PATIENT

Teaka Najima

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years 1 month

WEIGHT

38.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuster

INVOICE

11729

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

3/2026 - Biopsy of a lesion on the lateral aspect of the right eyeball obtained - A raised, pink, vascular lesion measuring approximately 4 mm is present on the sclera at the lateral canthus of the OD. The lesion may be associated with a scleral vessel. Biopsy results: MICROSCOPIC FINDINGS: Hemangiosarcoma. Conjunctival hemangiomas and hemangiosarcomas are generally associated with a good prognosis. Vascular endothelial tumors of the ocular adnexa are not reported to metastasize; however, primary conjunctival hemangiosarcoma should be differentiated from a hemangiosarcoma metastatic to the eye from other sites. Plan is to perform 3 view chest rads and AUS to help determine if the conjunctival HSA is primary or metastatic.

Working diagnosis: Conjunctival HSA - determine primary or metastatic.

MEDS: Apoquel 16 mg tablets 1 T PO SID, Ketoconazole 200 mg tablets 1 T PO 3x a week, Simparica TRIO 44-88 lb 1 T PO q30d.

Abnormal PE/Chem/CBC/UA Results: 2/25/2026 Superchem WNL CBC WNL T4 WNL UA: USG 1.035, 1+ protein, UPC 0.1 (<0.5) Accuplex negative Fecal PCR negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Shadowing non-obstructive nephrolith is noted measuring 0.7 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

PATIENT

Teaka Najima

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years 1 month

WEIGHT

38.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuster

INVOICE

11729

DATE

4/16/2026

The spleen is subjectively normal in size (2.66 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.57 cm in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. A prominent left iliac lymph node is visualized measuring 0.93 cm. A GI lymph node is visualized measuring 0.7 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related changes visualized associated with the liver.
- Occasional mildly prominent lymph nodes. Findings are most consistent with reactive lymph nodes. Early metastatic lymph nodes are less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are visualized on today's exam. The liver is mildly heterogenous. These changes are most consistent with age related pancreatic remodeling. Similarly, there are occasional prominent

