



**PATIENT**

Abby Harrison

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

4.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

39167

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

Healthy in general, presented to our hospital last night as a transfer from RDVM because of progressive anemia with Thrombocytopenia.

Abnormal PE/Chem/CBC/UA Results: On physical exam patient was QAR, pale pink gums BW from RDVM showed neutrophilia, progressive anemia with thrombocytopenia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly.

This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys, non-obstructive.

The left kidney measured 3.36 cm. The right kidney measured 3.8 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 1.22 cm x 0.43 cm.

**Spleen**

The **spleen** revealed an expansive mass with regional inflammation. The mass measured approximately 2.0 cm. Swollen irregular contour noted elsewhere in the spleen with a separate parenchymal mass. Slight areas of free fluid noted adjacent to the splenic masses.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multifocal expansive parenchymal masses were present, consistent with metastatic pattern. 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. The hepatic lymph nodes were unremarkable.

**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**



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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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**PRIMARY FINDINGS**

- Multicentric sarcoma pattern involving spleen and liver with consumptive thrombocytopenia – Depending on the characteristics of the anemia, may be related to hemorrhage or bone marrow disease.

**BREED**

Pomeranian

**SECONDARY FINDINGS**

- Mild urinary bladder
- Age related kidneys with mineralization
- Age related hepatic changes

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prognosis is poor. Humane euthanasia should be considered in this patient. Otherwise, coagulation panel and 25-gauge FNA of the splenic and hepatic masses would be indicated, as long as platelet count is >70,000 and coagulation parameters are normal. Chest radiographs indicated as well. Prognosis long-term is poor. However, this may respond to chemotherapy.

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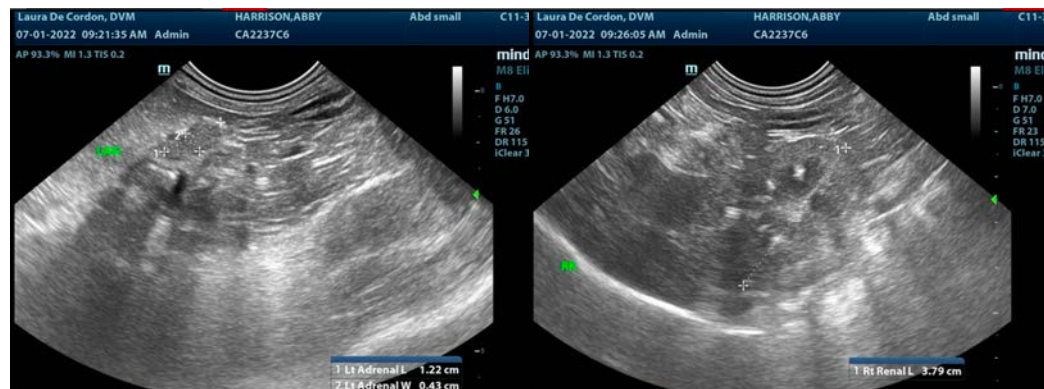
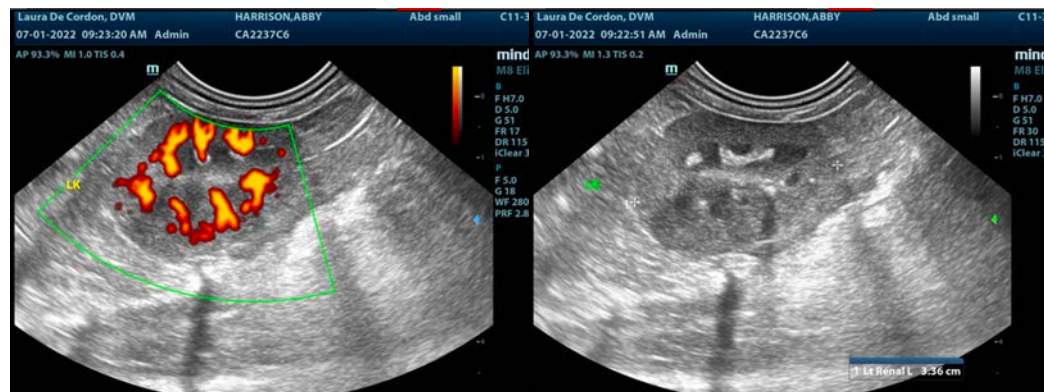
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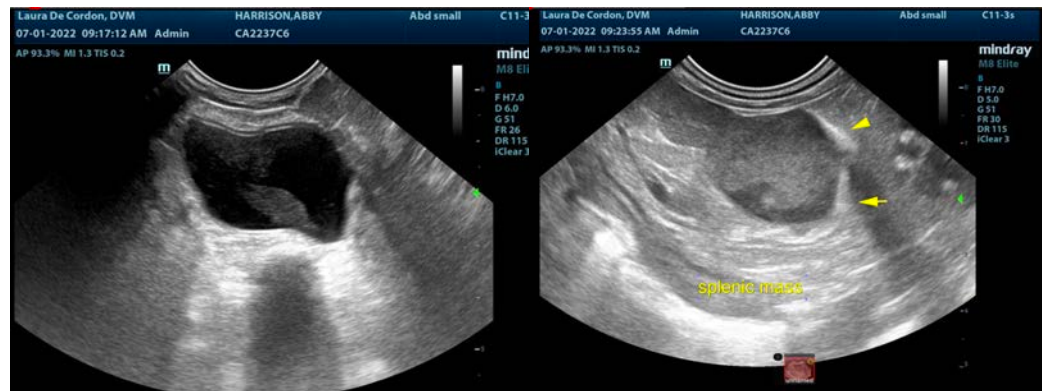
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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