



PATIENT

Emma Laughman

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

8 years

WEIGHT

77.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wasserman, DVM

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

75380

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Presented to the Local ER for suspected rat ingestion for which the rats may have had rat poison contents within their digestive track. There is no evidence of hemorrhage from phlebotomy sites. Patient not on vitamin K. Client saw the rat that patient went to eat. Did not ingest the entire rat. No evidence of bruising or coag dysfunction. Reported by client that patient has issues with hindlimb gait, not eating, barely drinking. Abdominal Mass suspected by ER. Treated with capstar today orally. Current meds rx'd by ER: Doxycycline 350mg PO SID, Famotidine 20mg PO BID, Prednisone 20mg PO BID. Entyce 3.5mls SID.

Abnormal PE/Chem/CBC/UA Results: 5/10/26 ER Data: Reported at the ER PT/PTT within normal limits. CBC PLT 27k. Left shift seen on smear. On smear 25.5k estimated. Chemistry ALP 243, TP 8.3, Glob 5.3. POCUS at that time, no FF, No Pericardial Effusion. 5/12/26 Labs In House: Monocytosis 2.76k, Eos 0.05, Platelets 33k Calc/ 4-8 platelets/hpf seen on smear today, amylase 2169, Lipase 4001. All other values within normal limits.

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 left kidney measured 7.7 cm. The right kidney revealed a blunted cranial pole with a calculus with an adjacent infarct. The right kidney measured 5.5 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 0.55 cm at the caudal pole and 0.4 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed a focal 4.0 x 2.8 cm mass at the mid body with a microcystic change. Given the patient's history this may be non-neoplastic hematoma. The spleen also revealed a thrombus occupying the mid portion of the splenic vein adjacent to the mass. The splenic lymph node was enlarged, hypoechoic and irregular measuring 2.2 x 1.2 cm.



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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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A portion of intestinal thickening was noted in the mid caudal abdomen with reactive surrounding mesentery. There was some loss of mural detail.

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Splenic mass, which may be hematoma or hyperplasia. Hemangiosarcoma is also possible.

Splenic vein thrombosis.

Right renal infarct.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. I am strongly concerned for possible partially suppressed round cell neoplastic event given the splenic and lymph node presentations. Full coagulation panel is warranted with 25-gauge FNA of the splenic lesion and mesenteric lymph node or direct exploratory splenectomy and lymph node removal can be considered. However, the platelet count must be at least 70000 and coagulation panel within normal limits prior to any surgical intervention. Given the splenic vein thrombosis, full coagulation panel with D dimers and FDP and elastography would all be appropriate. If medical management is only to be utilized in this patient without surgical intervention, then a recheck sonogram is recommended in 5-7 days to assess



