



PATIENT

Sadie Moran

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

10 ½ years

WEIGHT

72 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ramapo Valley

REFERRING VET

Dr. Katura

INVOICE

96264

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Immune mediated thrombocytopenia, has been difficult to regulate. Current meds: Prednisone 40mg daily.
PLT 22 (as of 2/16/22)

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 3.0 cm beyond the cystourethral junction. 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 7.0 cm. The right kidney measured 7.4 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 2.07 x 0.51 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 2.52 x 0.97 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged and uniform measuring 2.24 cm. Subtle micronodular splenic changes were noted without significant disruption of architecture.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The left lateral liver revealed a hypoechoic nodule. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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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.

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Pancreas

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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

Largely normal geriatric abdomen with mild benign hepatomegaly. Left liver nodule.

Mild splenomegaly with micronodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA +/- PCR or PARR for lymphoma can be considered upon the spleen and liver to assess if partially suppressed neoplasia may be present. Platelet count needs to be at least 70000 for FNA. Full coagulation panel is warranted. Bone marrow aspirate would be ideal at the time of sampling. I am concerned for partially suppressed round cell neoplasia/lymphoma possibly involving the spleen and liver.

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Eric Lindquist, DMV
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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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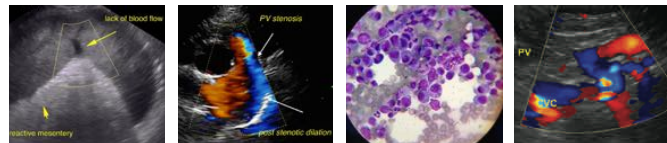
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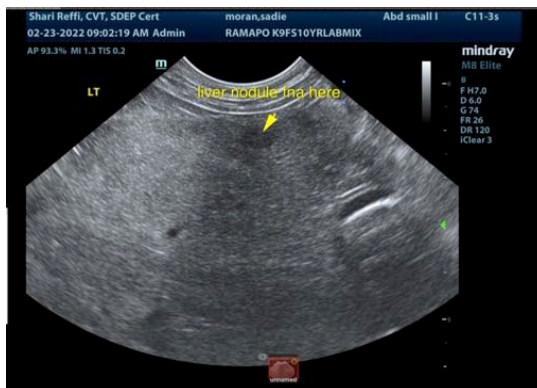
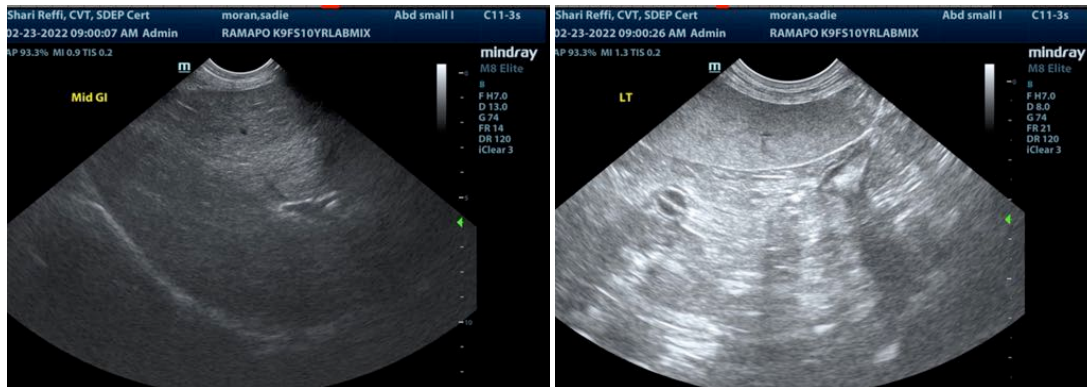
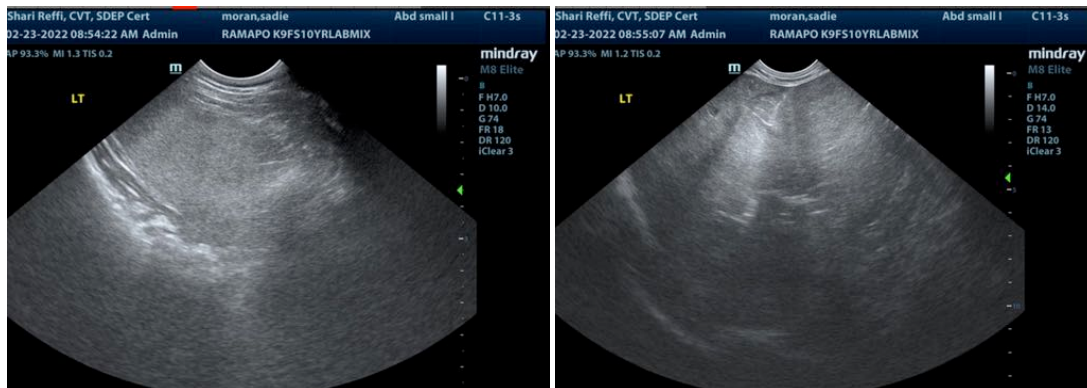
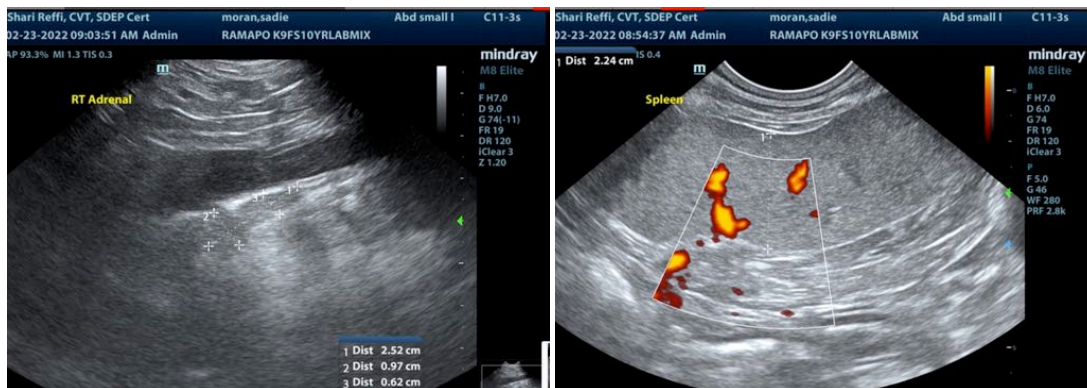
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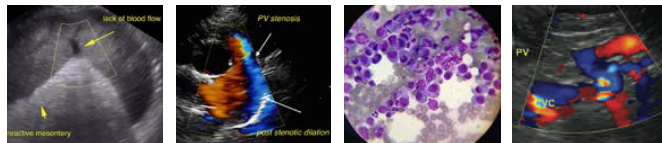
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Info@SonoPath.com

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