



**PATIENT**

Montana Spivey

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

86

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Laurel Logas

**HOSPITAL NAME**

Bradenton VH

**REFERRING VET**

Dr. Laurel Logas

**INVOICE**

44792

**DATE**

2/3/23

**PRESENTING CLINICAL SIGNS**

Pet presented 11/25/23 for limping RF, difficulty getting up and hard stools. She had lost 12 pounds since April 2022. She was still overweight at 84 pounds. Owners were not clear on diet change or limiting food for weight loss. Rads showed elbow dysplasia, lumbar spondylosis. Chem profile and CBC revealed platelet count of 60,000 there were clumped platelets. Pet responded well to treatment with Carprofen and gabapentin. 1/10/23 Pet came in for med check after being on carprofen for 6 weeks. Her albumin was 2.4 Owner said that she was back to not eating well. A recheck exam was recommended. 1/27/23 Recheck exam and blood work.

Abnormal PE/Chem/CBC/UA Results: 1/27/23 Wt. 86 Normal physical examination. Alb 2.8, PCV 29%, RBC 3.9, Hb 9.2 platelets 89,000 RBC indices WNL retics 2.9% absolute 113100 Pet was taken off of carprofen and abdominal ultrasound scheduled.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The visualized portions of the urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The visible portions of the left kidney presented normal size, shape and architecture with smooth peripheral margins and measures 6.5 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The visible portions of the right kidney presented normal size, shape and architecture with smooth peripheral margins and measures 6.7 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**Adrenal Glands**

The left adrenal gland was not distinctly visualized, although the region appeared unremarkable.

The right adrenal gland is normal in size at 5.0 mm. The visible right adrenal gland has normal shape and is normal in appearance and echogenicity.

**Spleen**

The visible portion of the spleen is moderately enlarged with rounded edging and subtle mottling throughout. The parenchyma is hyperechoic to the liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The visible portion of the liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed. The porta hepatis appears mildly hyperechoic.

The gallbladder lumen is moderately distended. The portion of the wall is of normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.



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**Gastrointestinal**

The visible portion of the stomach appears thick, measuring up to 8.0 mm with thickening of the muscularis, though otherwise layering is preserved and distinct. The gastric lumen is empty. There are no masses or focal lesions observed and the pyloric outflow tract appears normal

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. Normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The visible sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The visible right pancreas appears hypoechoic with some edema and surrounding hyperechoic fat.

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis
- Mild pancreatitis
- Splenomegaly with mottling – most consistent with extramedullary hematopoiesis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The visualized organs of this scan do show evidence of pancreatitis and gastritis. The spleen is also enlarged and mottled, which, given the anemia, is considered most likely to be extramedullary hematopoiesis, although lymphoid hyperplasia, splenitis, or infiltrative neoplasia cannot be excluded. If your index of suspicion is high for these differentials, then fine needle aspirates of the spleen should be considered.

Although a gastrointestinal ulcer is not sonographically apparent on the portion of organs visualized, that does not rule out their presence, as most are not sonographically apparent. Consider treating for gastrointestinal ulcerations (with a proton pump inhibitor, anti-nausea medication, sucralfate, or barium, an appetite stimulant), given the regenerative anemia after non-steroidal anti-inflammatory therapy. If this fails to resolve the anemia and the thrombocytopenia persists, then consider a more systemic workup such as vector borne infectious disease or aspiraton of the spleen.



