



PATIENT

Rhaego Thomas

SPECIES

Canine

BREED

Pekingese Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.4 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

12497

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Transfer from PETS for blood transfusion, previously diagnosed ITP 2024. Recent blood transfusion 11/24. Concern for splenic nodules and neoplasia on prev AUS in 2024 Severe anemia (regenerative) ITP Suspect GI bleed - melena Azotemia Hypoalbuminemia Anaplasma positive (hx) Hx of Addison's

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 3/6 HM, no arrhythmias, pulses strong/synchronous Abdominal: Soft and distended with cranial organomegaly, no obvious discomfort upon deep palpation Integument: Normal skin/haircoat, no evidence of ectoparasites, no obvious petechiation appreciated PCV/TS: 10%/4 PLT 3K Moderate spherocytes 11/24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

The **kidneys** were mildly swollen with slight free fluid in the retroperitoneal space. If the kidneys are painful upon palpation, there is concern for potential thromboembolic shower given the patient's history. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length with slight pericapsular fluid and slight pyelectasia.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** presented mildly heterogenous with potential reactive spleen versus splenitis.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Some stasis of the **intestine** was noted with hyperechoic surrounding fat which suggests for potential adhesions. The stomach and colon were unremarkable.

Pancreas



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The **pancreas** was hypoechoic, enlarged, swollen and irregular with hyperechoic surrounding fat consistent with pancreatitis.

Free Abdomen

Enhanced mesentery was noted throughout the mid cranial abdomen around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Nephritis pattern- possible thromboembolic shower given the patient's history.
- Regional free fluid likely owing to inflammation.
- Age-related hepatic changes.
- Heterogenous spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plasma transfusion may be optimal in this patient given the multiple issues. Broad spectrum antibiotics, plasma expanders, pain management are all indicated. Recheck sonogram in 48-72 hours is recommended. GI protectant protocol is also indicated. The nonvisualized adrenals are likely owing to the Addisonian state. Prognosis is guarded.

