**PATIENT**

Marshall Schlueter

SPECIES

Canine

BREED

Akita

SEX

NM

AGE

7 years

WEIGHT

123 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VETMary Lynn
Neumeister**INVOICE**

20781

DATE

1/26/23

PRESENTING CLINICAL SIGNS

History- Less energetic recently

Abnormal PE/Chem/CBC/UA Results: Normocytic regenerative anemia. Takes apoquel for allergies.

Rest of CBC and Comprehensive Metabolic Profile are in normal range except the anemia. The RBC, Hgb, Hct normalized in one week.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone and cystourethral junction 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 was noted.

No overt pathology associated with the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.1 cm length x 0.66 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 cm length x 0.67 cm width at the caudal pole.

Spleen

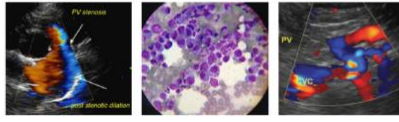
The spleen exhibited potential for borderline to mild enlargement with maintained symmetrical capsule contour and finely textured homogenous parenchyma. Splenic vascularity was normal. No masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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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 formed feces in lumen.

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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 were evident.

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Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**AGE**

7 years

- Sonographically unremarkable abdomen
- Subjective borderline/mild splenomegaly- overtly benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or overt visceral pathology. The subjective borderline to mild splenomegaly is suspected to be incidental with potential for patient variant, incidental hyperplasia, hematopoiesis, or possible splenitis, without evidence of splenic neoplastic criteria. If recurrent or persistent anemia, infectious disease serology, as well as screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, primarily to ensure only benign changes are present, could be considered. Three-view chest radiographs, to rule out occult thoracic pathology or cardiomegaly as a contributing factor, is recommended.

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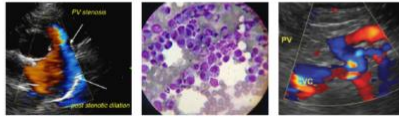
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svsmobileimaging.com 309-737-3070



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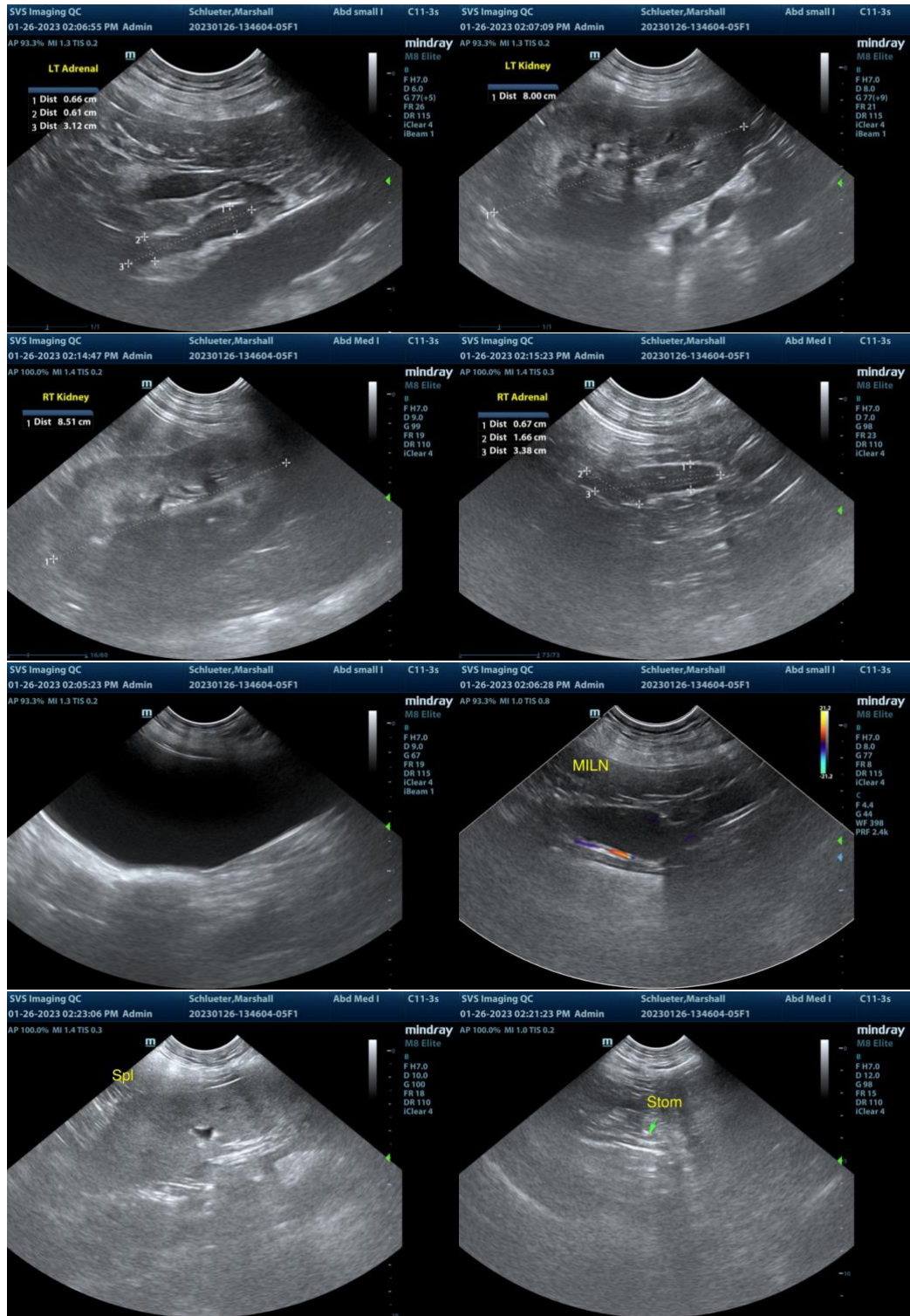
Mary Lynn Neumeister

