



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Ginger Goertz

**SPECIES**  
Canine

**BREED**  
Yorkie

**SEX**  
Spayed Female

**AGE**  
9 years

**WEIGHT**  
10.7 lbs

**PRESENTING CLINICAL SIGNS**  
Sudden onset ADR since this morning. Lethargic, not wanting to get out of bed. Not eating treats. Hx of getting lots of treats/table scraps (including high fat treats) which is normal for her. No change in diet. No hx of toxin ingestion, travel hx, vx administration recently. No medications.  
Abnormal PE/Chem/CBC/UA Results: On exam is pyrexia and has mild grunting on abdominal palpation. Lethargic. MM pink and slightly tacky with normal CRT. CBC shows severe anemia - HCT is 18% and slide agglutination positive consistent with IMHA. On smear there is spherocytes but no ghost cells. Platelets are clumping so normal in amount. Chem shows moderate to severe ALP elevation. A lot of values weren't able to be read due to hemolysis. Mild elevation in BUN. UA showed severe hematuria + suspect hemoglobinuria. Urine was almost black. 4DX SNAP negative X-rays show mildly enlarged heart? No masses in chest. Enlargement of liver and spleen seen on abdominal x-ray.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was structurally unremarkable with mild amount of dependent debris.

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 right kidney measured 4.0 cm.

**Adrenal Glands**

The right **adrenal gland** was slightly heterogenous. The left adrenal gland was visualized obliquely and appeared subjectively enlarged and measured up to 0.9 cm. Further imaging would be ideal likely under sedation.

**Spleen**

The **spleen** revealed a focal, hypoechoic 1.03 x 0.5 cm irregular nodule in the mid body. The remainder of the spleen was unremarkable.

**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 and common bile duct were unremarkable with a minor amount of debris.

**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

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Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Colborne

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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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**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.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Benign hepatopathy.

Spayed Female

Age related renal changes.

Heterogenous adrenal glands.

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Focal splenic nodule. Differentials include likely hyperplasia or abscessation, possible complicated cyst is possible.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis work-up is warranted if not already performed to assess for any evidence of UTI. 25-gauge FNA is indicated with cytology +/- culture. The exact cause of lethargy is unclear. Other causes such as orthopedic pain, CNS or thoracic disease should be considered. The cause of anemia is unclear. Bone marrow disease is suspected. Treatment for IMHA is warranted. Coagulation panel is warranted and hematocrit should be at least 20-25 prior to sampling the spleen. However, the splenic lesion does not appear aggressive and is likely benign. However, this should be monitored.

