



**PATIENT PRESENTING CLINICAL SIGNS**

Shadow Talmadge

History: anemia, thrombocytopenia, mild icterus  
Abnormal PE/Chem/CBC/UA Results: HCT 28%, non-regenerative, thrombocytopenia - platelets 54K; Lyme 4Dx neg x 4; UA: blood x 3, protein 2+, USPG 1.012

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador Mix

The **urinary bladder** revealed a prominent ureteral papillae is noted at the dorsal wall. Slight right hydroureter is noted.

**SEX**

Spayed Female

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 5.9 cm. The left kidney measured 7.2 cm.

**AGE**

11 years

**WEIGHT**

5 lbs

**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 2.3 x 0.77 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 2.44 x 0.56 cm at the caudal pole and 1.77 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**Spleen**

The **spleen** was mildly enlarged and uniform. There is no evidence of masses or free fluid.

**HOSPITAL NAME**

North Jersey AH

**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.

**REFERRING VET**

Dr. Riedel

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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.



**PATIENT**

**Pancreas**

Shadow Talmadge

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.

**SPECIES**

Canine

**Heart**

**BREED**

Labrador Mix

Rapid view of the heart revealed no evidence of pathology.

**SEX**

Spayed Female

Splenomegaly.

Prominent ureteral papillae.

**AGE**

11 years

No evidence of masses.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

5 lbs

Round cell neoplasia cannot be ruled out as potential predisposing issue. If platelet count is > 70000 and coagulation panel is normal then 25-gauge FNA of the spleen is recommended. CBC path review and bone marrow aspirate would be ideal to match the splenic results.

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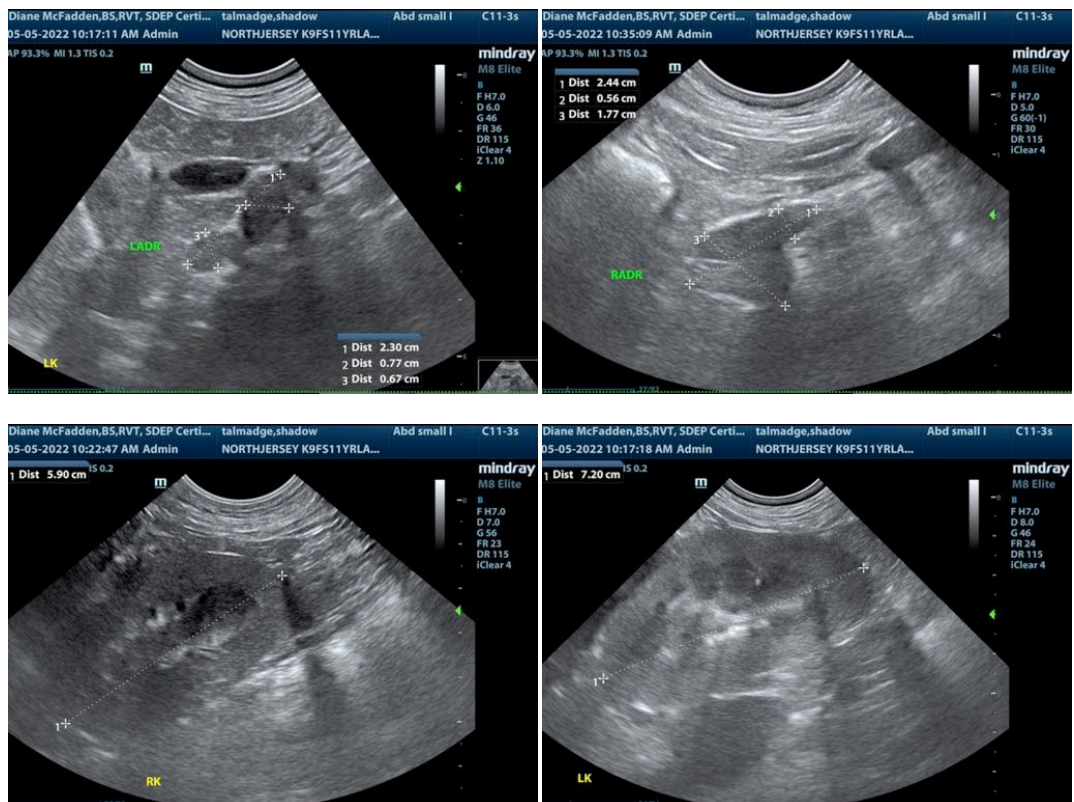
Dr. Riedel

