



**PATIENT**

Nana Snyder

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female

**AGE**

11 years

**WEIGHT**

11.31 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Amazon Park AC

**REFERRING VET**

Dr. Jones

**DATE**

3/9/22

Invoice  
96671

**PRESENTING CLINICAL SIGNS**

History: Presented 8/21/2021 with lethargy. Platelets 7,000, and positive for anaplasma. Treated with vincristine, oral doxycycline and prednisone. Responded quickly to treatment. Was treated for one month with doxycycline, and then prednisone was weaned off. Platelets 425,000 once month after initial visit, 10 days after prednisone was stopped. Platelets 250,000 3 weeks later. On 11/1, platelets dipped down to 86,000, so azathioprine was started at 50 mg 1/4 tablet once daily. Platelets stabilized, then decreased again, so prednisone was added again. Now having non-regenerative anemia and episodic weakness despite normal platelets. Today seemed markedly lethargic compared to normal, respirations increased. Concern for sudden blood loss Current Medications azathioprine 50 mg once daily, prednisone 5 mg bid Primary Question/Differential to Be Answered in This Exam Is there any evidence of and bleeding the abdomen? Any masses? How does the liver look?  
Abnormal PE/Chem/CBC/UA Results: Platelets 158,000, HCT 28.2%, RBC 3.78 million today; ALP 974 and GGT 28 on 2/28

**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 capsules were acceptably uniform without significant irregularities. The left kidney measured 4.04 cm. The right kidney measured 4.45 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 1.37 x 0.36 cm at the caudal pole x 0.38 cm at the cranial pole. The right adrenal gland measured 2.34 x 0.4 cm at the caudal pole and 0.9 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged, yet uniform with no evidence of pathology. There was no evidence of thrombosis.

**Liver**



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The **liver** revealed mild, uniform swelling. Gallbladder calculus was noted and measured 1.0 cm. The calculus was non-obstructive at the time of the sonogram. This is an incidental finding. Smaller calculi were also noted in the gallbladder.

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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.

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**Pancreas**

The **pancreas** revealed mottled, heterogenous parenchymal changes at the left base. This is suggestive for pancreatitis.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Heterogenous pancreas.

**WEIGHT**

11.31 lbs

Gallbladder calculi.

**INTERPRETED BY**

Eric Lindquist, DMV,  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of hemorrhage or primary pathology relating to the anemia and thrombocytopenia and pancreatitis. I recommend CBC path review. Given the anemia and relatively normal platelets GI blood loss is a potential. Assessment for melena is recommended. Supportive care for pancreatitis is also indicated. Eventual Ursodiol therapy can be considered in an attempt to dissolve the gallbladder calculi; however, these are not clinical issues at this time. The liver is most consistent with steroid induced hepatopathy, yet the changes are minor. GI Protectant protocol with IV fluid support and pain management if any palpation induced pain is noted in the pancreas. Broad spectrum antibiotics are recommended. A recheck sonogram is recommended in 48-72 hours.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**REFERRING VET**

