



PATIENT

Lacey Dickens

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

75 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karin Hinkle DVM

HOSPITAL NAME

Yellow Dog Imaging

REFERRING VET

Karin Hinkle DVM

INVOICE

15344

DATE

04/22/26

PRESENTING CLINICAL SIGNS

Presenting for acute weakness, pallor, and respiratory distress. This morning, Lacey would not get up to go outside, which is abnormal behavior. The owner had to lift and nudge her to bring her to the clinic. Over the last couple of days, she has been less active but has maintained a normal appetite, being fed twice daily. Hx of completely excised GD 2 mast cell tumors

Abnormal PE/Chem/CBC/UA Results: She was found to have pale gums and seemed to be struggling to breathe. CBC 26% regenerative, automated platelet count 108,000, manual 6-8 large platelets/hpf, BUN 34-chemistries otherwise unremarkable USG 1.040 Thoracic radiographs WNL MM pink and walking energetically within 30-40min after IV fluids and oxygen supplementation Has remained ambulatory and fairly energetic -1:30pm PCV 23% TS 9.5

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.48 cm in length. The right kidney measured 6.3 cm in length.

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 0.50 cm width at the cranial pole and 0.53 cm width at the caudal pole. The right adrenal gland measured 0.51 cm width at the cranial pole and 0.60 cm width at the caudal pole.

Spleen

The **spleen** presented mildly enlarged with subtle micronodular changes and irregular contour.

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.



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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.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Age-related hepatic changes.
- Age-related renal changes.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver would be recommended in this patient as long as platelet count is greater than 70,000. The cause of acute weakness is unclear, however, emerging round cell neoplasia is a potential. Cardiac examination and CBC path review are indicated.



