



**PATIENT PRESENTING CLINICAL SIGNS**

Penny Marach

Penny presented as a transfer from EVH in Eugene for anemia, thrombocytopenia, leukopenia. O first noticed something was off with her in early October 2021 which lasted a few days of her shaking but then it was gone. She was normal and Christmas Eve noted that she was running around and all of a sudden became lethargic and couldn't jump off the chair which was very abnormal for her. They went into ARK in Eugene for a check up on Jan 5th and noted that she had 2 bad teeth. On Jan 11th had 3 extractions (another bad tooth found during the dental). BW prior showed elevated liver enzymes (O was not told till after per O). She was sent home on clindamycin and carprofen. Recheck BW 2 weeks later showed improvement of liver enzymes but was also told that she was anemic prior to her dental, she is no longer anemic. After that she was off and on lethargic and not normal. Then O noticed starting last week she was eating dirt and then the last 3 days decrease in appetite to today anorexic. Abnormal PE/Chem/CBC/UA Results: CBC: WBC 4.02 (rr 5.05-16.76) Neut 1.90 (2.95-11.64) Plts 11 Rective 0.2%- non-regenerative PCV: 12% Saline agglutination: positive Pt: 14 PTT 98

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wlvvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

96262

**DATE**

2/23/22

**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 left kidney measured 3.5 cm.

**Adrenal Glands**

The left **adrenal gland** was visualized obliquely and measured 0.4 cm.

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule measuring 0.4 cm and was mildly disruptive.

**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.



**PATIENT**

**Gastrointestinal**

Penny Marach

The **stomach** revealed a minor amount of ingesta. The small intestine and colon were unremarkable.

**SPECIES**

**Pancreas**

Canine

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.

**BREED**

Maltipoo

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Structurally unremarkable abdomen with focal splenic nodule to monitor. Likely hyperplasia with a minor potential for abscessation, round cell neoplasia or hemangiosarcoma.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the spleen can be considered as long as the coagulation parameters are normal, yet not overtly related to the clinical status.

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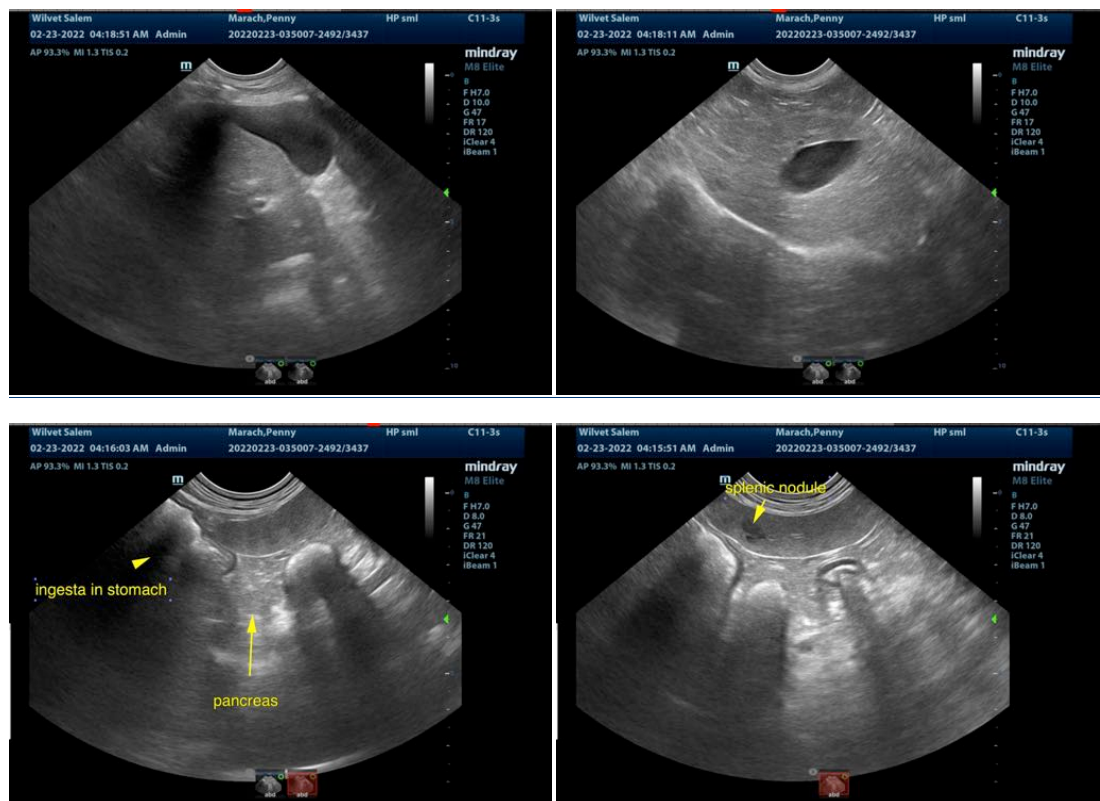
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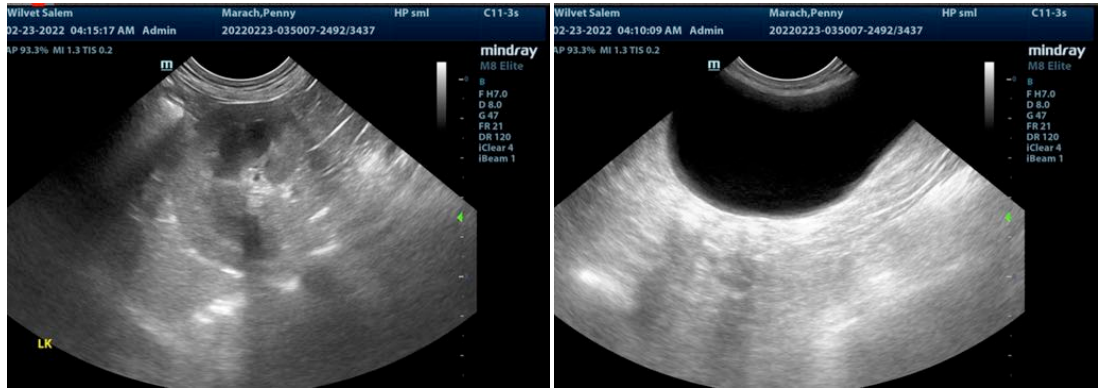
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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