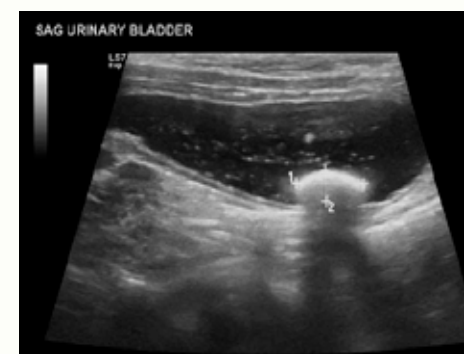


Fig. 4: The urinary bladder wall is mildly thickened with a large amount of particulate debris present in the lumen. There is a large, curvilinear, hyperechoic, coarse and acoustic shadowing stone.

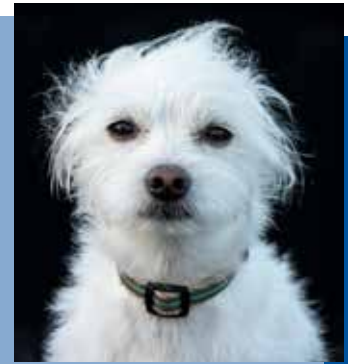
Need help with an Internal Medicine case?

Consultations include radiographs, ultrasound, & labwork evaluation!

Call 1-877-727-6800 for more info.

Coconut's Corner

Read the Featured Case Study on page 3 to find words for this



There are 38 words in this puzzle.
The number of words starting with the letters:

- | | |
|-------|-------|
| A - 4 | N - 0 |
| B - 3 | O - 0 |
| C - 4 | P - 2 |
| D - 2 | Q - 0 |
| E - 0 | R - 2 |
| F - 1 | S - 4 |
| G - 2 | T - 3 |
| H - 1 | U - 2 |
| I - 1 | V - 2 |
| J - 0 | W - 0 |
| K - 0 | X - 0 |
| L - 3 | Y - 0 |
| M - 2 | Z - 0 |

Answers will be in the Summer 2018 issue.

Answers to Winter 2018 puzzle: Airway, Atrial, Bernoulli, Bloodwork, Bronchitis, Cardiovascular, Cbc, Chemistry, Chronic, Collapse, Coughing, Dilation, Disease, Doppler, Echocardiogram, Episodes, Heartworm, Hypertension, Idiopathic, Imaging, Infectious, Inflammatory, Inhibitors, Interventricular, Lungworm, Noninvasive, Palliatively, Phosphodiesterase, Pimobenden, Pressures, Pulmonary, Regurgitation, Septal, Severe, Shunts, Sildenafil, Syncopal, Syncope, Thromboembolic, Tracheal, Tricuspid, Urinalysis, Valve, Ventricular

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