



## PATIENT

Beasley Alburger

## SPECIES

Canine

## BREED

Beagle x

## SEX

Neutered Male

## AGE

11.4 Years

## WEIGHT

37.4 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge Animal  
Hospital

## REFERRING VET

Dr. Jennifer Heller

## INVOICE

74960

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

Hx: Sedated with butorphanol. Patient presented on 4/4/26 for a dry hacking cough x 2 weeks. Patient was sent home with cough tabs, O deferred antibiotic therapy at that time. Patient re-presented for a wellness exam on 5/5/26 - cough was persistent and worsened. Patient was also painful on abdominal palpation with cranial abdominal organomegaly. Thoracic and abdominal radiographs were taken and there was a mass effect in abdomen. AUS performed. No current medications. Patient was sent home with Doxycycline and prednisone pending ultrasound report. Current Diet: lams weight control.

Abnormal PE/Chem/CBC/UA Results: No recent bloodwork - Thoracic radiographs - prominent bronchointerstitial pattern. Abd rads: Mass effect/reduced serosal detail in cranial abdomen. Deviated stomach axis. Splenomegaly. Hepatomegaly. Cystolith.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The wall of the apex of the urinary bladder is thickened and irregular with loss of wall layering and focal areas of hyperechogenicity, consistent with mineralization within the wall. Multiple angular cystoliths are visualized.

The left kidney presents normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.53 cm.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measured 5.3 cm.

### Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.14 cm in length x 0.59 cm at the caudal pole and 0.49 cm at the cranial pole.

The right adrenal gland appears somewhat prominent and hyperechoic with enlargement of the cranial pole, but no distinct masses seen. Right measures 2.37 cm in length x 0.69 cm at the caudal pole and 1.08 cm at the cranial pole.

### Spleen

The spleen is severely enlarged and hyperechoic with a homogeneous but micronodular echotexture.

### Liver

The liver is significantly enlarged. There is a partially cavitated mass noted in the left liver measuring approximately 3.5 cm x 5.0 cm. A small cavitated nodule is noted in the right liver.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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## *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## *Pancreas*

Pancreatic tissue is not distinctly visualized. The pathology in the area of the pancreas is not suspected to be pancreatic in origin, though this cannot be completely ruled out.

## *Free Abdomen*

Hepatic lymph nodes around hilar vessels are enlarged. No free fluid noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with hepatic mass and surrounding lymphadenopathy.
- Small cavitated liver nodule.
- Severe splenomegaly with micronodular echotexture.
- Urinary bladder mass.
- Multiple cystoliths.
- Adrenomegaly.
- Mild nephrocalcinosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most concerning findings are the liver mass with associated lymphadenopathy as well as severe splenomegaly. Liver and splenic aspirates are recommended to further define. I am concerned about metastatic neoplasia, given the changes in both organs as well as the cavitated nodule noted in the right liver.

The urinary bladder wall changes are concerning for a mass, though chronic irritation from cystoliths, especially if these have been a recurrent problem or have present chronically, is a possible cause of severe focal cystitis, thickening and remodeling of the urinary bladder wall. Urine CADET BRAF testing could be considered to screen for transitional cell carcinoma.



