

PATIENT

Cali Adam

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

2014

WEIGHT

24.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis Animal
Hospital

REFERRING VET

Dr Daniel Smith

INVOICE

24431

DATE

04/08/2026

PRESENTING CLINICAL SIGNS

Diagnosed with severe thrombocytopenia 2.2026
Subjective benign irregularity tail of spleen
Treated with IV vincristine, prednisone
Medication: prednisolone, omeprazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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. Bilateral areas of focal medullary mineral were present. Small left kidney cranial cortical cyst was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly flattened in appearance in conjunction with suppression secondary to steroid therapy. The left adrenal gland measured 0.27 cm width at the caudal pole. The right adrenal gland measured 0.26 cm width at the caudal pole.

Spleen

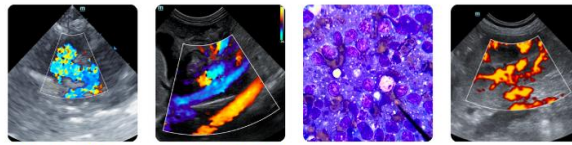
The spleen exhibited subjective normal size with areas of asymmetrical splenic capsule contour. Primarily homogenous parenchyma exhibiting mild to moderate coarse echo texture. A small to mildly expansive isoechoic caudal splenic nodular mass lesion was present measuring ~ 1.9 cm in diameter. Intermittent separate non-capsule deforming hyperechoic splenic nodules were present; an example of splenic nodule measured 0.62 cm in diameter.

Liver/Gallbladder

The liver presented generalized increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was rounded and symmetrical in margination. No visualized masses or nodules were present. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 mechanical/metabolic 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 pancreas was mildly hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. Mildly prominent pancreas base and right pancreatic limb pancreatic duct. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Mildly expansive caudal splenic nodular mass lesion with intermittent hyperechoic splenic nodules
- Enlarged hyperechoic liver
- Mild gallbladder debris (non-mucocele)
- Mild chronic pancreatitis / pancreatic fibrosis
- Age-related renal changes with left kidney cranial cortical cyst
- Subnormal adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Asymmetrical splenic hyperplasia, hematopoiesis, inflammation, suspect hyperechoic benign myelolipomas, favored with splenic neoplasia thought less likely yet not definitively excluded. Steroid, vacuolar, cholestatic hepatopathy favored in conjunction with patient history and suppressed adrenal glands, hepatic inflammation, less likely occult hepatic neoplasia all potentials.

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Further assessment may include assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology. Continued empirical therapy for idiopathic or immune mediated thrombocytopenia with consideration for coverage of potential infectious etiologies with clinical and as needed sonographic monitoring of the liver and spleen would be more conservative approach.

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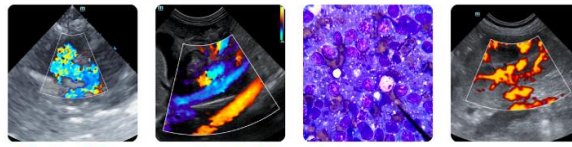
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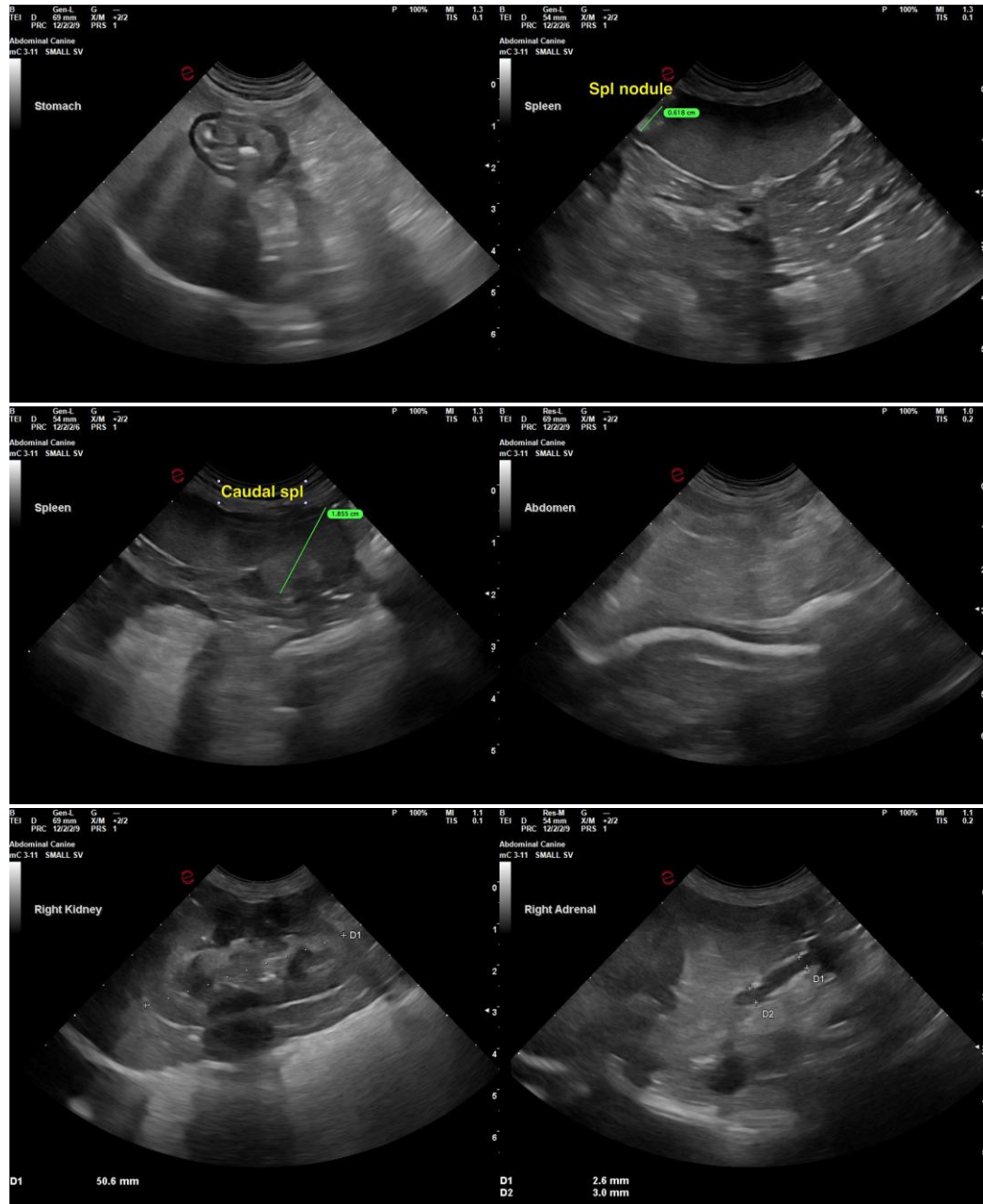
Dr Daniel Smith

