



PATIENT

Cali Lananna

SPECIES

Canine

BREED

Akita

SEX

Spayed

AGE

5 years

WEIGHT

24.40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Tamara
Dzikewicz

INVOICE

16034

DATE

1/31/23

PRESENTING CLINICAL SIGNS

very low red blood cell (RBC) and platelet (PLT) counts, as well as an infection. These results were then confirmed by looking at the sample under our microscope. From X-Ray: Concern for heart enlargement, caudal vena cava is very prominent. Spleen vs liver appears very enlarged. Gas throughout GIT. There is reduced serosal detail of the abdominal organs. Bladder is small, urine sample was very concentrated, mild infection and blood noted. The appearance of the spleen is concerning, so it was then recommended to either send out these images to be reviewed by a radiologist, or to perform an abdominal ultrasound here in clinic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the left kidney. 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 7.8 cm in length.

The right kidney exhibited mild loss of corticomedullary border demarcation, mild asymmetrical renal margination, and mild subnormal size compared to the left kidney. The right kidney measured 6.4 cm in length.

Adrenal Glands

No overt pathology associated with the left or right adrenal glands although not definitively visualized.

Spleen

The spleen presented moderate to marked enlargement with a maintained symmetrical curvilinear capsule contour and finely textured homogeneous parenchyma exhibiting normal splenic parenchyma echogenicity. Overtly normal splenic vascularity was noted. No visualized discernable splenic masses or nodules were noted. The spleen measured approximately 3.4 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with mild variably echogenic, nonorganized gallbladder debris primarily in the caudal lumen and area of the gallbladder



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neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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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.

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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 peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

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- Moderate to marked generalized splenomegaly exhibiting maintained symmetrical capsule contour and finely textured homogeneous parenchyma
- Concurrent mild hepatomegaly
- Right kidney mild subnormal size compared to the left kidney, mild right kidney asymmetrical renal margination, and mild indistinct corticomedullary border
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology is warranted for further assessment. Considerations for the spleen may include incidental yet moderate to marked hyperplasia, hematopoiesis, splenitis, or other benign splenic enlargement with suspect concurrent mild benign hepatomegaly. Potential for occult infiltrative splenic / hepatosplenic neoplasia cannot be definitively excluded.

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Infectious disease serology may be considered if clinically indicated. Likely right kidney patient variant without overt evidence of right or bilateral nephritis. Baseline UPC level is suggested given the evidence of trace proteinuria on urinalysis.

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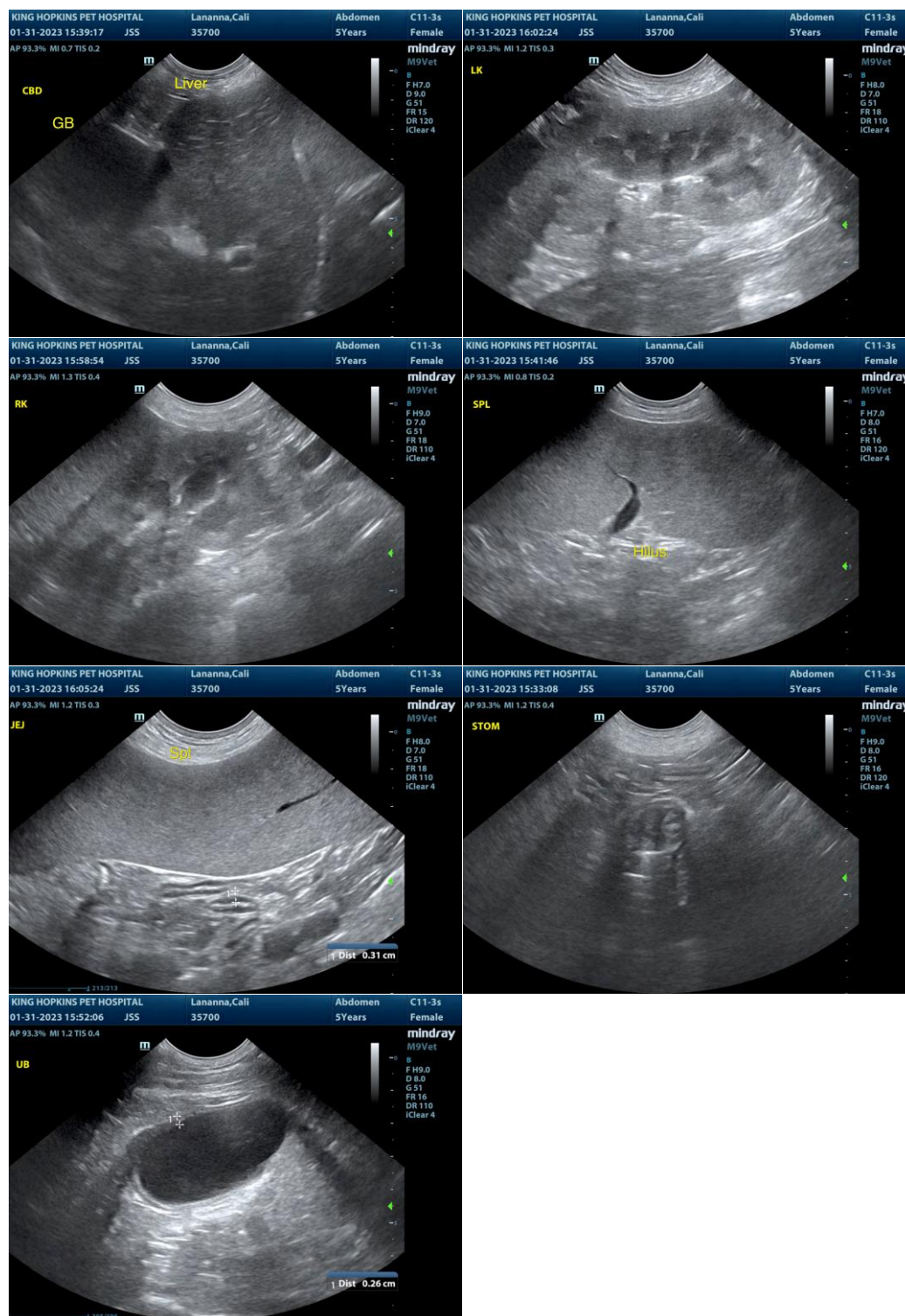
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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