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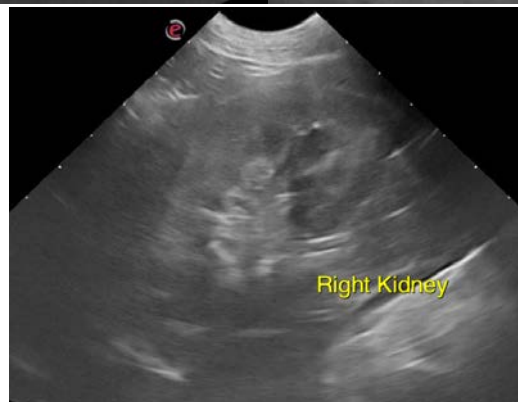
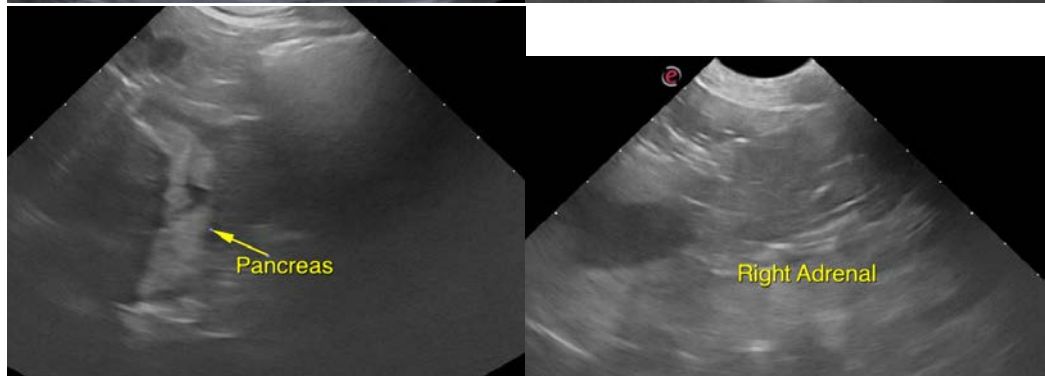
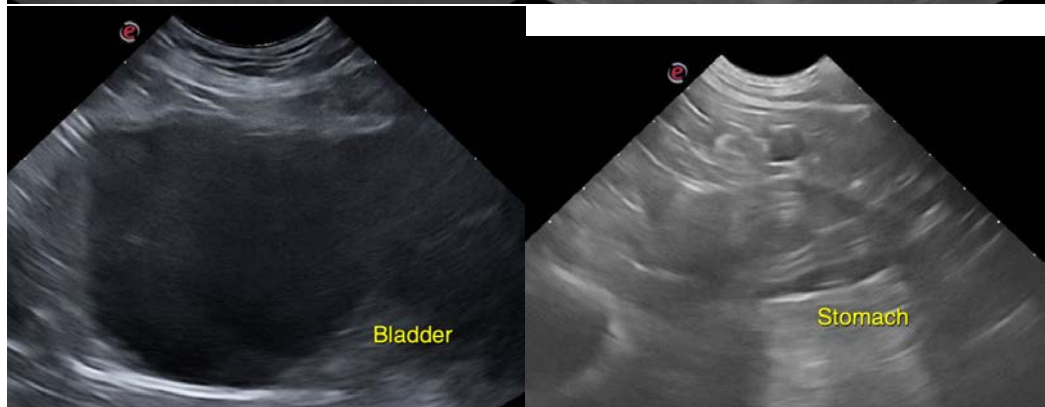
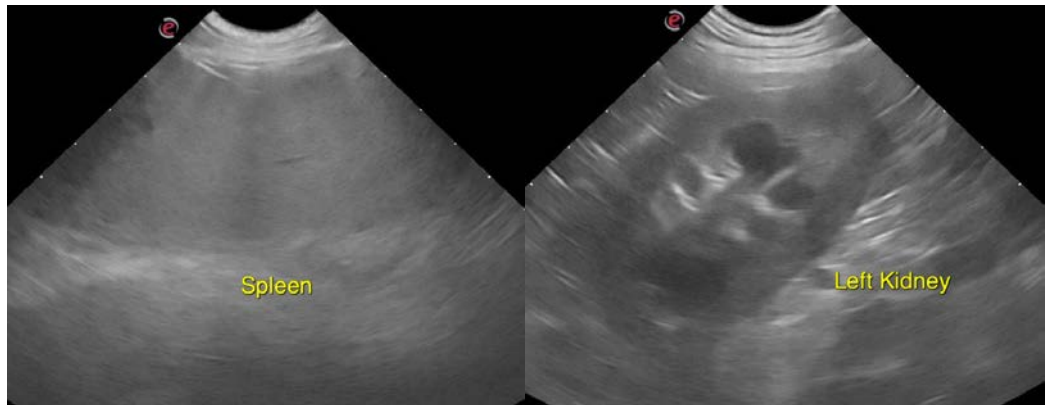
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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