PATIENT

Rick James Seamster

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8 Years

WEIGHT

39.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal Hospital

REFERRING VET

Dr. Harris

INVOICE

74837

DATE

4/30/26

PRESENTING CLINICAL SIGNS

P presented for US due to Panting, PU/PD, skin and ear issues. LDDST was normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The prostate appears normal, measuring 1.0 cm in width.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.2 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 4.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.0 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

PATIENT

Rick James Seamster

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8 Years

WEIGHT

39.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal Hospital

REFERRING VET

Dr. Harris

INVOICE

74837

DATE

4/30/26

Free Abdomen

There is an enlarged inguinal lymph node present measuring 26.1 mm x 9.3 mm in size.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- The enlarged inguinal lymph node appears reactive, unlikely to be enlarged due to neoplasia, most likely enlarged due to patient's reported dermatologic disease.
- The appearance of the liver is consistent with benign vacuolar hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirate of the enlarged inguinal lymph node with submission for cytology to rule out infiltrative or metastatic neoplastic disease.

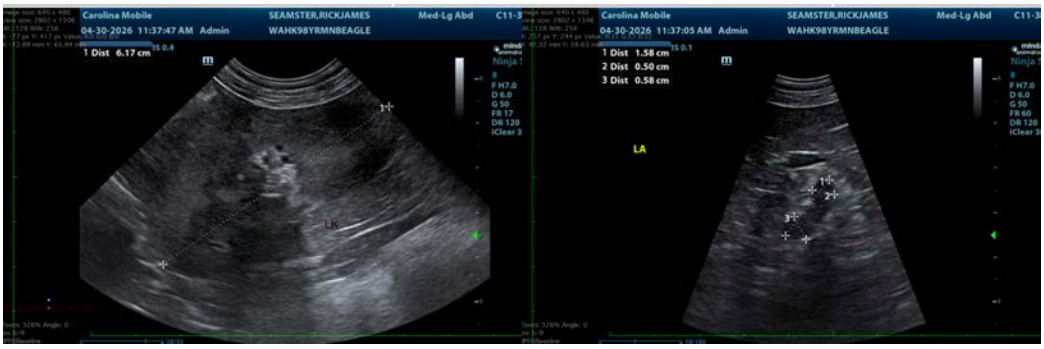
Continue evaluating the patient for secondary causes for the suspected hepatopathy. Recommend performing a full serum chemistry to fully evaluate liver values if not already performed.

It is reported that a low-dose Dexamethasone suppression test was negative for hyperadrenocorticism. Consider submitting fasted triglycerides to evaluate for hypertriglyceridemia.

Consider submitting a thyroid panel to screen for hypothyroidism as cause of the appearance of the liver.

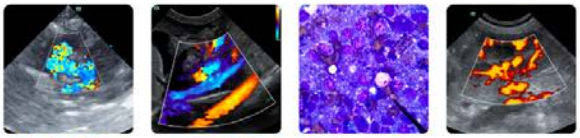
Ultimately, recommend GI panel to screen the patient for occult gastrointestinal or occult pancreatic disease as a cause of the appearance of the patient's liver.

No cause for the patient's PU/PD was seen on this exam. No cause for the patient's panting. If not already performed, recommend 3-view chest radiographs. Evaluate patient's calcium, as hypercalcemia could be a cause of PU/PD. Also recommend urinalysis. If active urine sediment is present, recommend submitting a urine culture and antibiotic sensitivity to rule out possibility of occult pyelonephritis as a cause of the patient's PU/PD.



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rick James Seamster

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8 Years

WEIGHT

39.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal Hospital

REFERRING VET

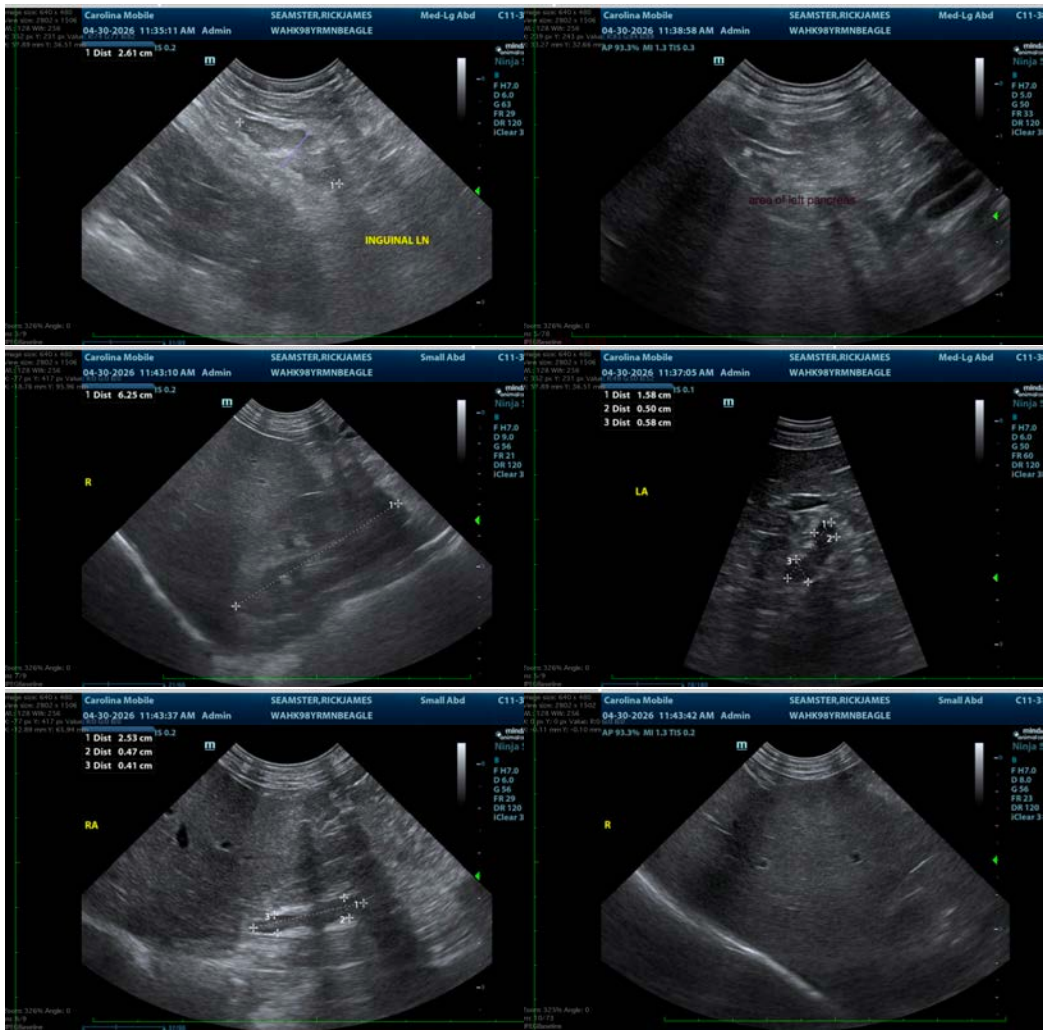
Dr. Harris

INVOICE

74837

DATE

4/30/26



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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com