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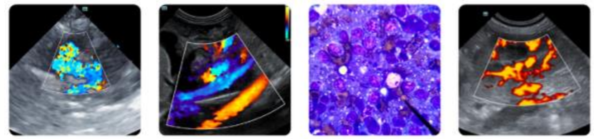
FOSTERING THE ART OF VETERINARY MEDICINE™



SonoPath.com info@sonopath.com 1.800.838.4268

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ruby Hackett

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

31.4

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

12679

DATE

12/15/25

PRESENTING CLINICAL SIGNS

P presented for worsening after diagnosis of ITP/possible Evan's Syndrome. P was seen at AEHPC on 12/11/25 for a seizure. Bloodwork at that time showed WBC 29k, RBC 5.13, PLT 32k (some clumping noted on smear), TBIL 0.8, PCV 36%. P followed up with rDVM 24 h later where RBC were 3.86 and PLT 25k, no smear or other diagnostics performed. P was started on 1 mg/kg prednisone BID for suspect ITP and/or Evan's Syndrome. P has been lethargic but otherwise doing well. At no time was bleeding, petechia, ecchymosis noted. P presented to ER tonight after falling off the recliner and collapsing/semi-responsive. Full workup performed. Concern for IMHA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 5.57 cm. The right kidney measures 6.79 cm.

Adrenal Glands

Both adrenal glands were not definitively visualized, however, the left splenorenal and right hepatorenal quadrants are unremarkable, free of overt mass effects or evidence of vascular invasion.

Spleen

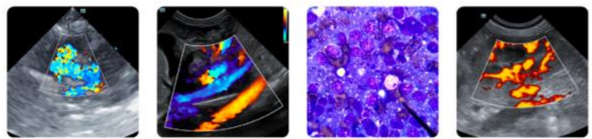
The spleen is subjectively enlarged with a diffusely mottled or heterogenous reticular pattern. The capsule is smooth. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 2.88 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.



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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

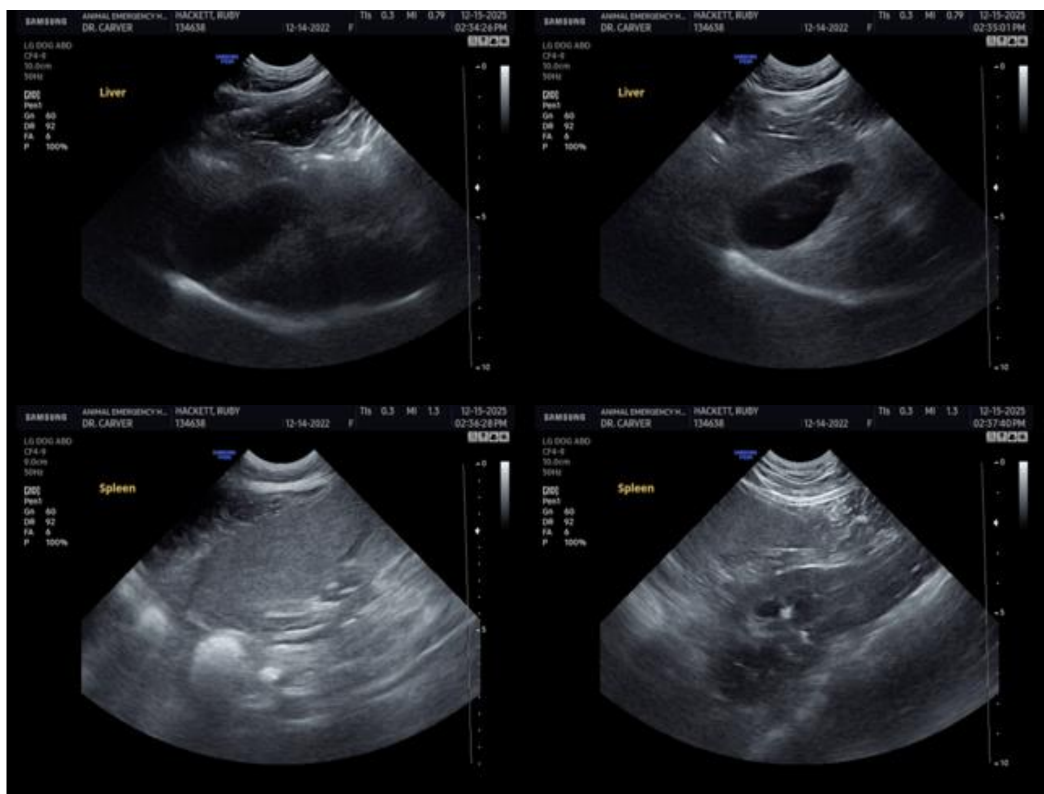
There is no significant lymphadenopathy or free fluid.

