



**DATE PRESENTING CLINICAL SIGNS**

5/5/26

**Patient History:** Discussed severe thrombocytopenia, risk for spontaneous hemorrhage and severe rapid decline with any bleeding or trauma. Discussed possible differentials for thrombocytopenia. Discussed bloodwork may be indicating that P was bleeding at some point due to reticulocytosis and bleeding may have resulted in

**PATIENT**

Willow Koch

consumption of platelets. Platelet transfusion is typically not done unless P is actively bleeding.

**SPECIES**

Canine

**Current Medications:** None listed.

**Labwork Results:** Diagnostics attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**BREED**

Maltese

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

6/18/19

The right kidney is normal is size (4.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

11.63 lbs

The left kidney is normal is size (3.94 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

**HOSPITAL NAME**

Fallston Veterinary  
Clinic

The right adrenal gland is normal in size (0.50 cma the cranial pole and 0.39 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at the cranial pole and 0.43 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Harvey

**Spleen**

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

**INVOICE**

74933

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

In the mid to caudal abdomen is a discrete homogeneous 0.50 cm in diameter hypoechoic density that I believe might represent a mildly reactive lymph node versus other.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

## **ULTRASONOGRAPHIC FINDINGS**

- The appearance of the spleen trends toward benign as is seen with extramedullary hematopoiesis, nodular hyperplasia, potentially small hematomas or cysts, etc. Having said that, infiltrative neoplasia such as round cell neoplasia versus other can't be ruled out without tissue sampling. Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of an appropriate or suggestive clinical history.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Suspect mildly reactive mid to caudal abdominal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

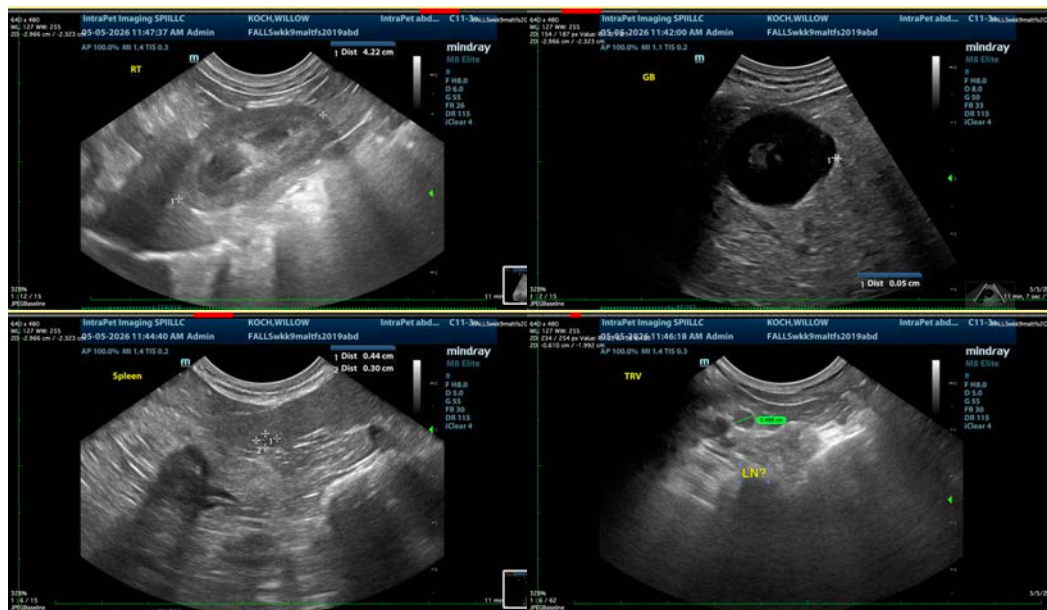
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

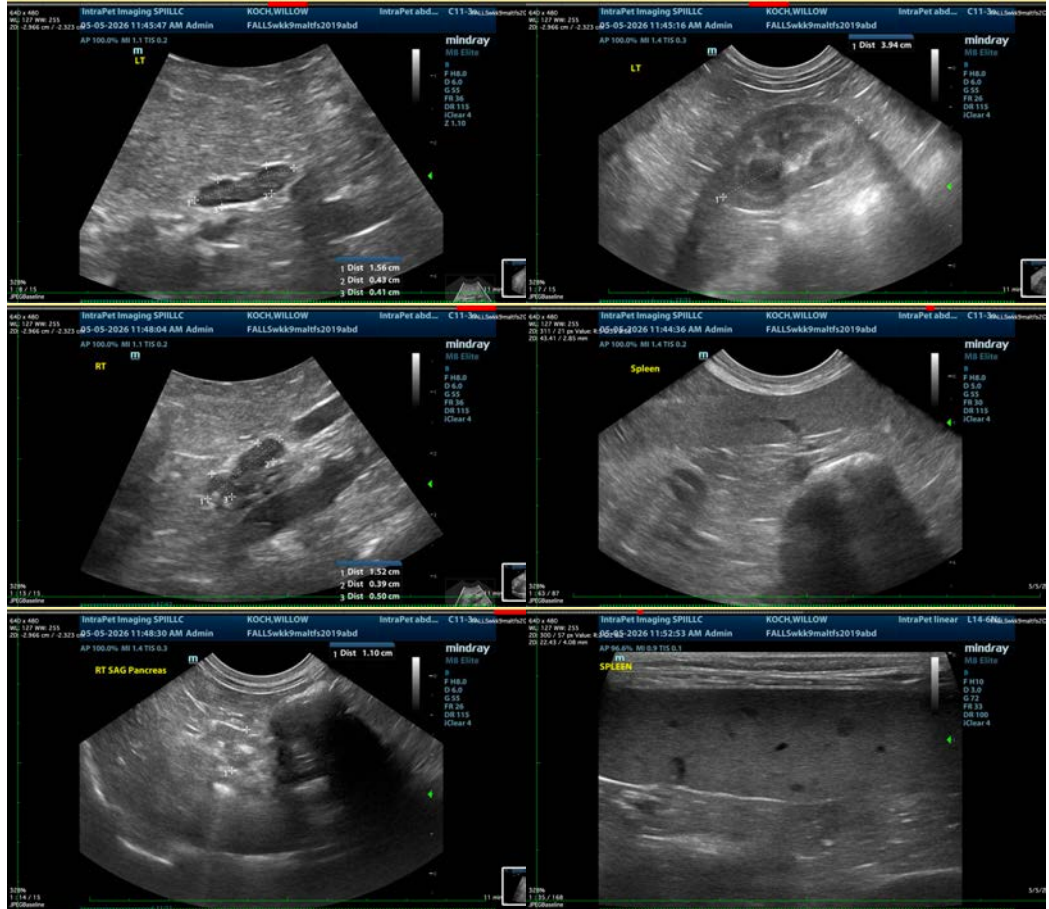
The changes described above are non-specific and largely subtle/mild without a definitive ultrasonographically visible intraabdominal explanation for patient's reported thrombocytopenia. Further recommendations include continued evaluation for sources of a paraneoplastic process elsewhere (for example 3-view thoracic radiographs if not recently evaluated, potential bone marrow cytology, etc.). Additionally, comprehensive infectious disease evaluation is warranted.

In the meantime, it may be appropriate to begin medical management for presumed autoimmune destruction. Full consultation with an/or referral to a veterinary internist could be considered.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](https://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com