



PATIENT

Tank Kane

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

11 years

WEIGHT

96 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. McNamee

INVOICE

69643

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Presented on 12-26-25 for acute onset of vomiting, inappetence, restlessness. A firm, structure palpated in mid abdomen. Guarded on abdominal palpation. X-rays revealed hepatosplenomegaly, right-sided heart enlargement, cranial mediastinal widening. Bloodwork revealed elevation in ALT: unreadable, ALP: >2000, GGT: 12, T. Bili: 1.2, Chol: 450. Leptospirosis Ab Test negative. 4Dx negative. Ultrasound was limited, but revealed no appreciable free fluid. Radiographs attached FNA of large renal cyst of right cranial pole of kidney performed and thick, brown fluid was aspirated and sent for cytology and culture. FNA of spleen performed for irregular contour and multifocal hypoechoic patches.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex. Medial cortical cysts were noted in the kidneys measuring 0.8 cm. Microcystic cortical changes were noted throughout the left kidney. The left kidney measured 7.8 cm in length. The right kidney revealed an echogenic cyst at the cranial pole with corticomedullary mineralization and slight pyelectasia. The right kidney measured 11.0 cm including the 5.8 cm cyst.

The residual prostate was mildly heterogenous, yet contained at 1.7 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 3.38 x 0.93 cm at the caudal pole and 0.9 cm at the cranial pole.

Spleen

The **spleen** revealed focal, hypoechoic nodule in the mid body measuring 1.34 cm. The spleen revealed minor, generalized enlargement with nodular change as well as heterogenous parenchymal changes. The spleen was folded upon itself cranially.



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Liver

The **liver** revealed uniform enlargement. Gallbladder polyps were noted with heterogenous parenchymal changes with increased portal markings.

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

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

Splenomegaly with nodular changes. Hyperplasia versus round cell neoplasia. Splenitis is also possible.

Polycystic left kidney with right renal cyst, possibly abscess. .

Given the patient's history acute hepatic insult is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has multiple comorbidities in this patient with right renal abscess or complex cyst. Cholangiohepatitis liver pattern, splenitis or hyperplasia splenic pattern. There is a mild potential for underlying neoplasia. Culture of the cystic fluid is indicated as well as assessment of cytology of the spleen. Hepatic cytology or ultrasound-guided FNA would be ideal as well for further definition. Although Leptospirosis testing was negative, it can still be a potential in this patient. IV Ampicillin, liver support protocol and further management based on FNA results are all indicated. Other causes of acute on chronic insult should also be considered. Core liver biopsy of the liver may be necessary for a definitive diagnosis.