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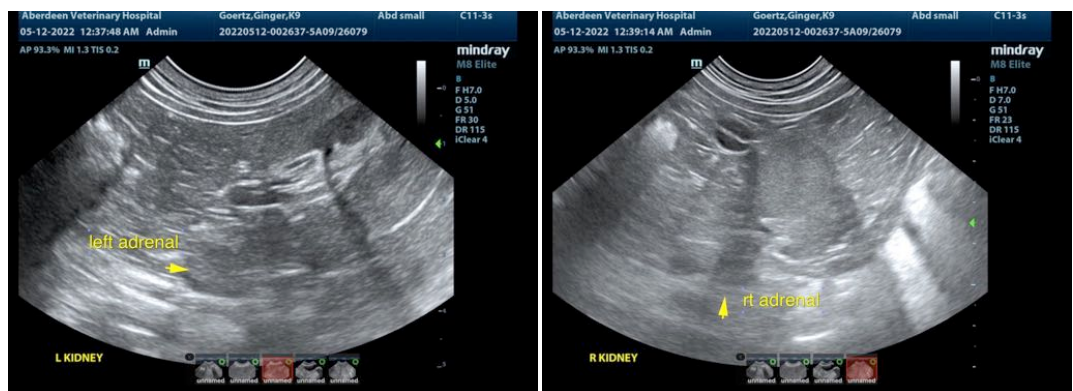
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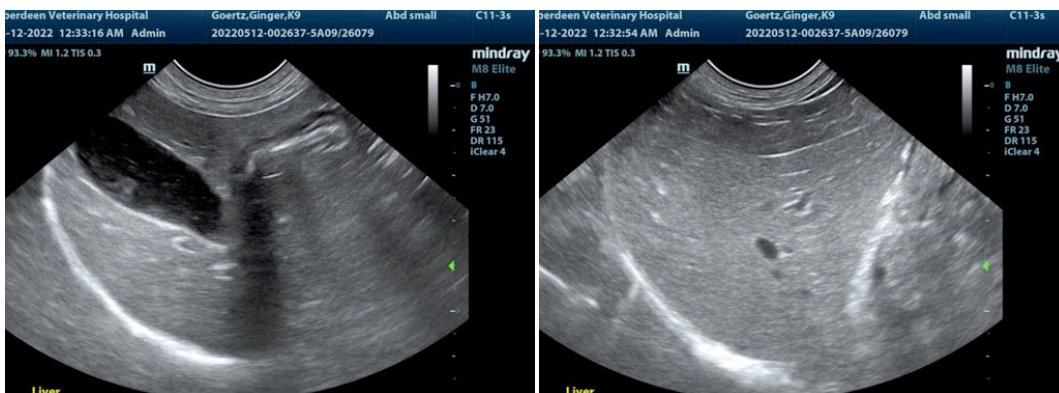
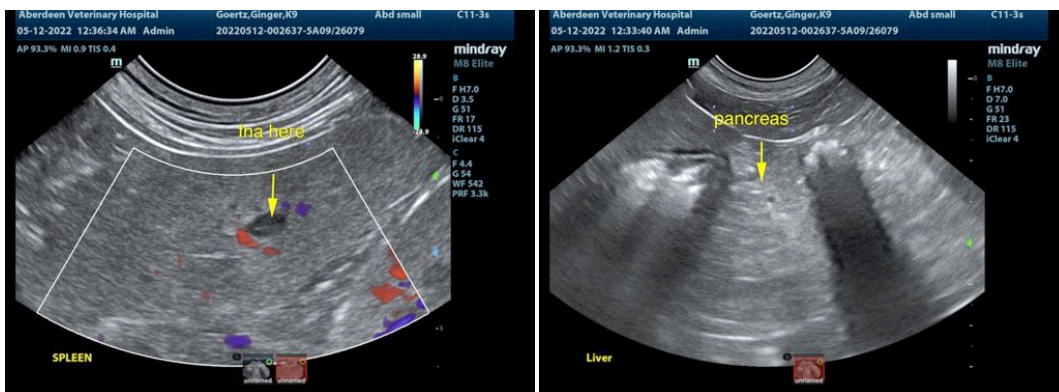
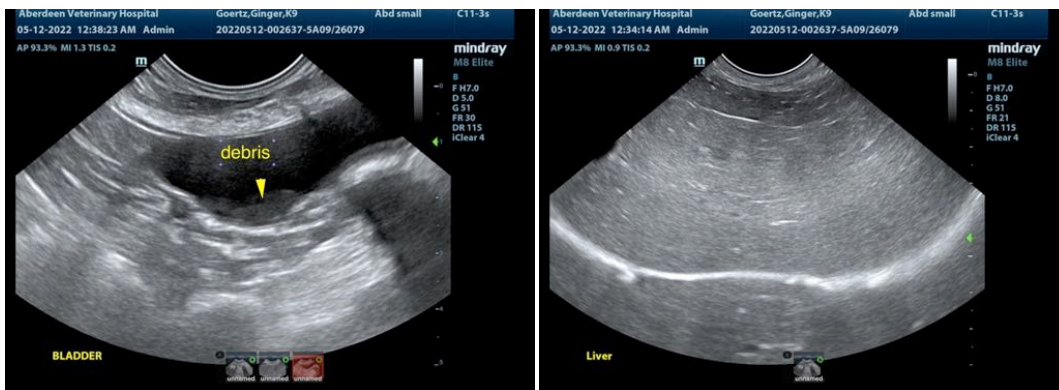
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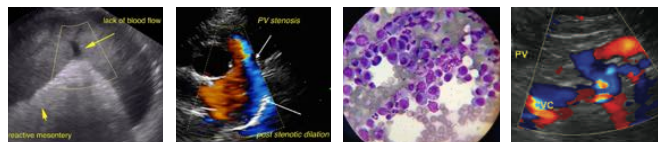
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

Yorkie

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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