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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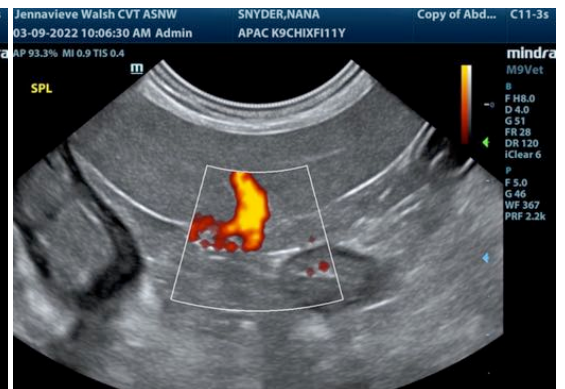
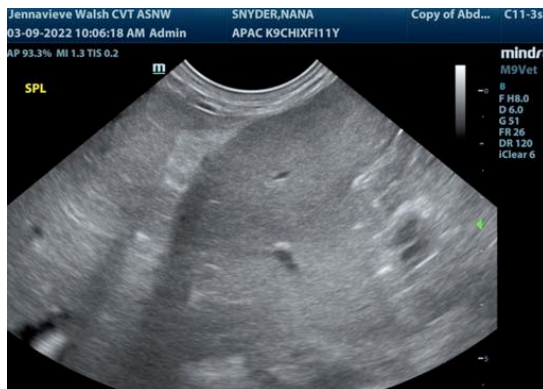
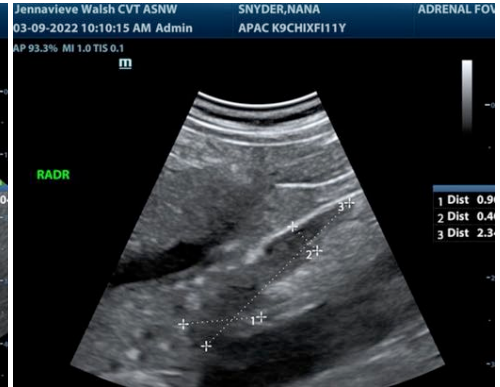
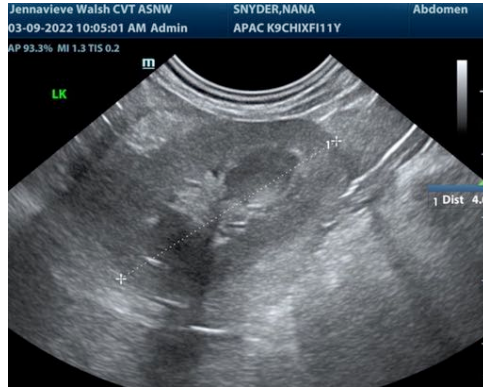
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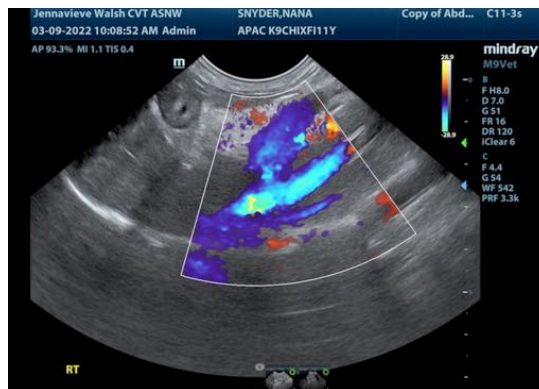
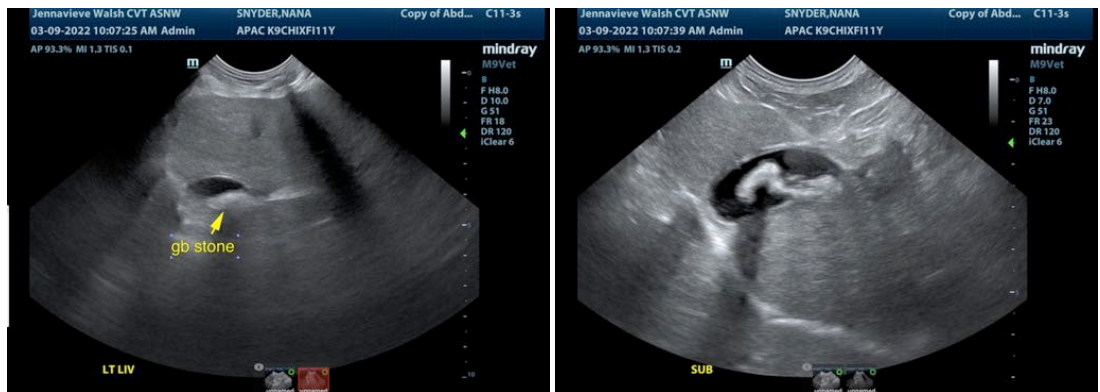
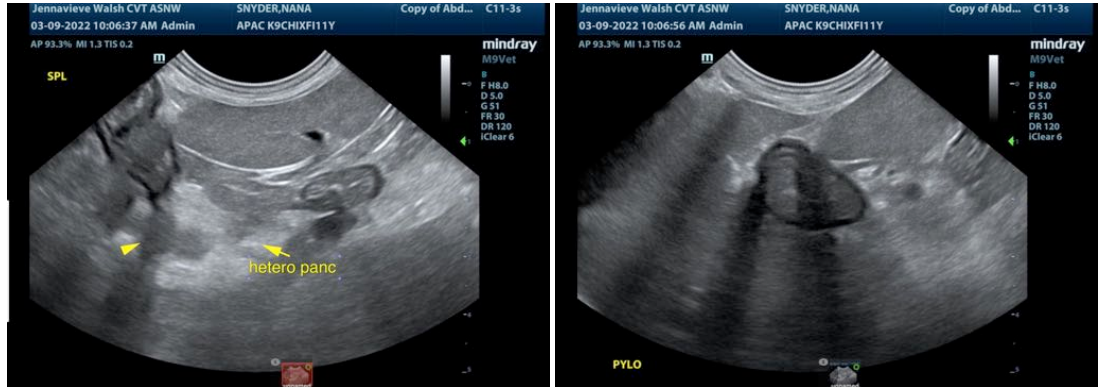
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS**

CEO of Sonopath.com



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Eric.Lindquist@SonoPath.com

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