



PATIENT

Cayenne Karlen

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

33.1

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

71498

DATE

11/2/25

PRESENTING CLINICAL SIGNS

Patient presented for evaluation for breathing hard. P was diagnosed last week by pDVM for IMHA. Bloodwork was performed and revealed low HCT and PLT. Ultrasound and radiographs were performed to look for evidence of cancer. Per owners, radiographs and Ultrasound were normal. She was started on Prednisone 20mg BID. She has been slowly not wanting to eat. This week she has not wanted to eat at all. Patient has history of oral melanoma and has been positive for Anaplasma for years.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC 25.55, NEU 18.37, MON 2.84, HCT 15.6, HGB 4.7, RBC 1.82, MCV 85.9, RET#147.1, RET% 8.08, PLT 18 Chemistry - IP 7.2, Ca 7.7, TP 3.1, ALB 1.3, GLOB 1.8, TCHO 95, TBILI 2.5 EPOC - Lact 5.17, HCT 10, pO2 81.2, O2SAT 94.9, pCO2 23, HCO3-act 11.1, mTCO2 10.6, pH 7.293, BE(ecf) -15.4, Lact 5.17 Saline agglutination: Negative PT: E014, aPTT 106.9s

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 7.5 cm. Right measures 7.0 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The spleen is subjectively of normal size with a parenchyma that alternates between a normal homogeneous appearance and a hypoechoic reticulated appearance, particularly in the tail of the spleen. The splenic vasculature is normal with no evidence of congestion or thrombosis. The surrounding omental fat is hyperechoic.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The gallbladder wall is focally thickened with small focal polypoid lesions, with no evidence of rupture. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 4.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the regions of the liver and spleen. The omentum and intra-abdominal fat are hyperechoic. The hepatic and gastric lymph nodes were moderately enlarged, up to 4.0 cm, and are hypoechoic.

PRIMARY FINDINGS

- Focally hypoechoic, reticulated splenic parenchyma, with associated steatitis and free fluid
- Diffusely heterogeneous, subjectively enlarged liver with associated free fluid
- Multiple round, hypoechoic enlarged lymph nodes in the region of the liver and stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid is of small volume, making hemorrhage an unlikely explanation for the anemia and thrombocytopenia. Neoplasia is suspected, such as lymphoma or other round cell neoplasia. The panhypoproteinemia and hypocholesterolemia would also support the possibility of disseminated histiocytic disease. Unfortunately, fine needle aspiration of spleen and lymph nodes would not be recommended given the current degree of thrombocytopenia, thus obtaining definitive diagnosis may be challenging. Thoracic radiographs are recommended if not already performed, to determine whether there is bi-cavitary involvement, which might further support a diagnosis of disseminated neoplastic disease.





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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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