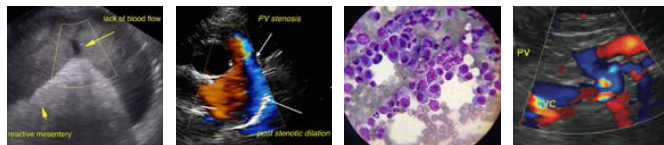
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**PATIENT**

Shadow Talmadge

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

5 lbs

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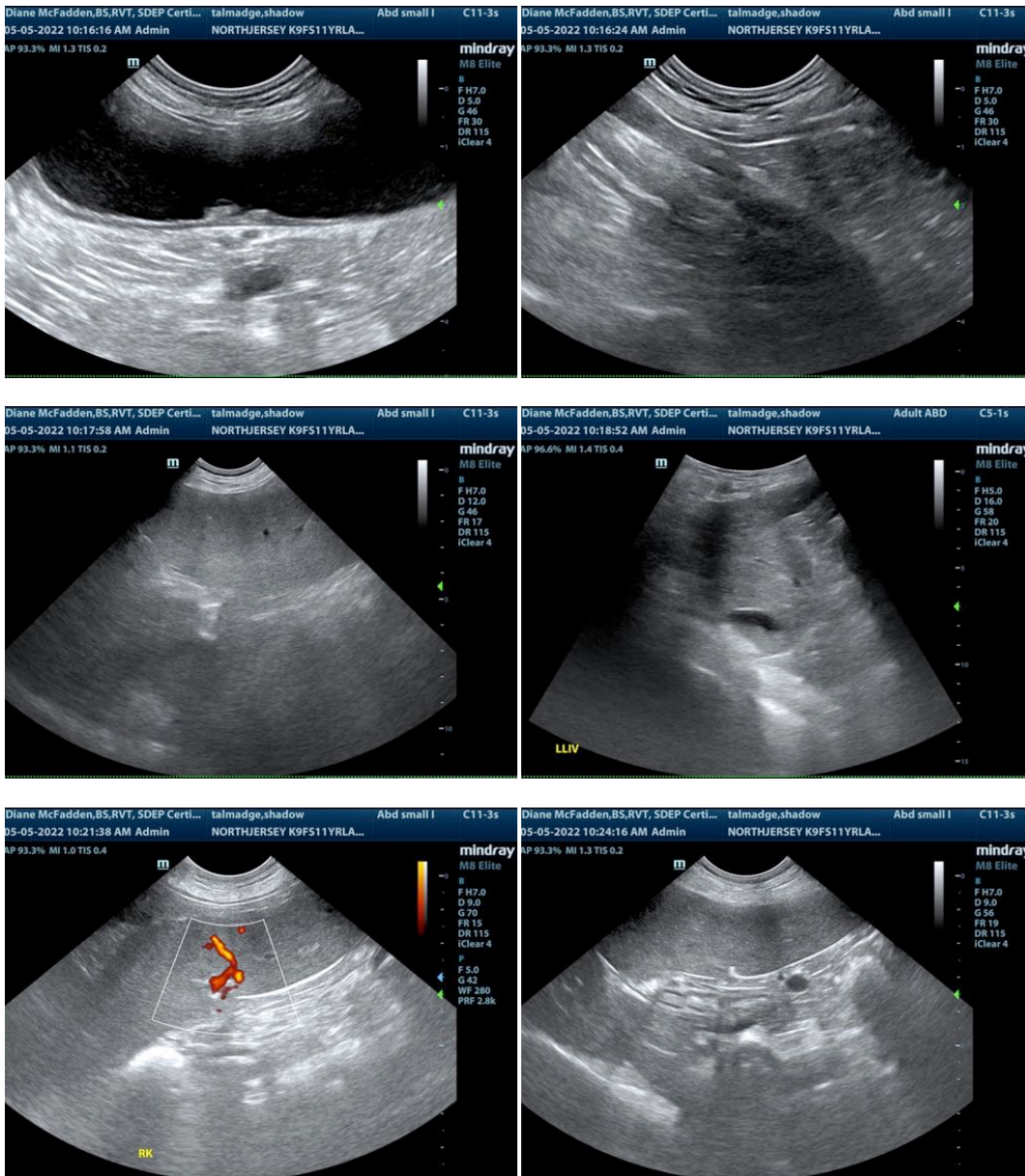
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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