



**PATIENT**

Kuma Spoor

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

MN

**AGE**

9yr

**WEIGHT**

52lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**REFERRING VET**

Dr. Evoniuk

**INVOICE**

13450ag

**DATE**

04/11/2023

**PRESENTING CLINICAL SIGNS**

Was having issues eating for awhile and vomiting with no diarrhea O started steroids about 3 days ago due to severe coughing Very hesitant to eat for awhile and ate very slowly Poor appetite and seemed interested but then didn't eat. No bleeding or blood specks. Energy was low until steroids resumed. Coughing improved with steroid. meds: Calcitriol- 0.06ml BID, pred tab PRN with Hx of liver and splenic thrombus- monitoring for it Ionized Calcium- pending tolerant of US but sensitive in deeper exam and palpation

Abnormal PE/Chem/CBC/UA Results: WBC: 20.52 10<sup>9</sup>/l NEU: 17.06 10<sup>9</sup>/l ALP: 302 U/L GLU: 116 mg/dl

**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.

Normal size and margination were present in the kidneys. 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 6.3 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology. The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy. No evidence of distal aortic or iliac thrombus.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was subnormal in size owing to prednisone therapy with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**Spleen**

Previously noted non-homogenous mixed echogenic splenic vein thrombus extending mildly into the medial peri splenic vasculature measuring ~ 1.5-1.6 cm in diameter was present. No evidence of splenic vein infarct. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/Gallbladder**

The liver presented 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. Normal to adequate vascular volume with subjective anechoic content within the hepatoportal vasculature. An obvious or definitive hepatoportal thrombus was not overtly visualized.