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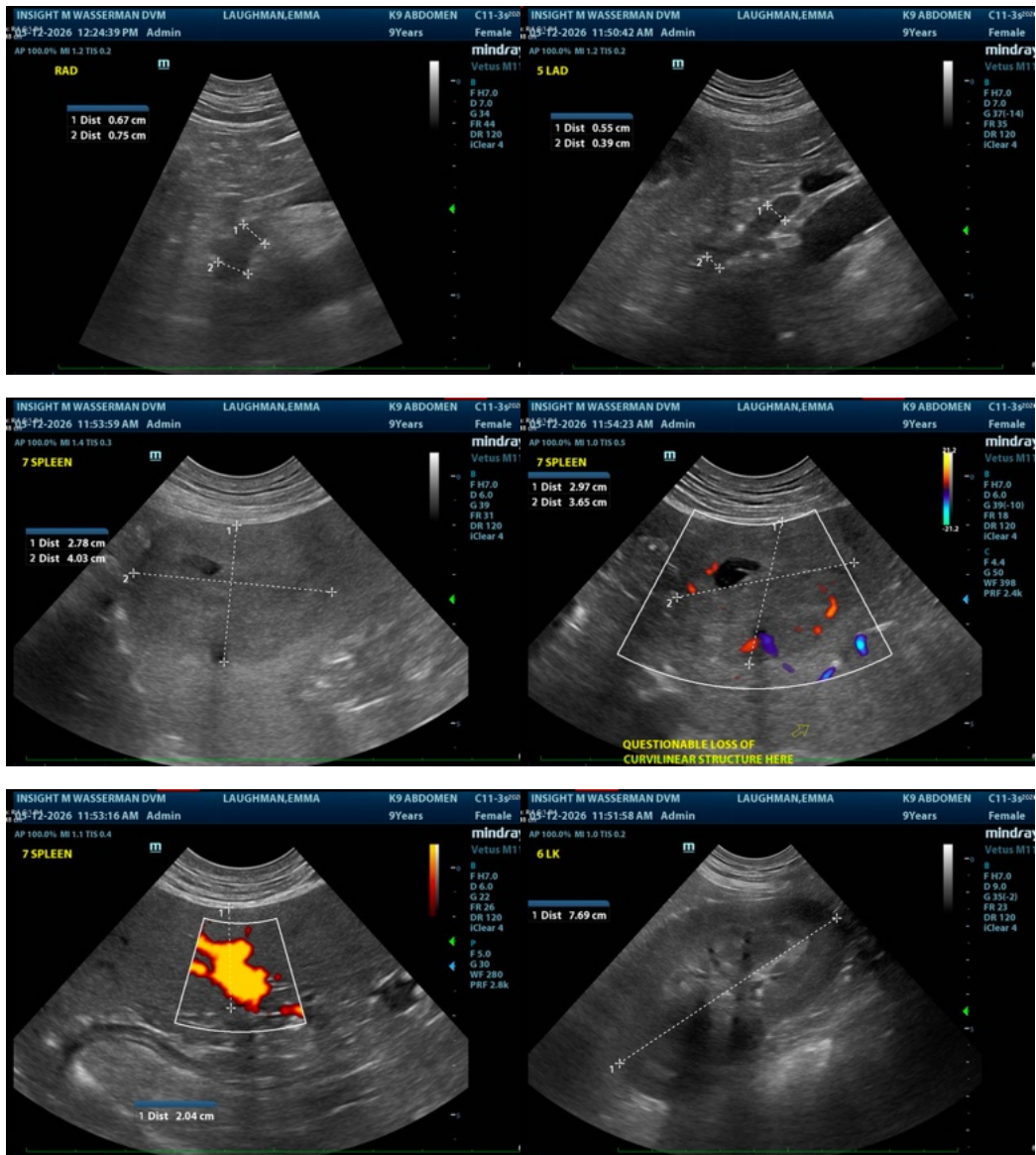
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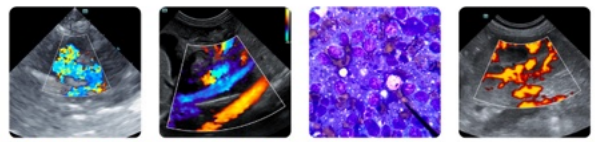
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for any progression or regression of the presentation, particularly the splenic lesion and splenic vein as well as the mesenteric lymph node.





