



PATIENT

Lilly Robinson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

6 Years

WEIGHT

43 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Netwon VH

REFERRING VET

Not Provided

INVOICE

13029

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: anemia, icterus, autoagglutination. Received blood transfusion overnight. On doxy, dexamethasone, atopic, clopidogrel, pantoprazole

Abnormal PE/Chem/CBC/UA Results:

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 were 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. Slight pinpoint mineralization noted, nonobstructive. The right kidney measured 6.61 cm. The left kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.71 cm x 0.46 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 3.01 cm x 0.43 cm at the caudal pole and 0.9 cm at the cranial pole.

Spleen

The **spleen** revealed heterogeneous parenchymal changes with mildly disruptive nodules. Splenic vein also presented echogenic blood flow consistent with early thrombus formation.

Liver

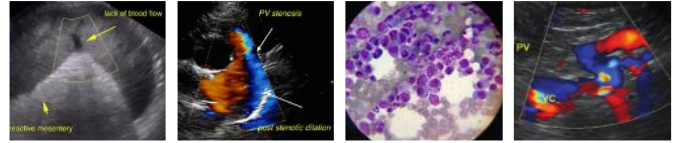
The **liver** was swollen with uniform parenchyma. The gallbladder and common bile duct were unremarkable. Echogenic blood flow noted in the vena cava consistent with prethrombotic formation. An overt portion of thrombus noted in the vena cava medial to the kidneys.

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.



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ULTRASONOGRAPHIC FINDINGS

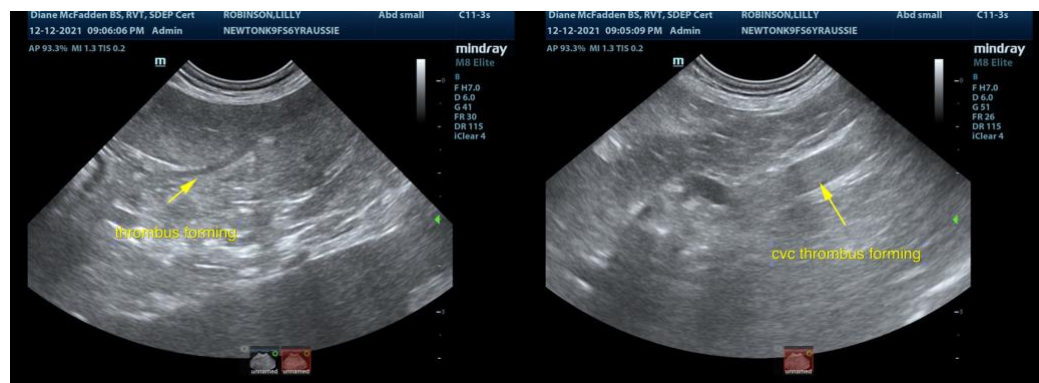
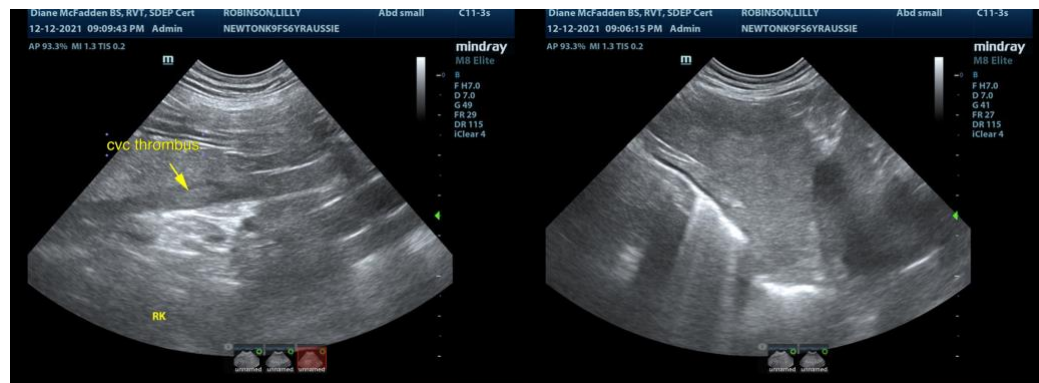
- Multifocal emerging thrombosis in the vena cava and spleen
- Mild splenohepatomegaly with splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel warranted. Plavix therapy warranted. The dexamethasone may be suppressing underlying round cell neoplasia such as lymphoma of the spleen and liver. After full coagulation panel, FNA of the spleen and liver recommended to assess for underlying neoplasia with paraneoplastic hemolytic disease. Primary IMHA with hyperplastic spleen and liver possible. I am concerned for further thromboembolic progression in this patient. Guarded prognosis.

For an additional charge, 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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The information and recommendations provided are based on the images presented by the referring veterinarian. 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