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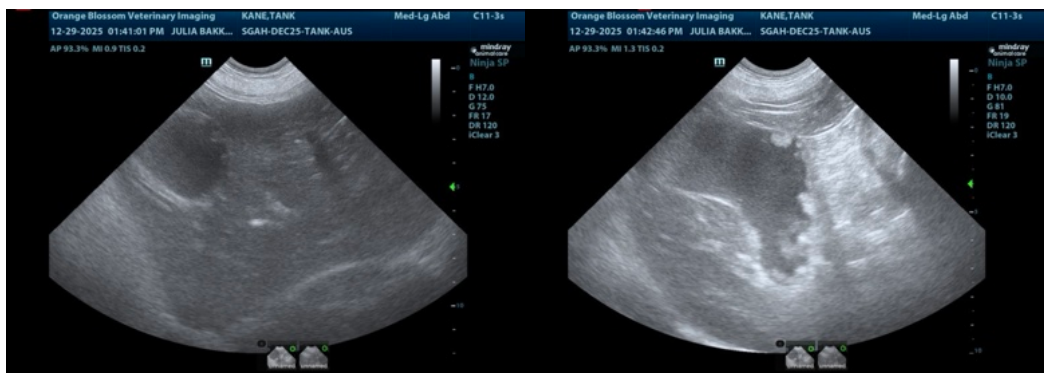
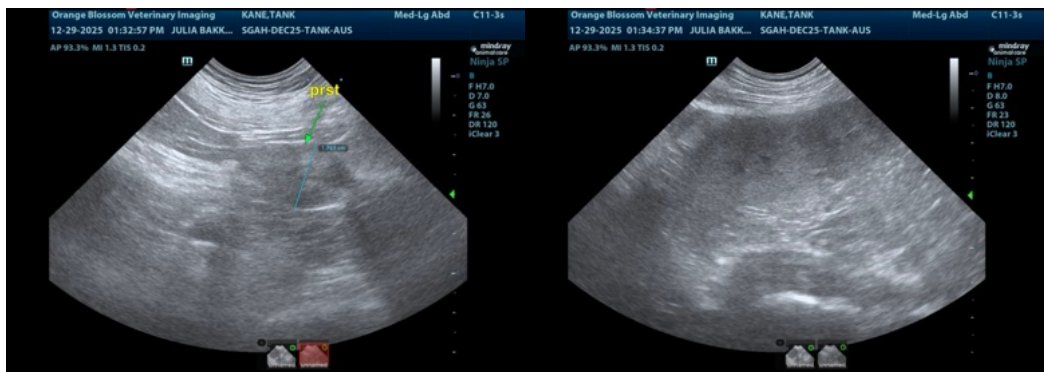
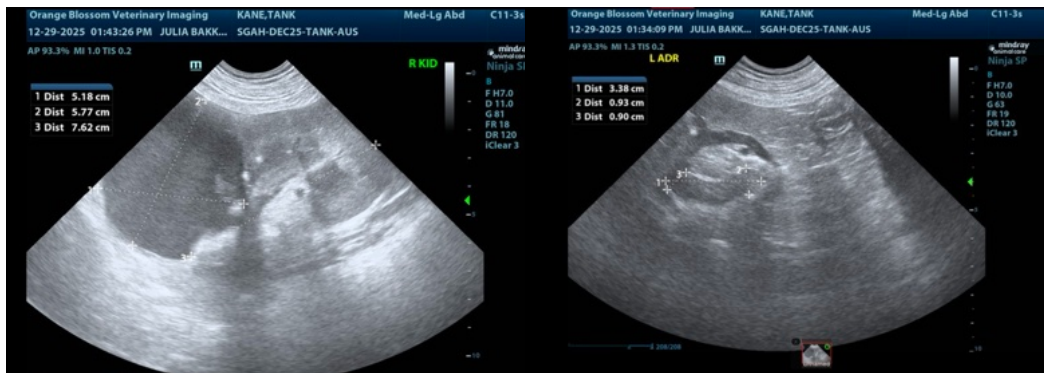
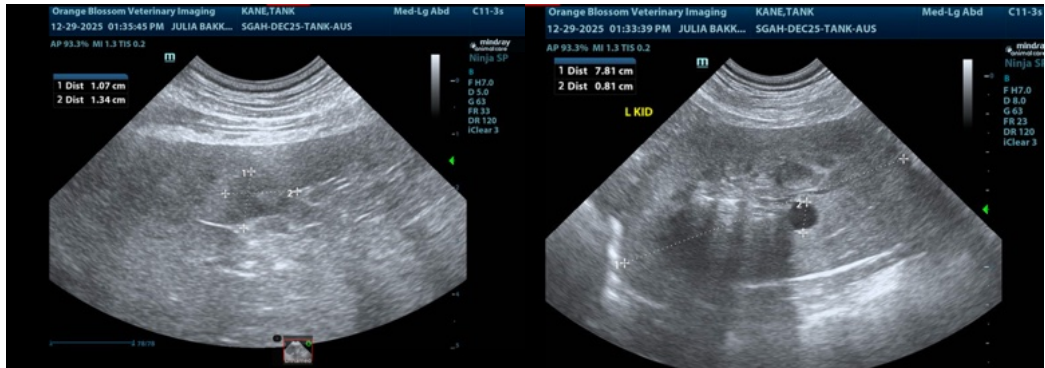
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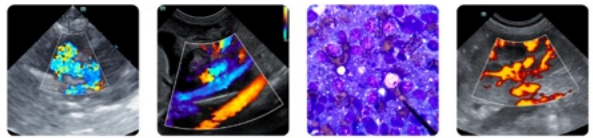
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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