

**PATIENT PRESENTING CLINICAL SIGNS**

Caitlyn Yackanicz Anorexia, lethargy, PU/PD, mild weight loss, history of IBD and UTI's.

**SPECIES** Lab work: elevated liver enzymes, hypoglycemia, anemia

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

2008

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild bilateral pyelectasia was noted. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.

**WEIGHT**

37

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm in length x 0.68 cm in the caudal pole width. The right adrenal gland measured 2.7 cm in length x 0.63 cm in width in the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen is mild to possible generalized enlargement, with areas of mild capsule symmetry, and non-homogenous hypoechoic splenic parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No visualized splenic masses or nodules. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Rush VC

The liver generalized enlargement exhibiting asymmetrical hepatic contour, non-homogenous hypoechoic indistinctly nodular generalized hepatic parenchyma. Subjective normal hepatic vasculature volume without evidence of congestive criteria. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content primarily with mild hyperechoic gallbladder sediment. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Milot

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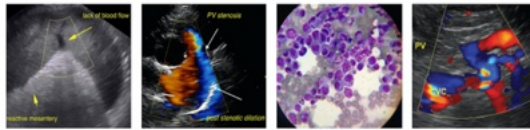
**Gastrointestinal**

The stomach exhibited thickened wall layering. Exhibiting intact to indistinct wall layer detail. The stomach contained a mild amount of retained mildly hyperechoic subtly shadowing ingesta, likely consistent with retained food.

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The visualized small intestinal walls exhibited intact mildly prominent wall layering owing to propensity to for mildly prominent intestinal mucosa. No evidence of an obstructive pattern.



**PATIENT** Normal visible colon wall layers were present with apparent formed feces in lumen.

Caitlyn Yackanicz

**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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Perisplenic to perihepatic mild hyperechoic omentum.

English Springer  
Spaniel

No overt peritoneal effusion or significant visualized lymphadenopathy was present.

**Other**

**SEX**

A rapid view of the heart was normal

Spayed Female

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

2008

**Primary Findings**

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- Mild asymmetrical splenomegaly exhibiting non homogenous, hypoechoic parenchyma.
- Enlarged non homogenous hypoechoic to nodular liver.
- Thickening stomach containing mild retained ingesta, concurrent intact prominent small bowel wall.
- Mild gallbladder sediment (non-mucocele)
- Bilateral chronic renal changes with mild pyelectasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment primary concern for infiltrative hepatosplenic neoplasia with potential for gastric or gastrointestinal involvement is indicated. Benign hepatosplenic etiologies i.e., hyperplasia, hematopoiesis, non-specific vacuolar or inflammatory hepatopathy splenitis, etc. possible yet thought less likely. Likewise, gastrointestinal mural changes may correlate with a previous history of inflammatory disease.

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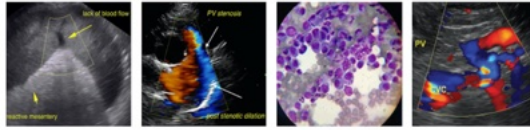
Assuming normal clotting status hepatosplenic FNA cytology using a 25-gauge needle is recommended. Further renal staging to include baseline C/S, UPC level, as well as GI panel to include PLI/TLI/Cobalamin/Folate may be considered for further assessment. Three-view chest radiographs are suggested if not done. Extremely guarded prognosis pending recommended sampling which is considered essential for further clarification.