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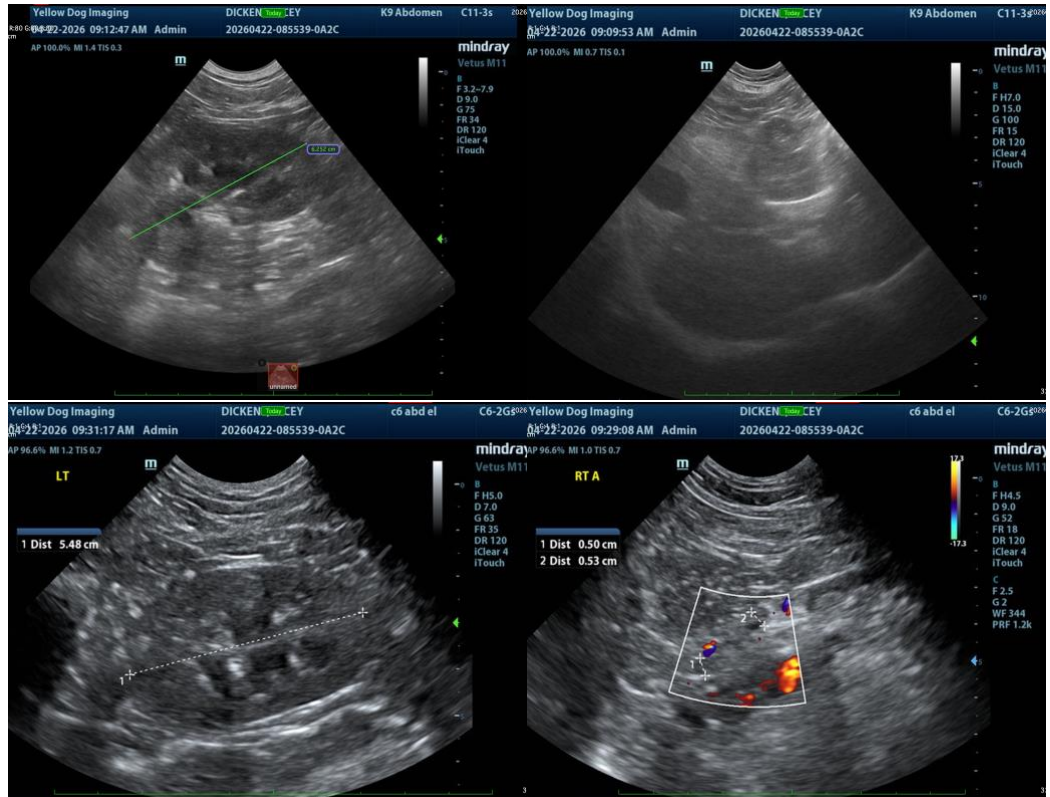
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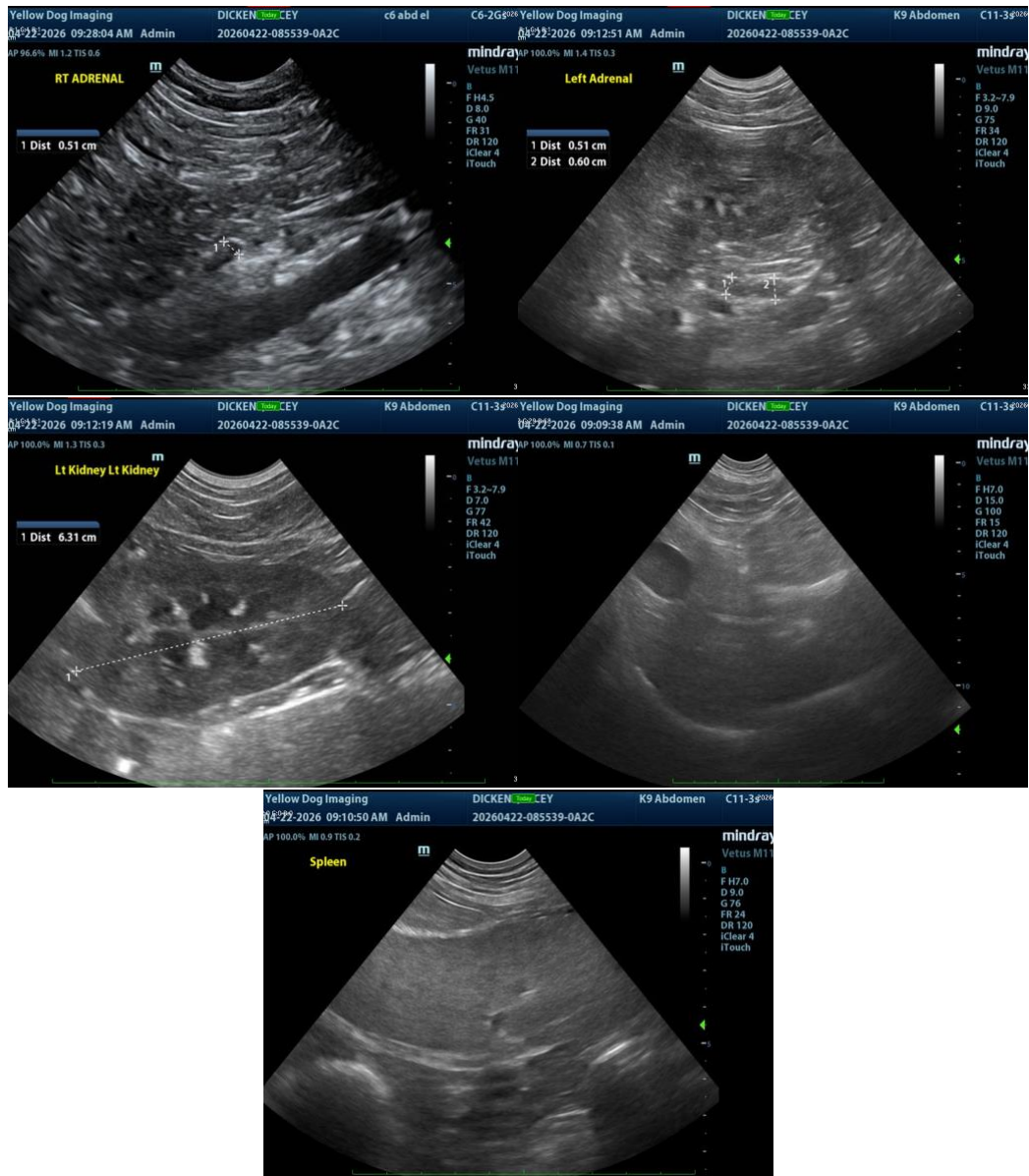
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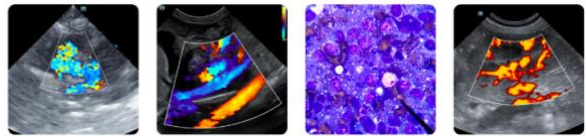
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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