



**PATIENT PRESENTING CLINICAL SIGNS**

Nash Wakefield Abscessed Tooth - Halitosis - Dental calculus/gingivitis - Immune Mediated Thrombocytopen  
Current Medications Prednidone 10mg, Cerenia 16mg, Sucralfate 1g, Yunnan Bai Yao  
**SPECIES**  
Canine Radiographic Findings None

**BREED**

Pomeranian

**SEX**

MN

**AGE**

8yr

**WEIGHT**

6.25lb

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cascade Animal Clinic

**REFERRING VET**

Dr. Rosen

**INVOICE**

11959ag

**DATE**

10/20/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left kidney exhibited mild subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 1.4 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 1.5 cm.

**Spleen**

The spleen exhibited generalized irregular to asymmetrical enlargement, diffuse mixed echogenic non-uniform parenchyma with subjective areas of parenchymal expansion and associated distortion of the capsule. No evidence of parenchymal escape was observed. Normal splenic vascularity was present. Mild perisplenic hyperechoic mesentery was present.

**Liver**

The liver was subjectively mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent hypoechoic to non-homogeneous nodules were present an example measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with thin walls and primarily anechoic luminal content with mild congealed hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

***Pancreas***

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic infiltrative neoplasia pattern
- Hepatomegaly exhibiting generalized parenchyma remodeling with nonspecific yet suspicious intraparenchymal nodules
- Distended gallbladder with moderate congealed luminal debris
- Mild chronic renal changes with subnormal left kidney size

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatosplenic/hepatic nodule FNA for screening cytology is warranted for further assessment. The splenic nodules may indicate areas of benign hyperplasia, hematopoiesis, lipogranuloma or similar although concern for potential hepatic metastasis given the splenic presentation is warranted although not definitive. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Paraneoplastic thrombocytopenia is of suspected concern in this patient.