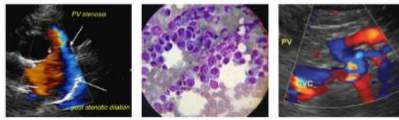
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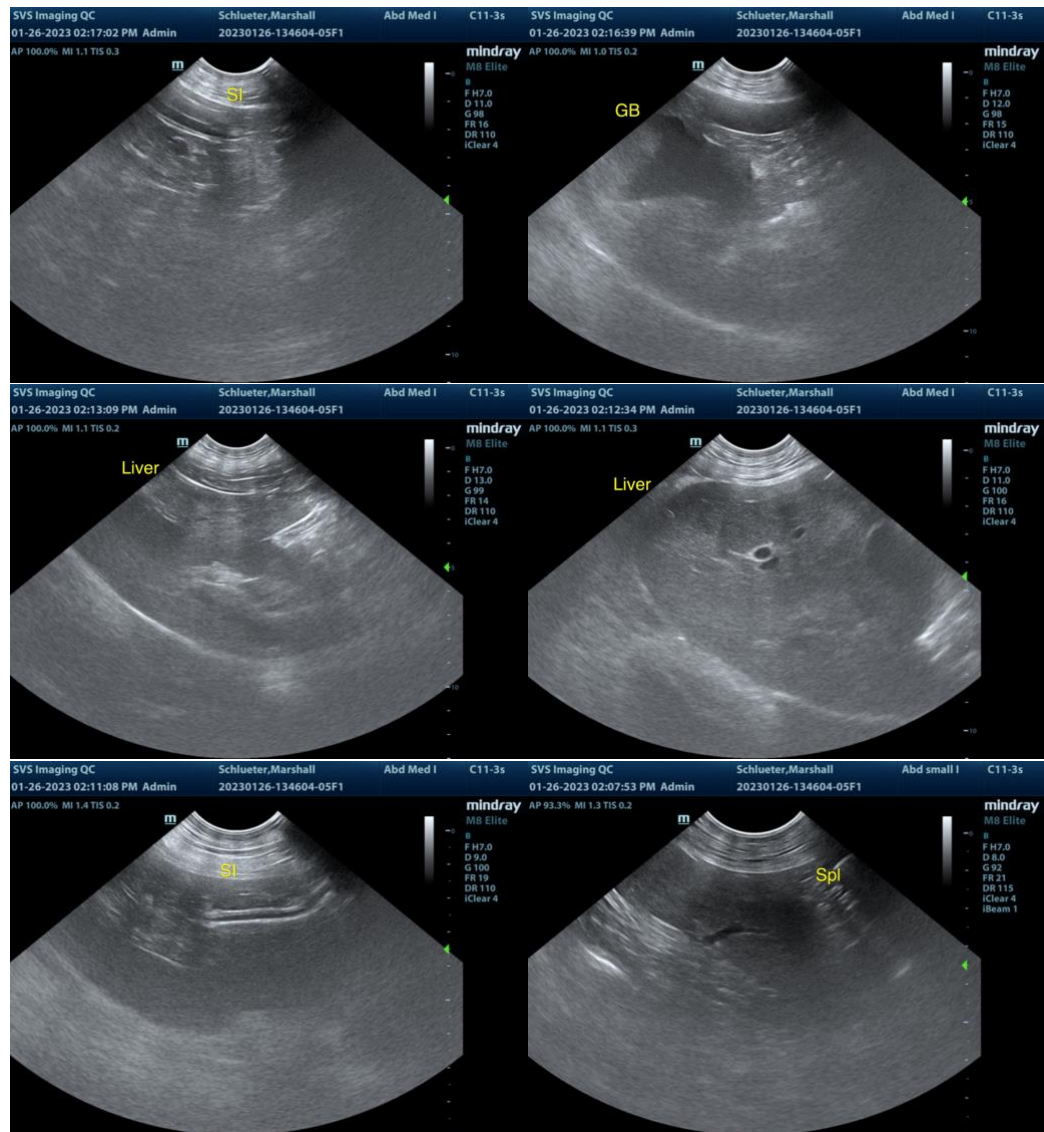
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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