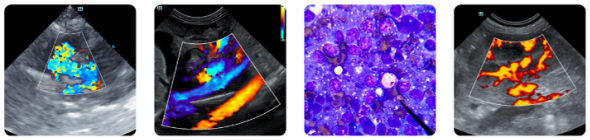


PATIENT

Kaya Ohnemus

SPECIES

Canine

BREED

Lab Retriever

SEX

SF

AGE

14 years

WEIGHT

74.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

11325

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Presented one week ago following two suspected syncopal episodes 20-30 seconds duration, one episode occurred following limited exercise. The second after drinking water.
- No cardiopulmonary abnormalities appreciated on thoracic radiographs, ECG findings note a complex arrhythmia thought to represent a right bundle branch block with sinus arrhythmia and occasional atrial premature complexes
- Echo findings also noted an arrhythmia, trivial central MR, but no overt structural abnormalities

Abnormal PE/Chem/CBC/UA Results: Repeat CBC, chem and troponin1 pending.

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, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The left kidney is normal in 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 ureters are not visible (normal). The left kidney is 7.2 cm in length.

The right kidney appears subnormal in size, with irregularity to the margins, and dilated calyces. The proximal ureter is normal/not visible, and no mineralization, cystic change, or nephrolithiasis is observed. The right kidney is 5.2 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 6.2 mm at the cranial pole and 5.9 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

Spleen

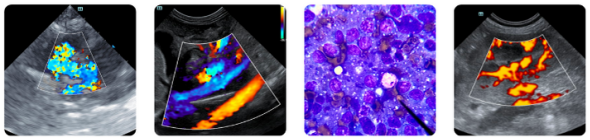
The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is normal. The splenic veins appear diffusely dilated, however, there is normal blood flow documented with color doppler.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



PATIENT

Kaya Ohnemus

SPECIES

Canine

BREED

Lab Retriever

SEX

SF

AGE

14 years

WEIGHT

74.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

11325

DATE

2/13/2026

The stomach is moderately distended with ingesta. The gastric wall is 4.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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, 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

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 no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Small, irregular right kidney with dilated renal calyces.
- Diffusely, subjectively enlarged spleen with dilated veins, consistent with splenic congestion.

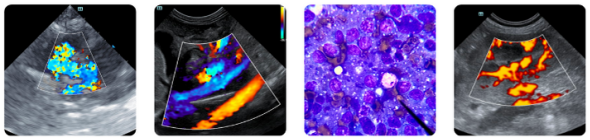
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the right kidney is most typical of renal dysplasia, although other possible differentials such as multiple infarcts, or possibly even renal neoplasia cannot be completely excluded.

The pending lab work should help determine the significance of the changes seen in the right kidney. If the right kidney is indeed dysplastic, and the left kidney is normal, then this may be an incidental finding.

The appearance of the spleen is consistent with congestion. If the patient was sedated with certain medications such as acepromazine, ketamine, or dexmedetomidine then this may be an incidental finding. Otherwise, underlying splenitis would be a concern. Splenic aspirates with a 25-gauge needle and diphenhydramine pre-medication should be considered. Splenic congestion can also be associated with right sided heart failure, but my understanding is that the echocardiogram performed did not show evidence of this. If there is significant underlying splenic pathology, this could be a potential reason for cardiac arrythmias.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Kaya Ohnemus

SPECIES

Canine

BREED

Lab Retriever

SEX

SF

AGE

14 years

WEIGHT

74.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

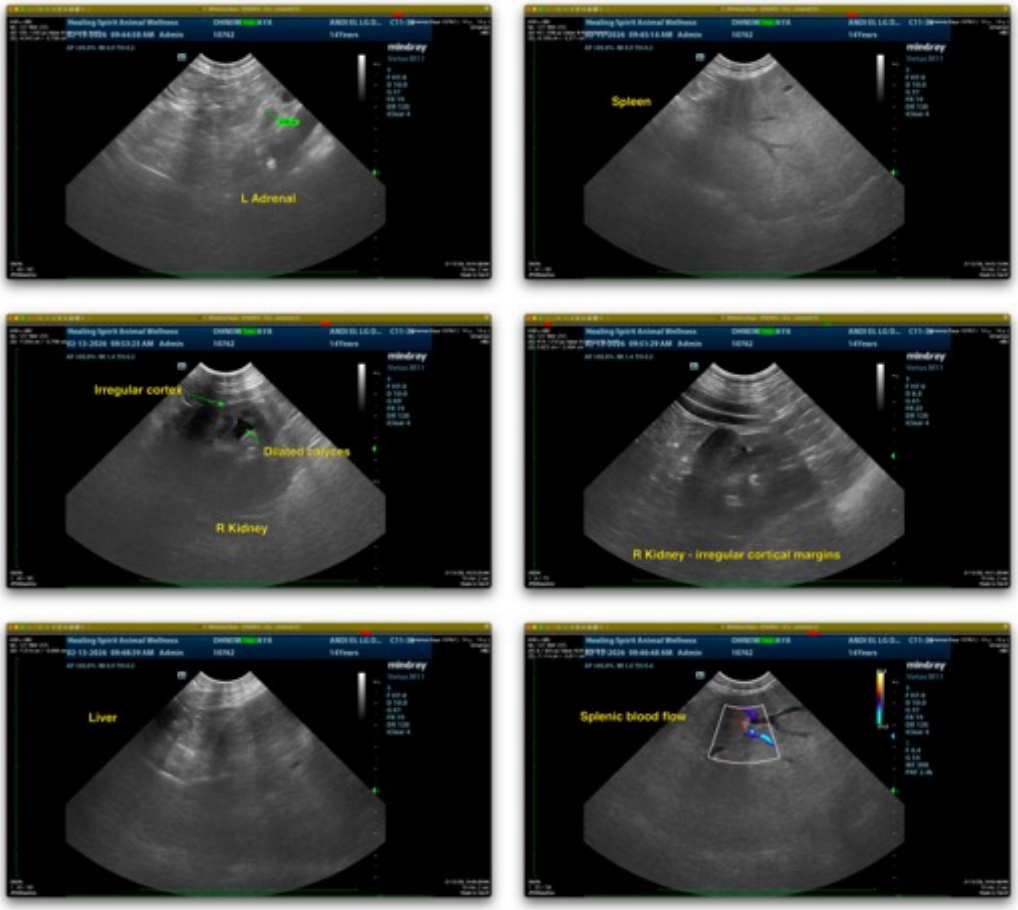
Dr. Sarah Green

INVOICE

11325

DATE

2/13/2026



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)

info@SonoPath.com