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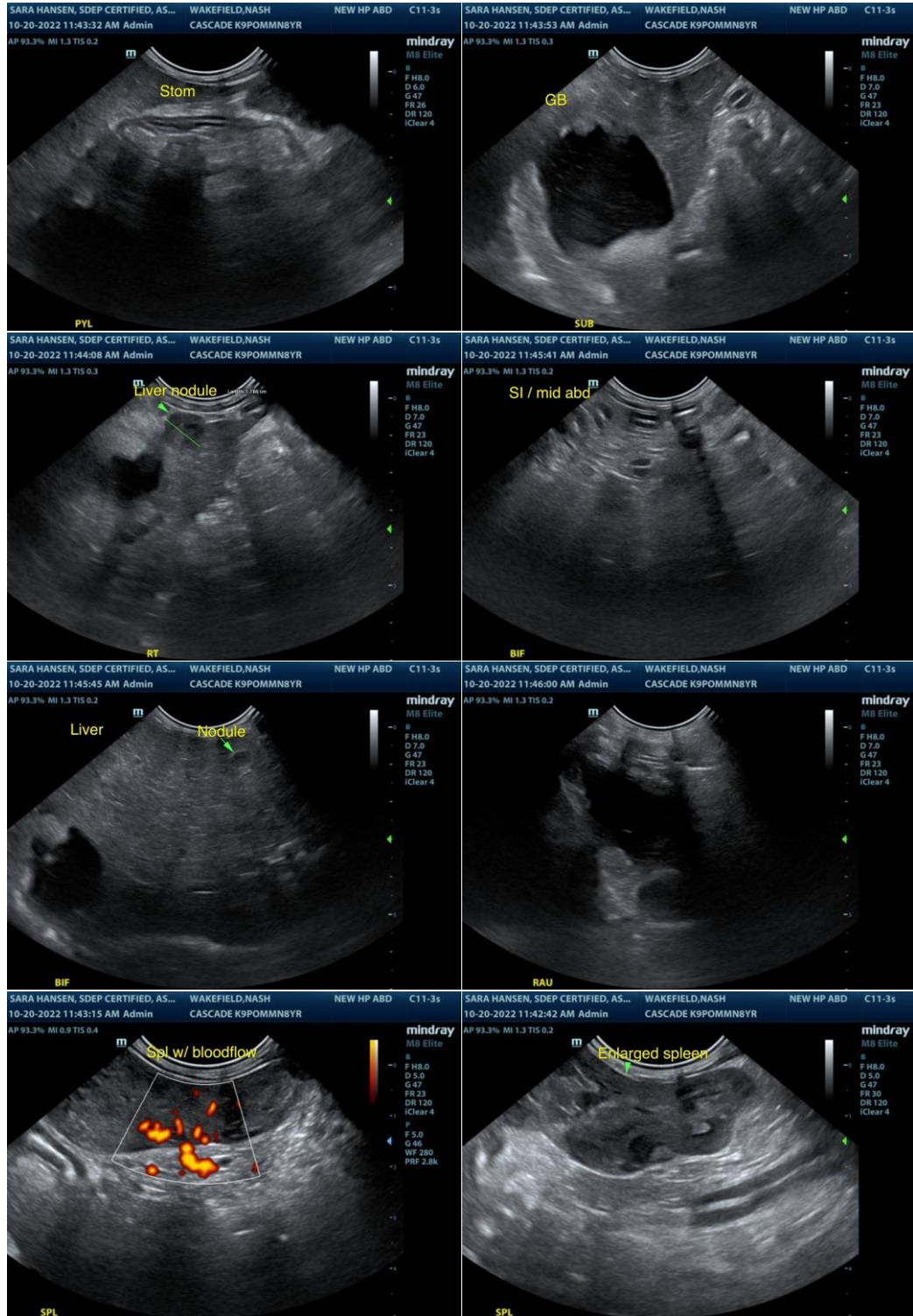
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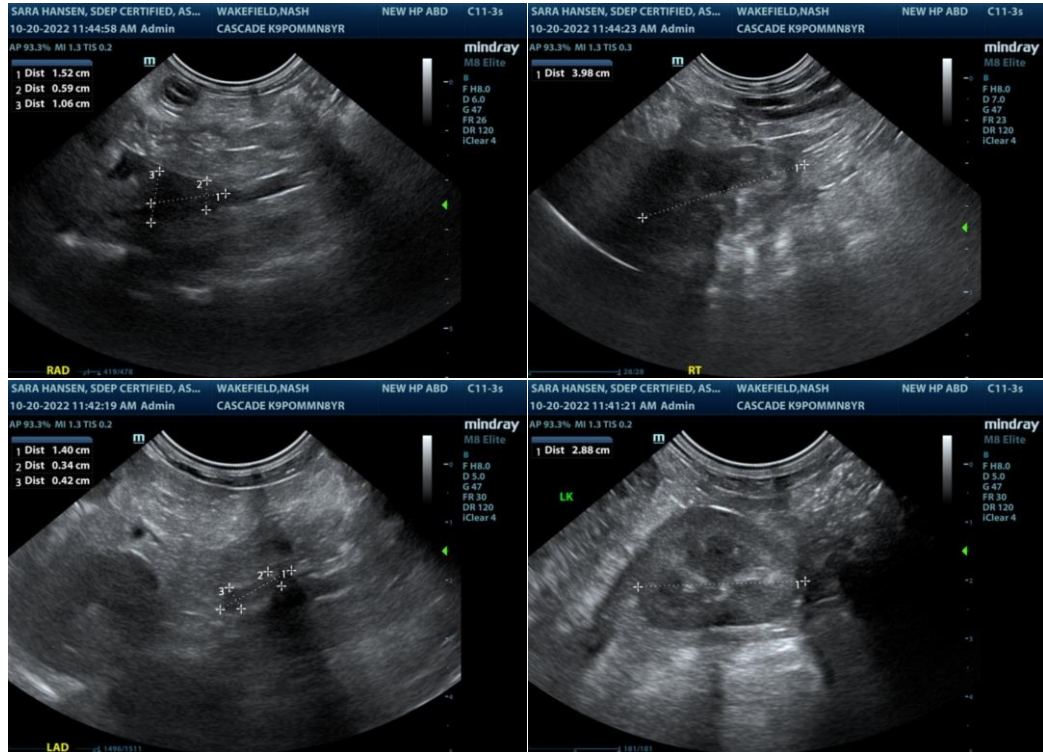
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com