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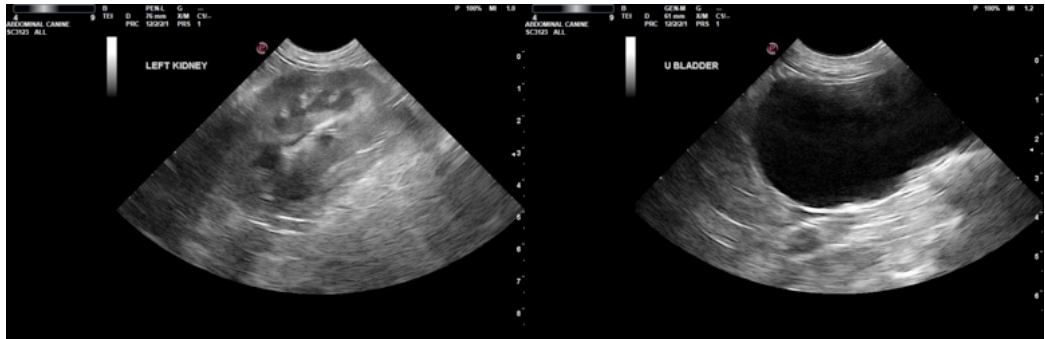
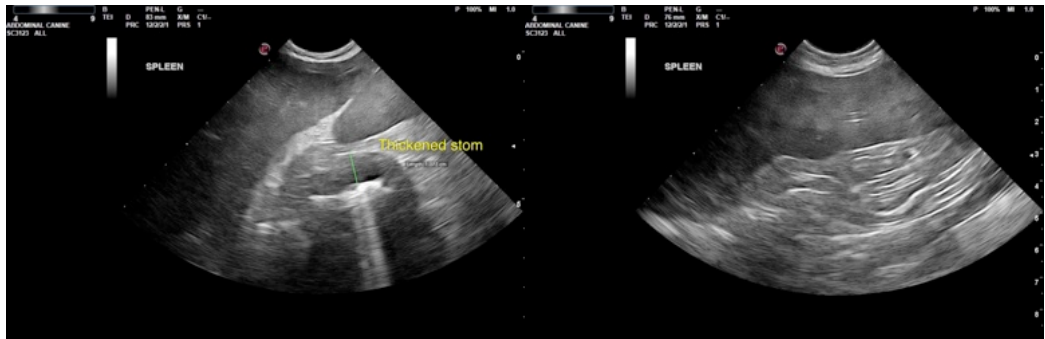
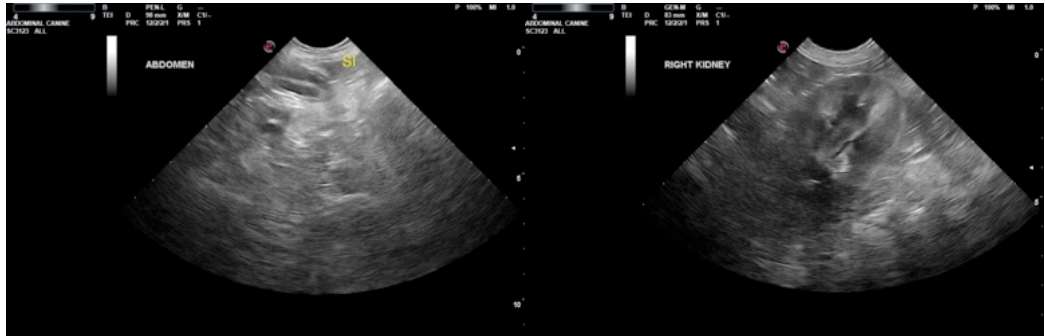
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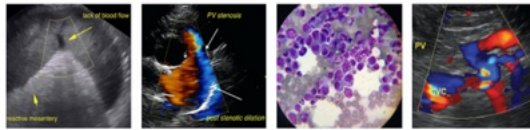
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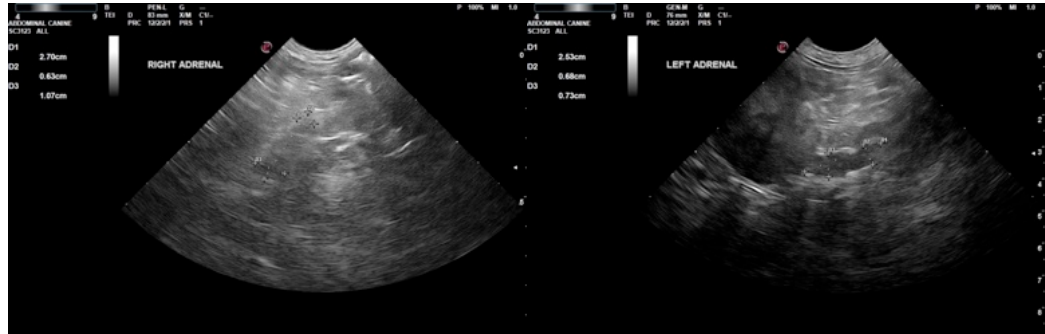
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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