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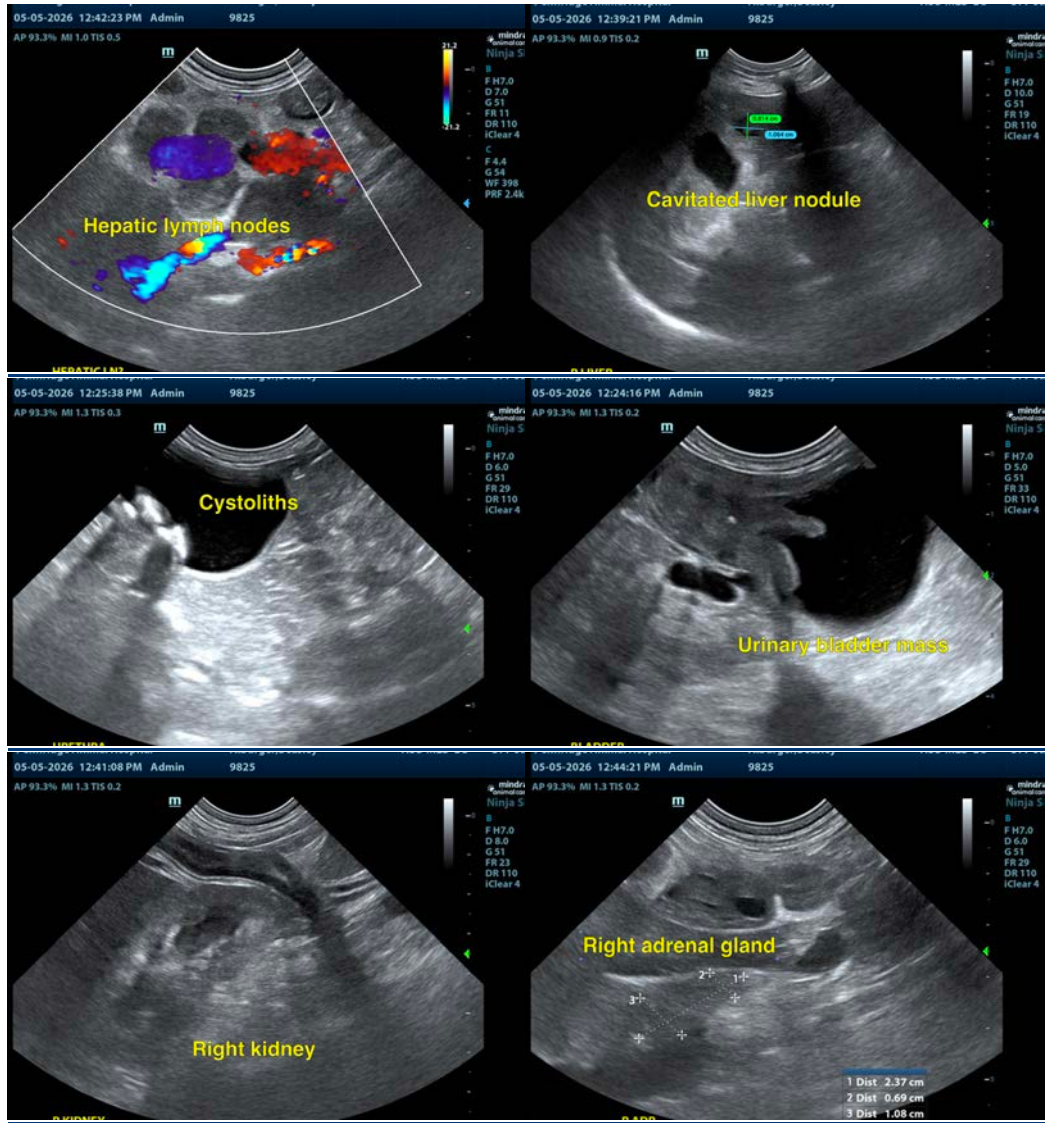
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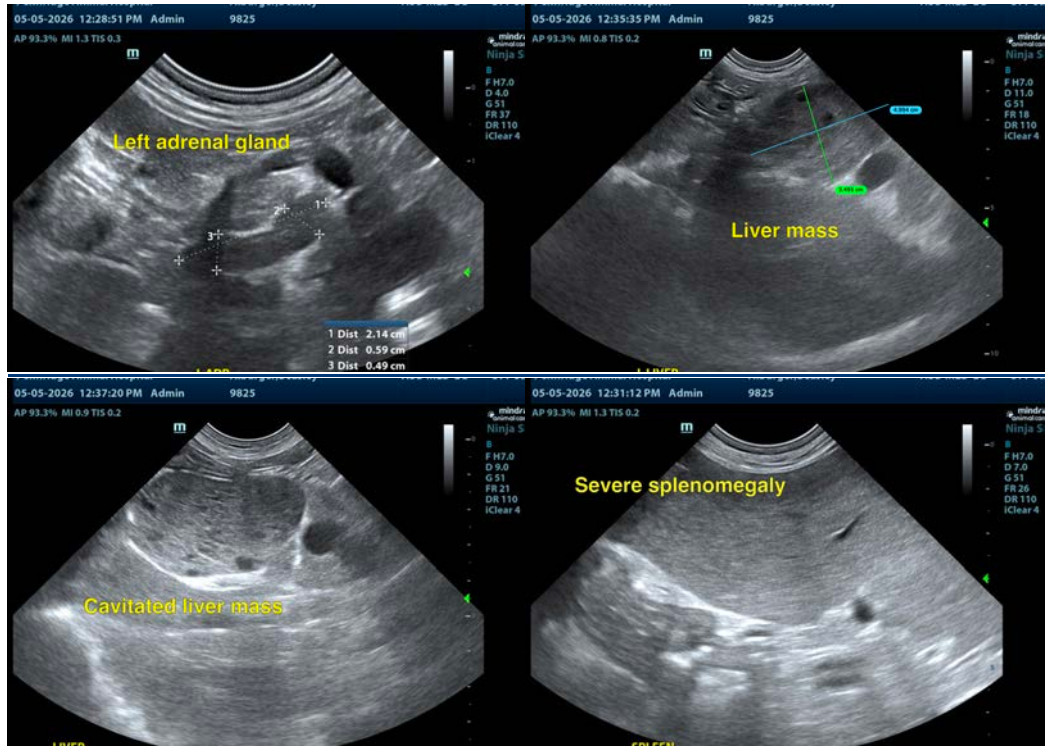
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com