PATIENT

Teaka Najima

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years 1 month

WEIGHT

38.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuster

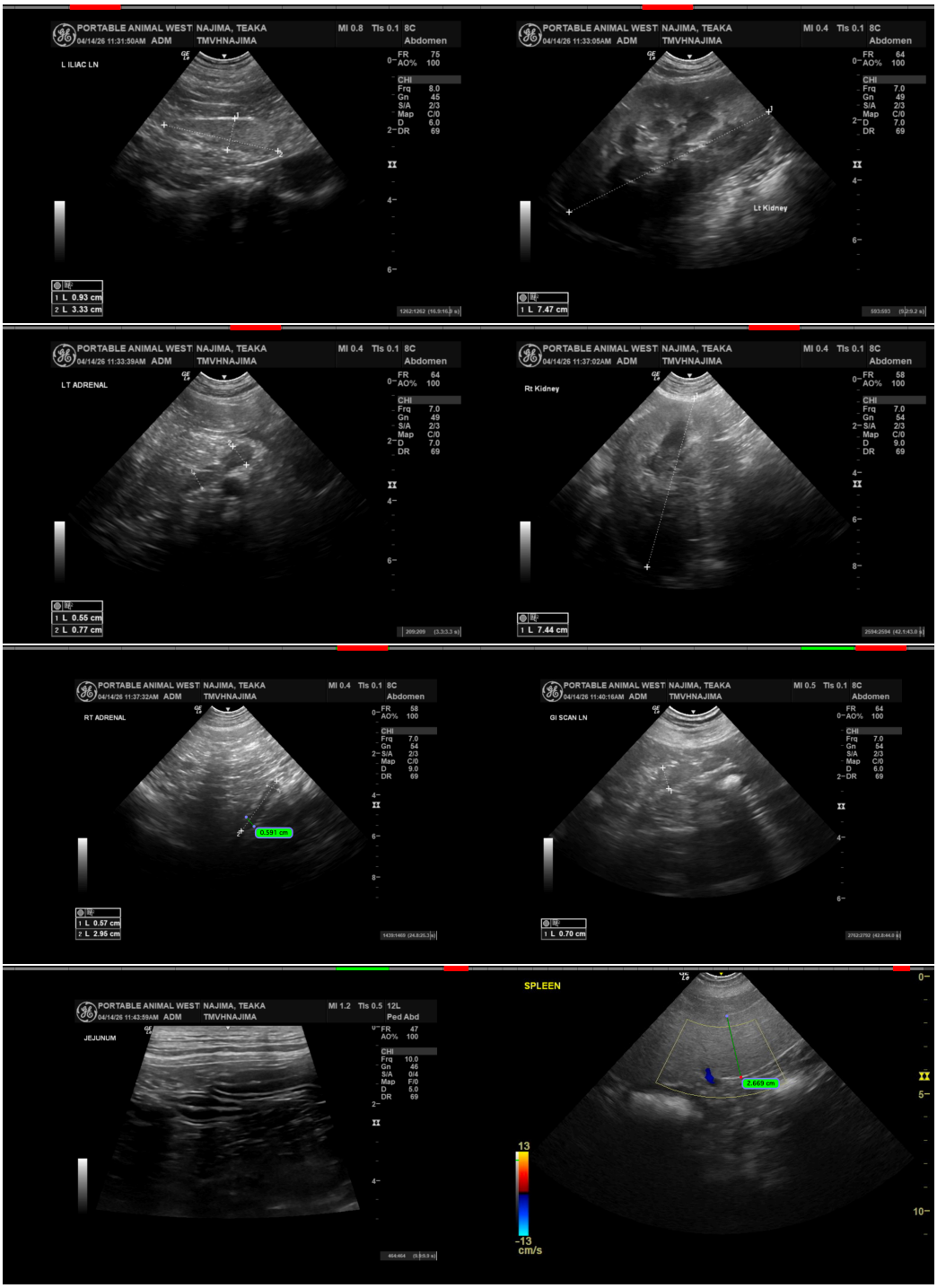
INVOICE

11729

DATE

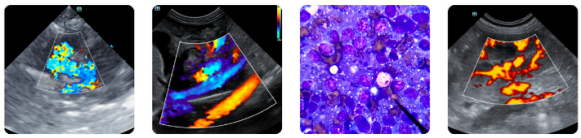
4/16/2026

mesenteric lymph nodes which I suspect are somewhat reactive. Continued monitoring in both of these areas could be considered as these lesions could progress to become something more significant. At this time, no evidence of overt metastatic disease is visualized.



Imaging performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Teaka Najima

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years 1 month

WEIGHT

38.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

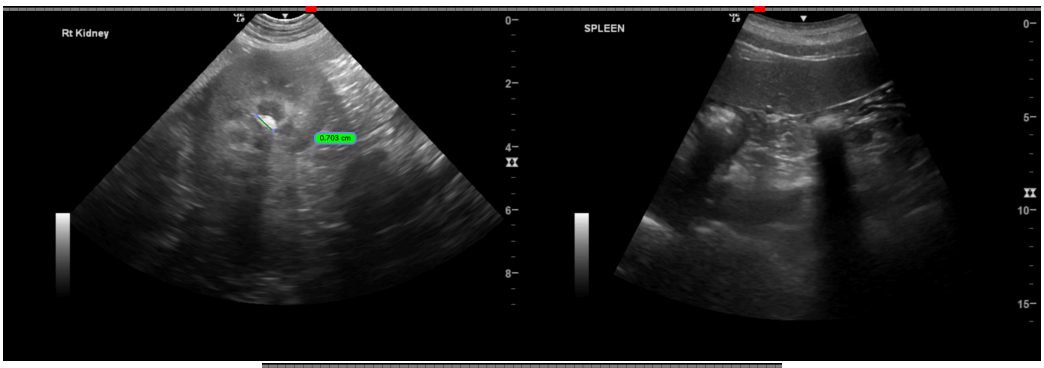
Dr. Rachel Kuster

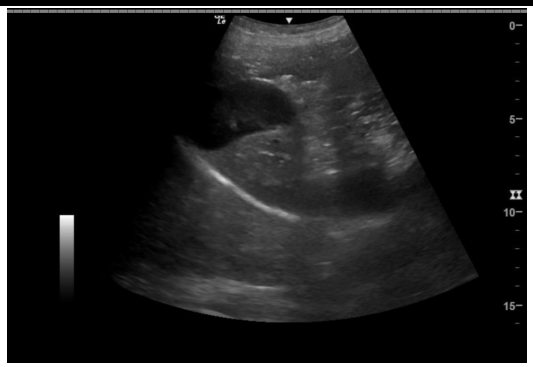
INVOICE

11729

DATE

4/16/2026





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com