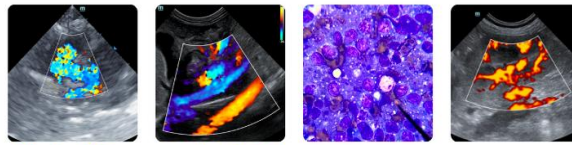
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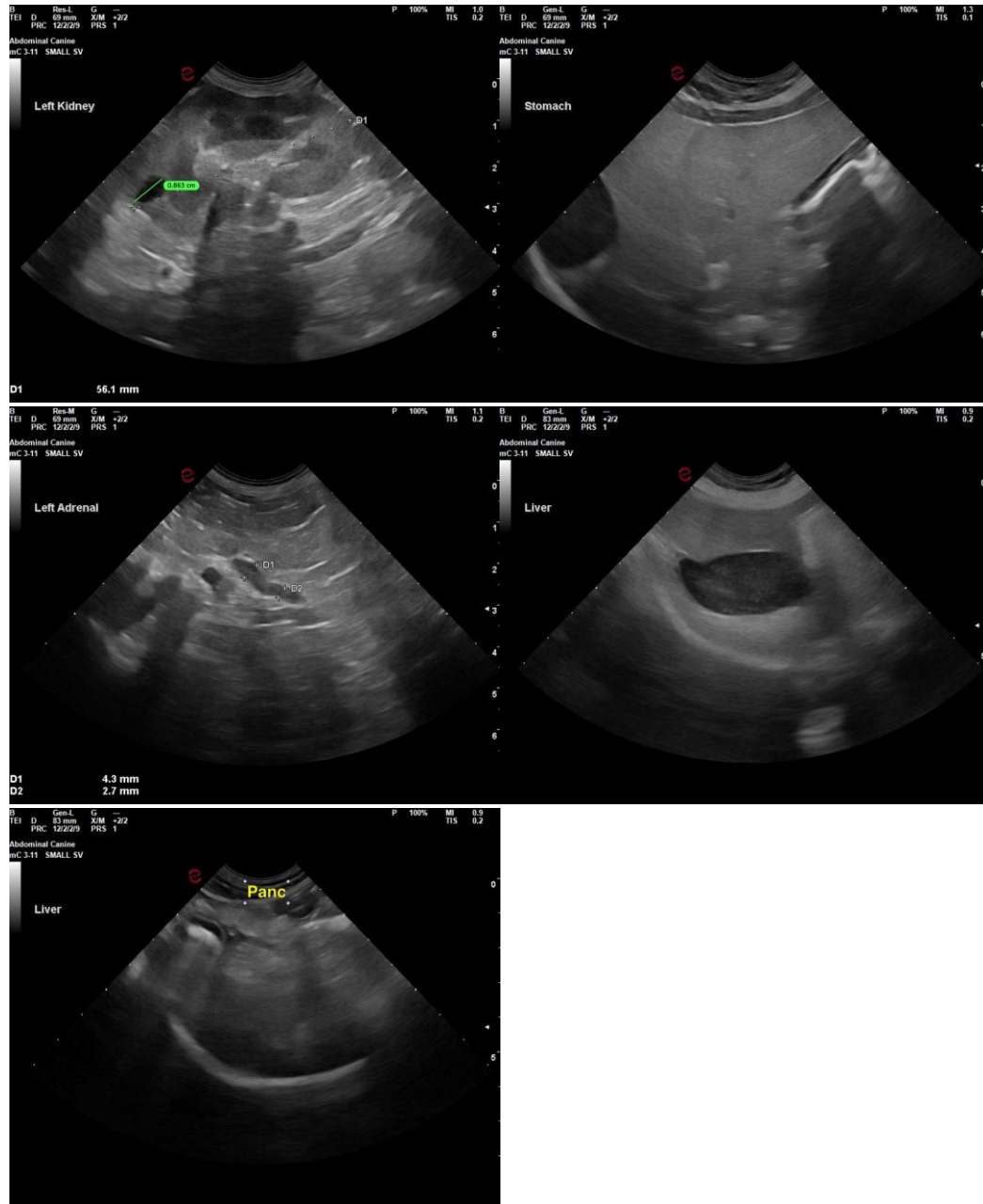
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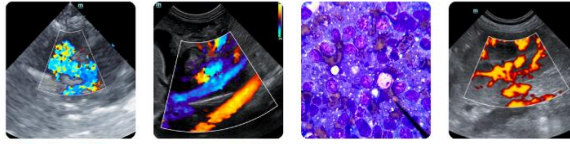
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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info@sonopath.com

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