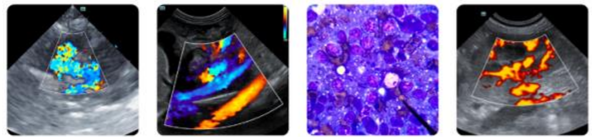
ULTRASONOGRAPHIC FINDINGS

- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the concern for thrombocytopenia, sampling and aspiration of the spleen is now recommended. Given the patient's age, an infiltrative neoplastic disease such as round cell neoplasia would be considered less likely. If platelet count becomes stabilized, one could consider fine needle aspirates of the spleen, however, this is likely a low yield diagnostic as primary immune mediated hemolytic anemia or Evan's syndrome is most likely. Consider tickborne disease testing for a secondary infectious etiology or autoimmune disease. Additionally, a pathology review of the blood smear for confirmation of suspected hematologic abnormalities is recommended.





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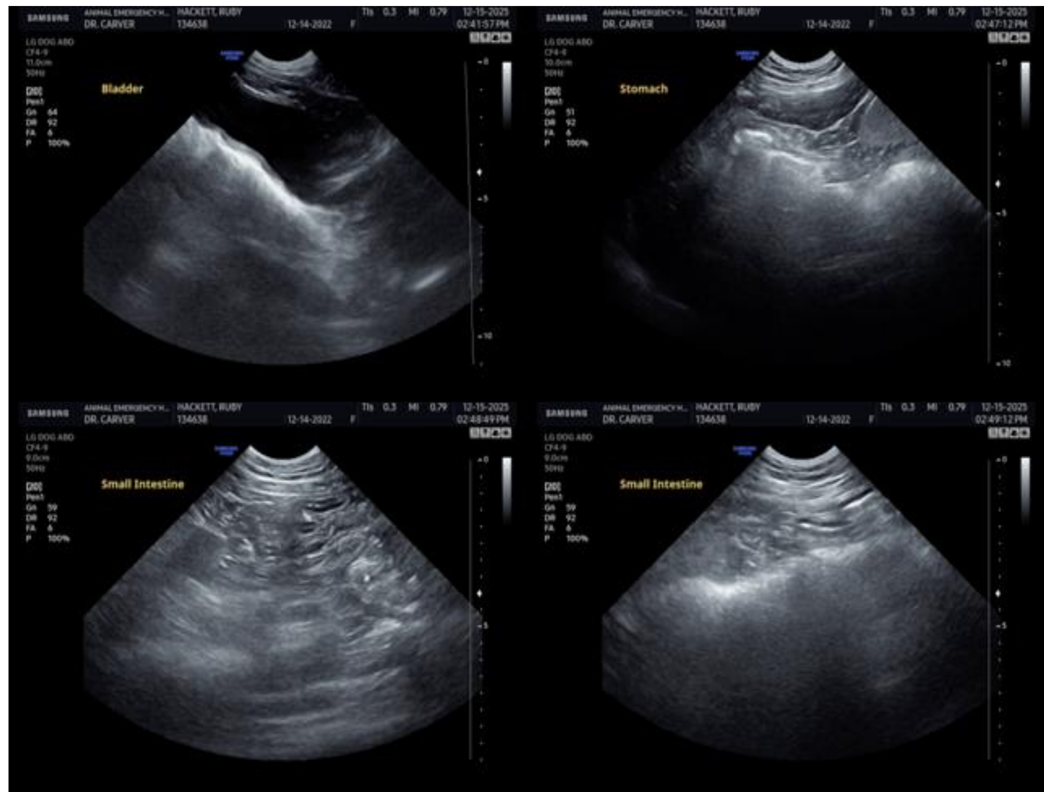

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com