<b>PATIENT</b>	Normal volume cranial abdominal caudal vena cava was present without evidence of thrombus. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of previous gallbladder debris. The cystic and common bile ducts were normal.
Kuma Spoor	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta/chyme sonographically consistent with food with no signs of ileus, obstruction or foreign material.
<b>BREED</b>	<b>Pancreas</b>
Siberian Husky	The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Potential evidence of peri pancreatic mild hyperechoic omentum.
<b>SEX</b>	<b>Free Abdomen</b>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
9yr	<ul style="list-style-type: none"> <li>• Subjective static splenic vein thrombus with adequate splenic vein blood flow.</li> <li>• Static mild hepatic parenchymal remodeling with adequate hepatic vascular volume.</li> <li>• Sonographically unremarkable GI tract with gastric ingesta suggestive of food.</li> <li>• Heterogenous mildly hypoechoic left pancreas.</li> <li>• Subnormal bilateral adrenal glands-consistent with chronic steroid use.</li> </ul>
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
52lb	Static hepatosplenic presentation compared to the previous study without evidence of progressive hepatosplenic parenchymal changes, lack of vascular volume or neoplastic criteria.
<b>INTERPRETED BY</b>	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>REFERRING VET</b>
<b>IMAGING PERFORMED BY</b>	Low grade pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas. Correlation with a spec cPL is suggested.
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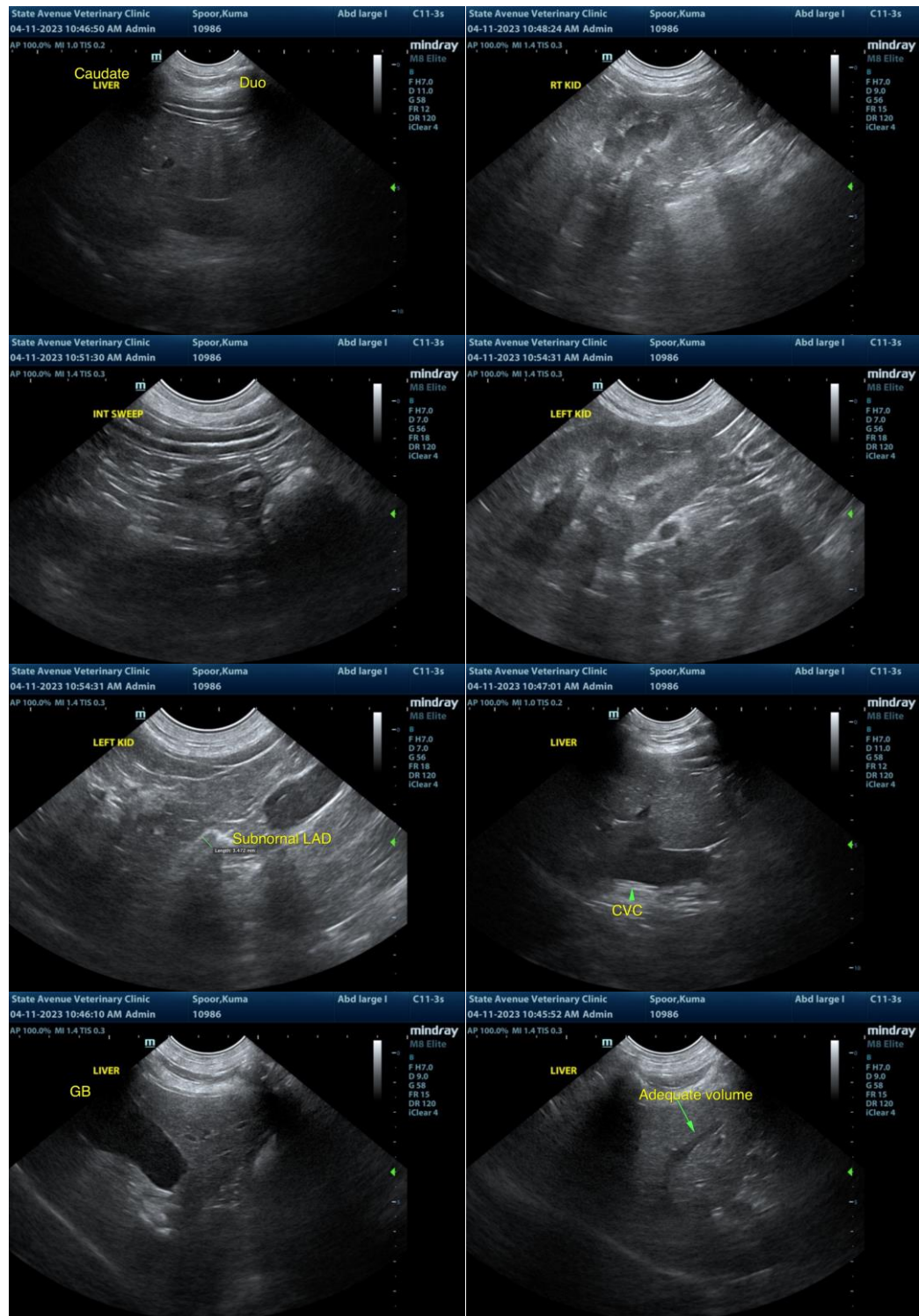
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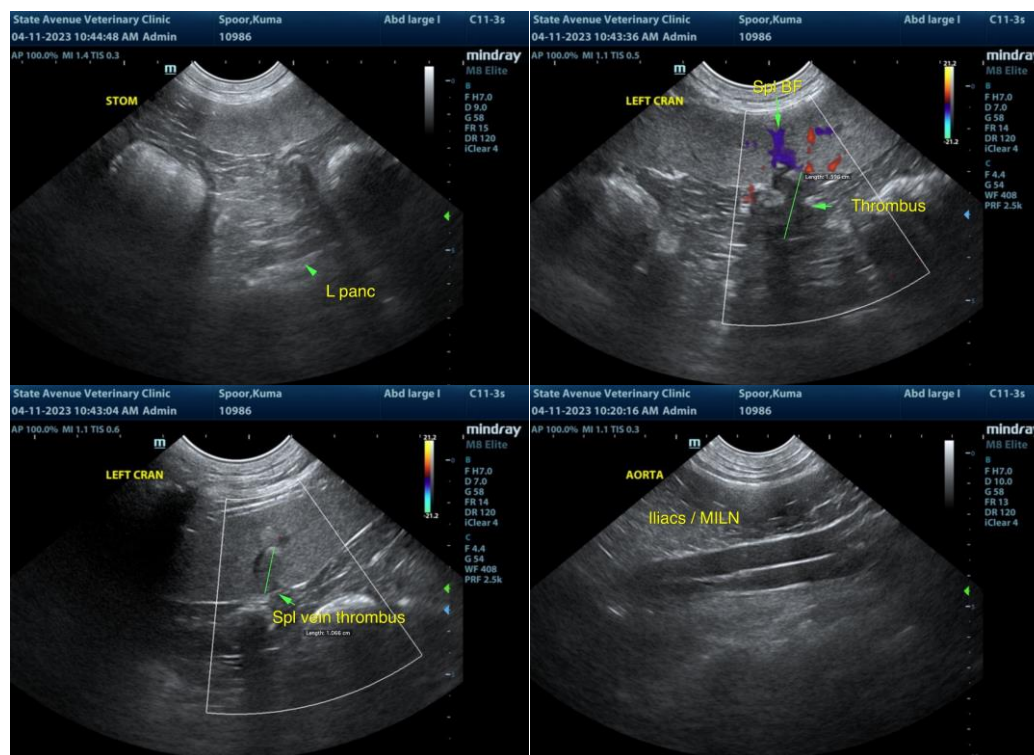
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)