



PATIENT

Pixie Sandoval

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed female

AGE

6 years

WEIGHT

25.51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Randall

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Jones

INVOICE

70096

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: History of respiratory changes since 12/29, not improved on antibiotics on 1/8- bloodwork today showed HCT 25, platelets 3k (confirmed on manual evaluation), normal radiographs of thorax, mild hepatomegaly, 4DX negative, normal urine screen. Advised concern for Evans syndrome and recommend AUS to assess for causes of immune stimulation.

Abnormal PE/Chem/CBC/UA Results: - Thoracic radiographs: normal heart and lung evaluation, mild hepatomegaly - CBC: HCT 25.9 (L), retic 290.5 (H), monocytosis 2.15k, thrombocytopenia 3k (manual platelet count showed 1k platelets) - Manual blood evaluation: Schistocytes, torocytes, reticulocytes; macro and micro agglutination negative - Chemistry: SDMA 16 (H), hyperphosphatemia 8.7, ALP 724 (H) - HWT/4DX: Negative - Urinalysis: SPG 1006, pH 8, quiet sediment - POCUS: No free fluid noted in chest or abdomen, normal spleen evaluation, normal bladder evaluation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The left **adrenal gland** was visualized and was flattened measuring 0.4 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease responsible for the clinical signs. CBC path review and bone marrow aspirate is likely necessary in this patient for further information.

Internal medicine consult can be utilized through 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>



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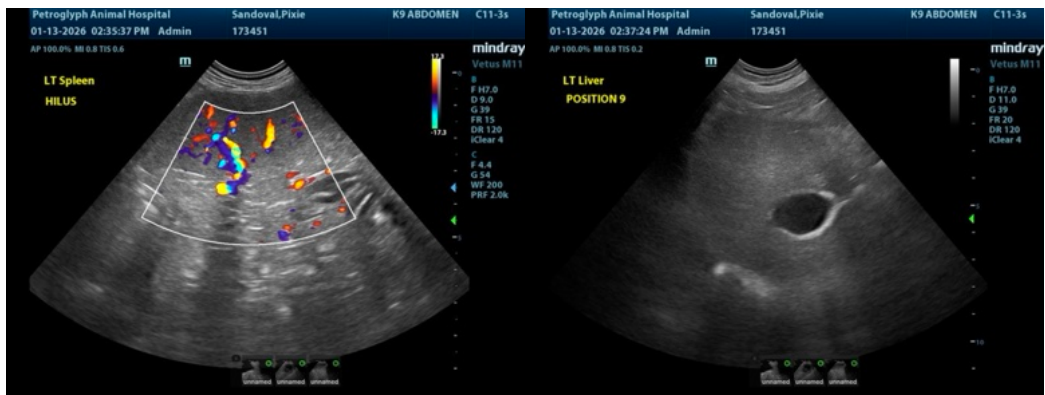
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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