



## PATIENT

Merlin Rogers

## SPECIES

Canine

## BREED

Schnauzer mix

## SEX

Neutered male

## AGE

6 years

## WEIGHT

44 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

## IMAGING PERFORMED BY

Meghan Morse, LVT,  
CVT

## HOSPITAL NAME

Narrowsburg  
Veterinary

## REFERRING VET

Dr. Hess

## INVOICE

69342

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Anaplasma +, ITP, IMHA not responding to prednisolone.  
Abnormal PE/Chem/CBC/UA Results: Nucleated RBC, High PLT and WBC, low RBC

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 5.78 cm. The right kidney measured 6.03 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 1.63 x 0.5 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 2.17 x 1.27 cm at the cranial pole and 0.52 cm at the caudal pole.

### Spleen

The **spleen** revealed mild, uniform enlargement with slight swollen contour. The spleen was folded upon itself. The splenic vascularity was normal. There was no evidence of thrombosis.

### Liver

The **liver** was uniform with mild enlargement. The gallbladder and common bile duct 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.



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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.

**ULTRASONOGRAPHIC FINDINGS**

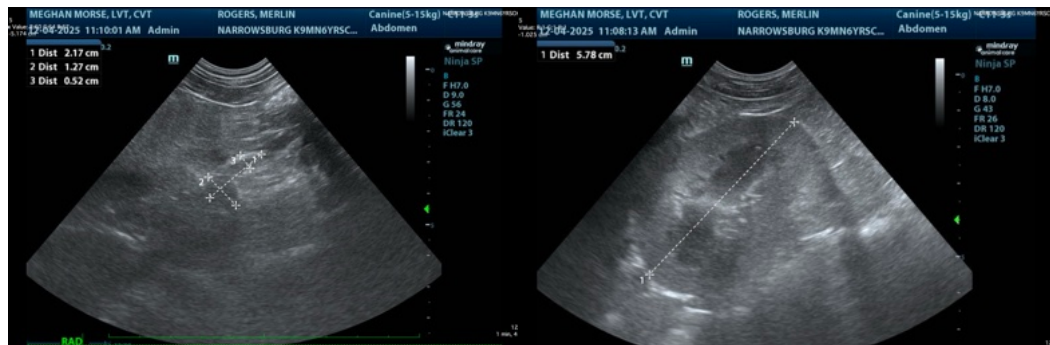
Structurally unremarkable abdomen with mild splenohepatomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prednisone induced hepatopathy is likely in this patient. Screening FNA of the spleen and liver could be considered to ensure that an occult neoplasia is not present, yet neoplastic criteria is not overtly evident this may be partially suppressed by Prednisone therapy. Otherwise, adjunctive management for Evan's syndrome would be appropriate. Bone marrow aspirate and CBC path review combined with FNA of the spleen and liver may be the optimal option in this patient. Platelet count necessitates 70000 platelets prior to FNA, therefore, full coagulation panel is warranted prior to sampling given the patient's history.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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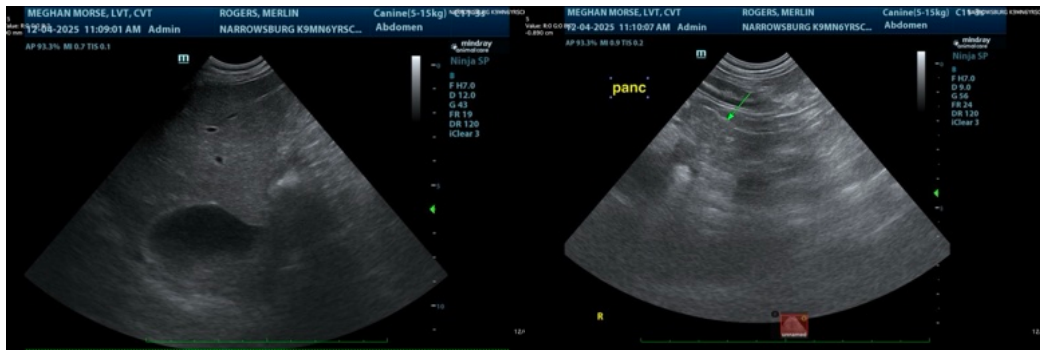
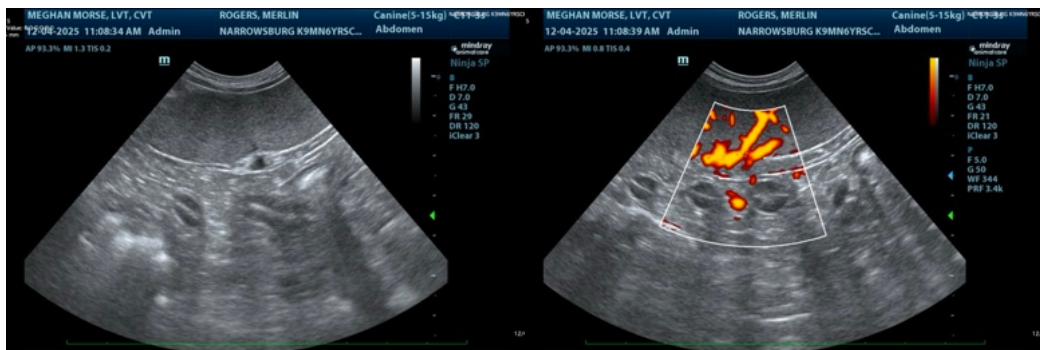
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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