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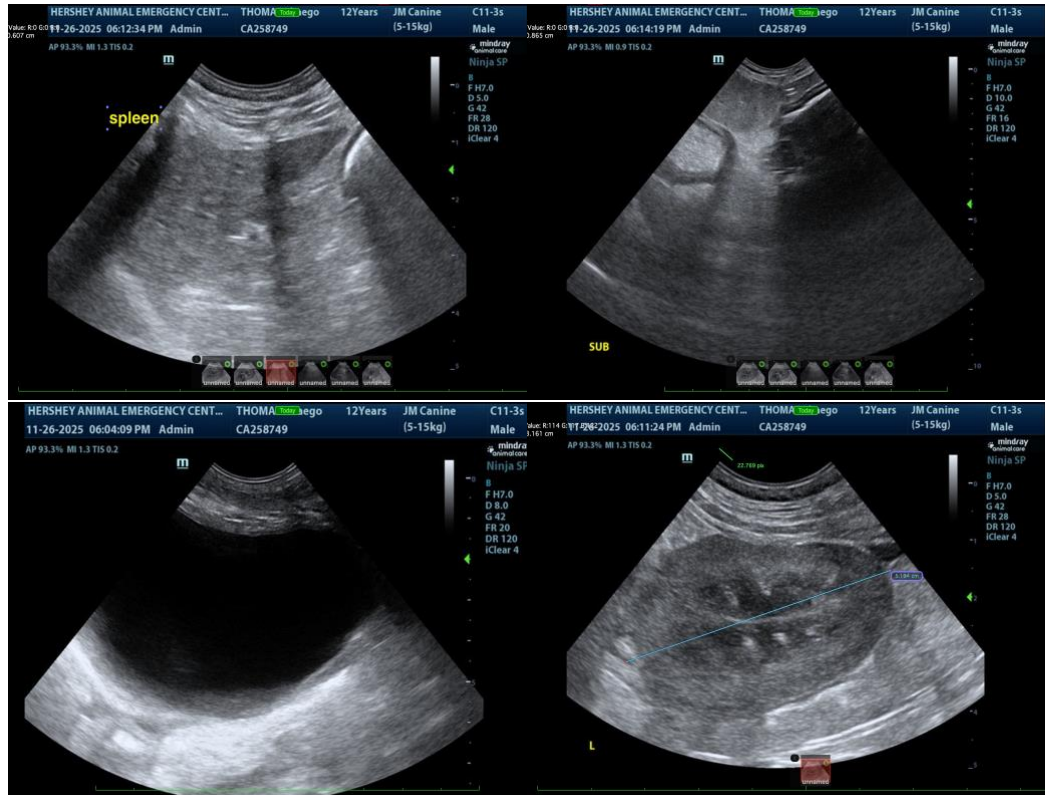
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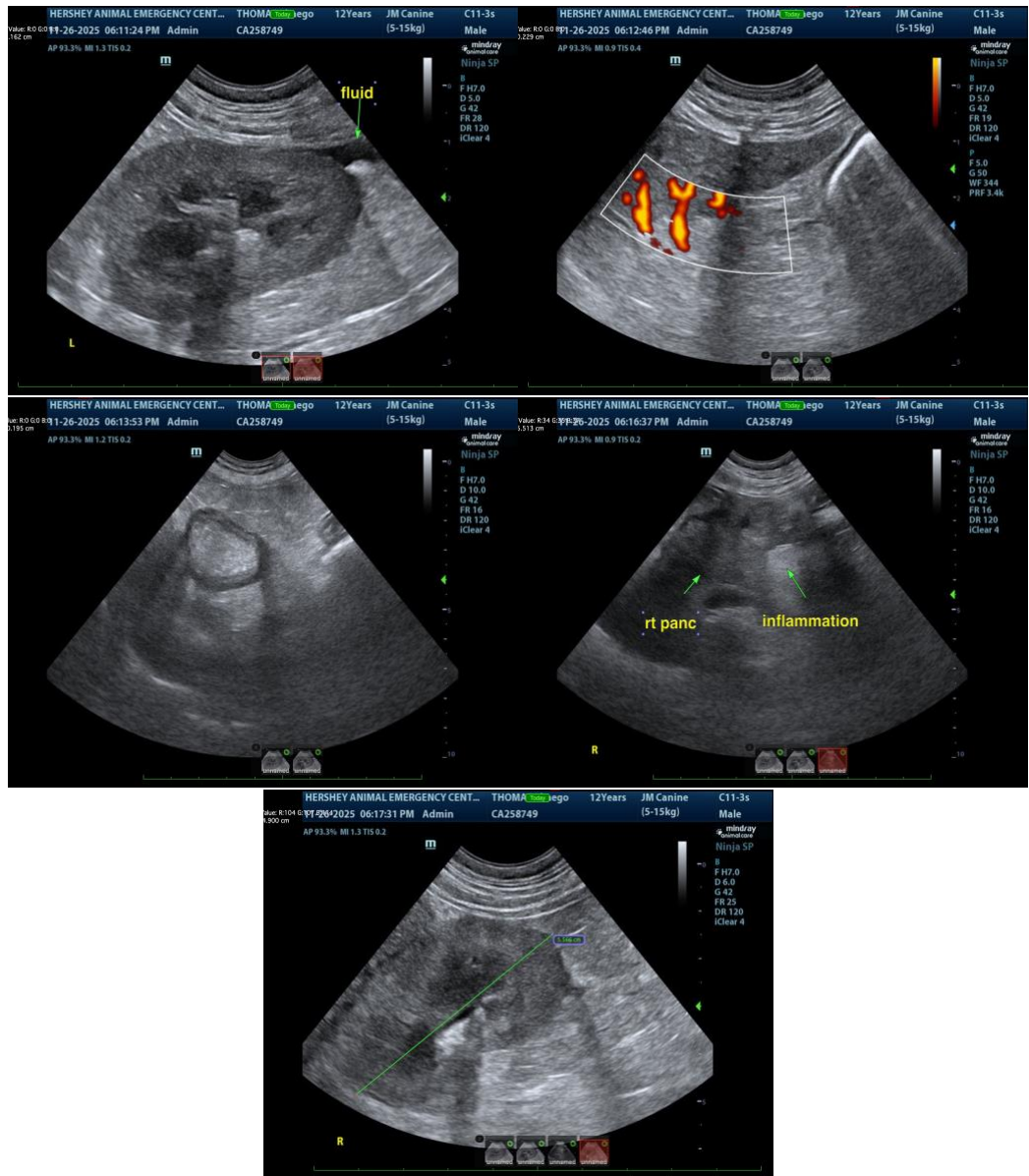
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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