



**PATIENT**

Lucy Smith

**SPECIES**

Canine

**BREED**

Tibetan Terrier

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

10.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Alejandro Vargas  
Lumbreras

**HOSPITAL NAME**

Central Island Vet  
Emergency Hospital

**REFERRING VET**

Dr. Catherine Daniel

**INVOICE**

38565

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

Referral from rDVM for investigation of abdominal mass and anemia. Decreased appetite. Vomiting and diarrhea that have resolved. Currently not on any medications.

Abnormal PE/Chem/CBC/UA Results: Initially presented to rDVM 6/2/2022 - persistent lethargy and decreased appetite, possibly started 6 days prior. Bloodwork: Non-regenerative anemia (HCT 26.8%), thrombocytopenia ( $54 \times 10^9/L$ ; possibly accurate - no notes re: numbers of PLT, but did note megakaryocytes, so potentially mis-counting on machine? but no clumping seen; later notes comment on truly low PLTs), Chol 2.37(L), ALP 155 (H), TT4 13.30 (L; euthyroid sick?). Fecal floatation positive for toxocara and giardia - started on fenbendazole on 6/3/2022. Recheck 6/7/2022 - vomiting, persistent anorexia, diarrhea; repeat Bloodwork: mild hyperkalemia (artifact vs. accurate), HCT 24%, anemia now appears regenerative, platelets adequate as per Idexx assessment. Recheck today (6/9/2022) - auto-agglutination negative, radiographs: NSF on thorax, mass present in cranial abdomen. Regenerative anemia - stronger response than previous. HCT holding steady (24%). Mild elevation SDMA + ALKP.

**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 were 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 capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm. The right kidney measured 4.5 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 0.50 cm. The right adrenal gland measured 0.60 cm in width.

**Spleen**

The **spleen** was enlarged, swollen, and folded upon itself cranially, which will palpate as a mass, yet is not neoplastic in nature and is most consistent with reactive spleen and splenic folding. Vascularity to the spleen was normal, no evidence of thrombosis. However, mild congestion pattern noted.

**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**

Minor amount of fluid filled **gastric** lumen noted, yet the pylorus and gastroesophageal inlet were patent. The small intestine was patent. Normal curvilinear patterns.



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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Reactive spleen with folding, minor congestion, no evidence of neoplasia

**BREED**

Tibetan Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is painful upon palpation of the spleen, then proactive splenectomy could be considered. Hypersplenism possible, underlying infectious disease possible. CBC path review +/- bone marrow aspirate would be appropriate.

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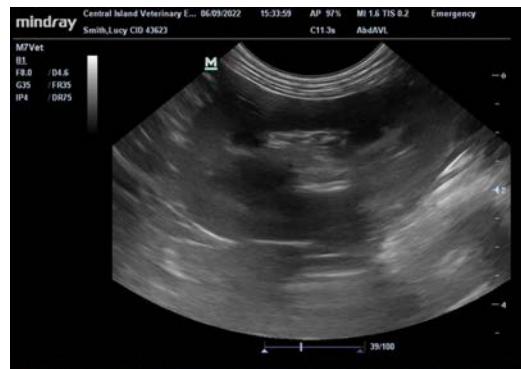
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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