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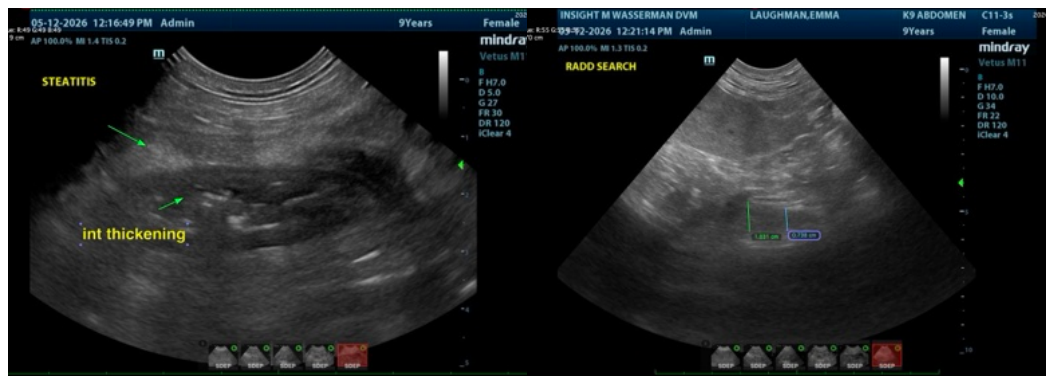
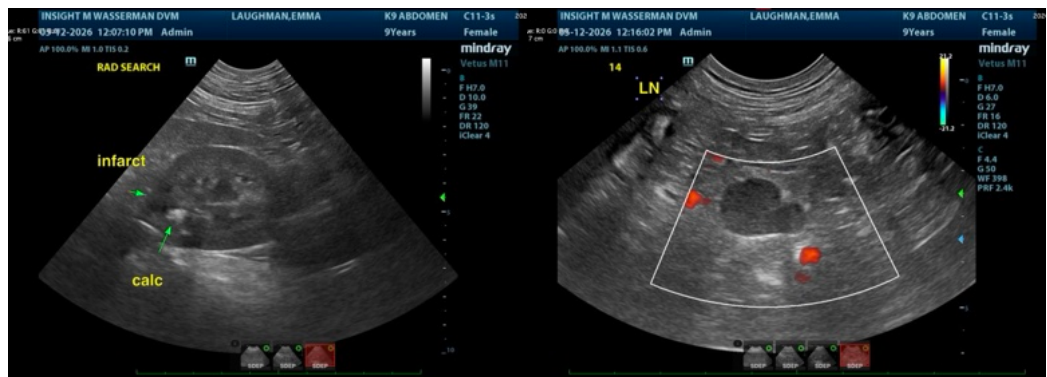
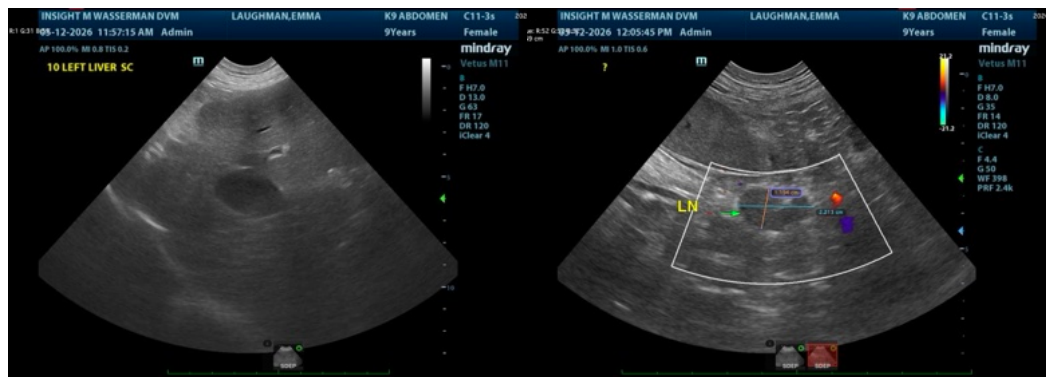
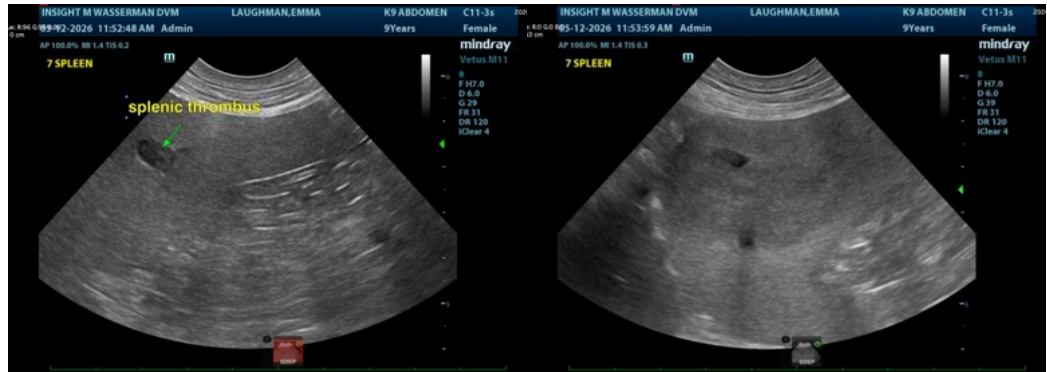
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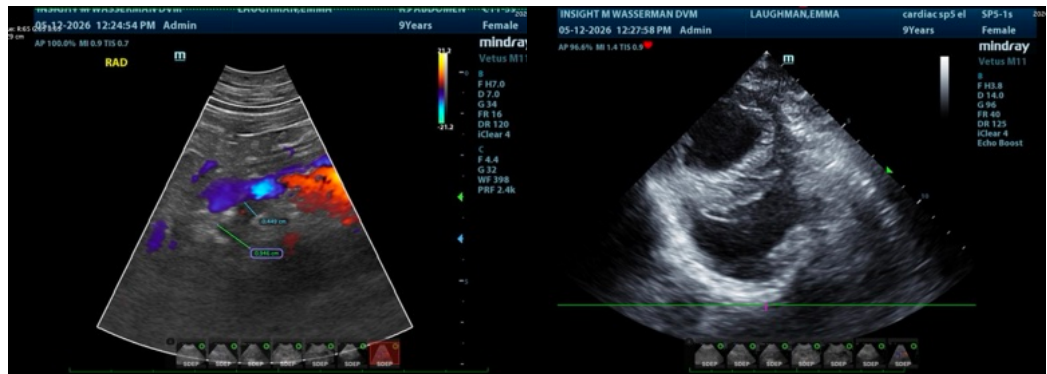
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com