



PATIENT

Boomer Anderson

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

4 years

WEIGHT

69.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. O'Malley

INVOICE

42811

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Severe regenerative anemia, thrombocytopenia, hyperglobulinemia, positive Coombs from Rivers Edge, - r/o primary IMHA vs secondary IMHA vs other; swo - P was adopted through Seattle humane society and they think p had come from Texas. 3 weeks ago p was taken to California. patient has history of being on aspirin and cerenia recently; Coomb strong positive; confirmed platelet count today 71K; Pt was recently adopted from Texas 3 weeks ago, Texas-California-Oregon.
Abnormal PE/Chem/CBC/UA Results: Patient QAR at case transfer for IMHA treatment; Coombs + and agglutination +; DEA1 neg; C/V/Lungs WNL; pulses are bounding and thready but matched; No PLA but L Popliteal node is prominent; non febrile; MM pink, CRT < 2 sec; Pupils equal and reactive; mild /early jaundice in sclera; Ultrasound performed at 10 pm, sent to sonopath: spleen appears mildly mottled in mid body and is large; quadrate lobe extends over gastric antrum slightly; otherwise WNL
CBC: rbc 2.57, hct 18.6%, hgb 5.5, mchc 29.6, rdw 25.4, retic 291.2, plt 93k, mpcv 19.3 Chem 17: EPOC: hct, bicarb 15.6, pco226.4, po2 60.3, tco2 15.7, BE -9.6, sO2 90.8%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.18 cm and the left kidney measured 6.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged and uniform.

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 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.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

4 years

Structurally unremarkable abdomen.

Minor retention of ingesta.

WEIGHT

69.4 lbs

Mild splenic enlargement, likely owing to reactive state from Evan's syndrome/immune mediated disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

There was no evidence of pathology.

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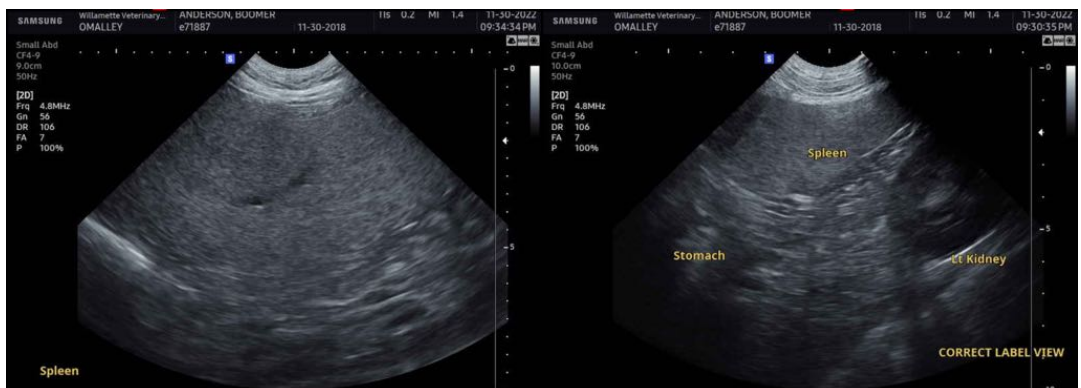
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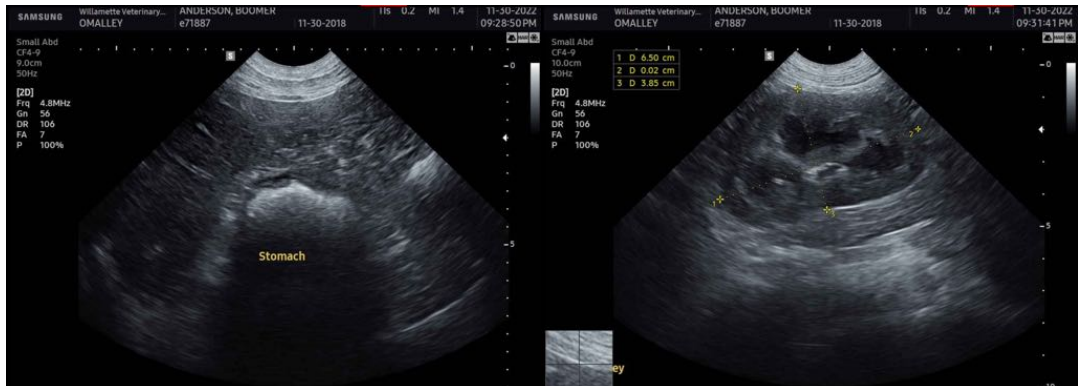
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com