



PATIENT	PRESENTING CLINICAL SIGNS
Toby Beardsworth	Over the last week he has been very hungry, searching/seeking food. He seems more distended recently. (more than his usual with being on pred). Has felt warm to touch. Patient has been on Prednisolone 5mg BID for several months for issues with his back. Also on 200mg Gabapentin BID
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Beagle Mix	Urinary System
SEX	The urinary bladder , trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.
Neutered male	The kidneys revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>5.96 cm</u> and the right kidney was <u>6.6 cm</u> in length.
AGE	
10 ½ years	
WEIGHT	Adrenal Glands
22 kg	Both adrenal glands had decreased overall size while maintaining normal shape and contour. The left adrenal gland was <u>1.1 cm by 0.12 cm by 0.33 cm</u> and the right adrenal gland was <u>1.08 cm by 0.24 cm by 0.49 cm</u> in size.
INTERPRETED BY	Spleen
Kim Radway, DVM, DABVP (Canine/ Feline)	The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.
IMAGING PERFORMED BY	Liver
Danielle RVT	The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.
HOSPITAL NAME	Gastrointestinal
Orchard VC	The gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a single, hyperechoic, distal shadowing structure in the lumen of the stomach that would be consistent with either food, ingesta or
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Dr. Gudelot	
INVOICE	
71254	
DATE	
2/5/26	



PATIENT

Toby Beardsworth

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

10 ½ years

WEIGHT

22 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

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foreign body material. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

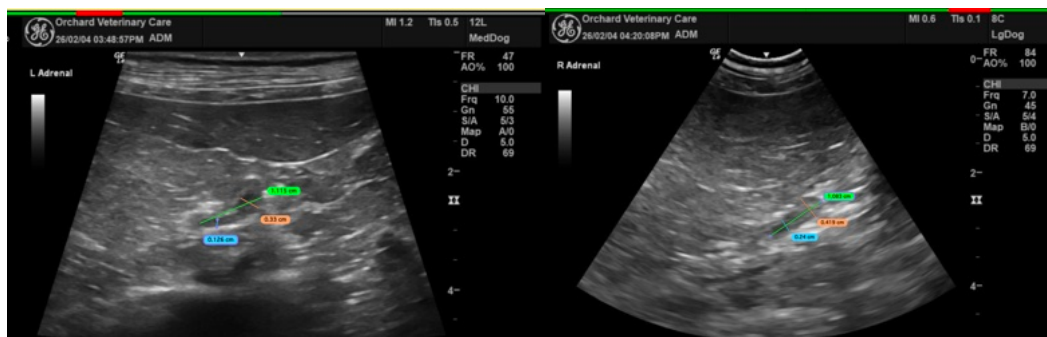
Small adrenal glands bilaterally.

Hyperechoic, distal shadowing material within the lumen of the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have no evidence of masses or effusion which would give a bloated appearance to the abdomen. Both adrenal glands were found to be small in size while maintaining normal shape and contour which is felt to be likely iatrogenic due to regularly receiving steroid therapy.

There were no changes within the abdomen that would be expected to lead to an increased appetite. It is also important to ensure that this patient has normal thyroid functioning and therefore a full thyroid panel should be considered.





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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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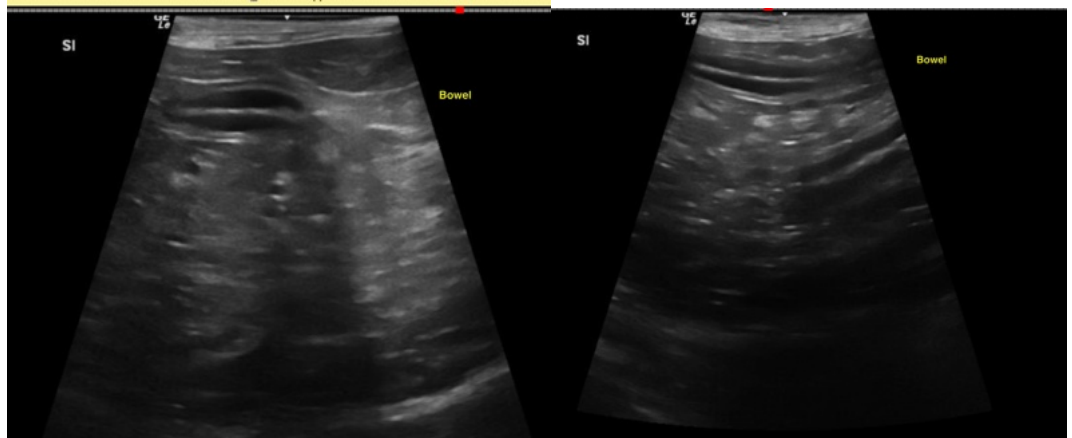
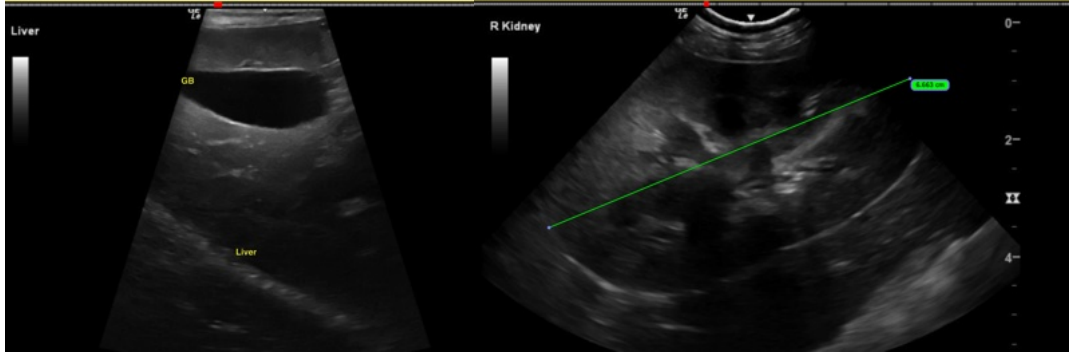
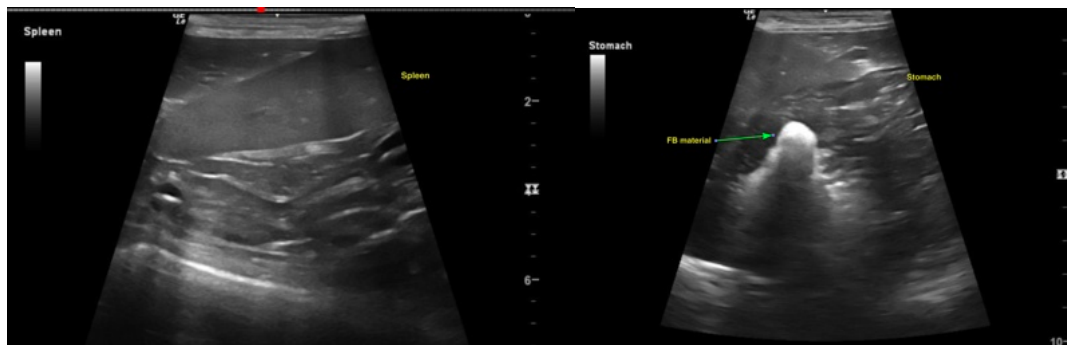
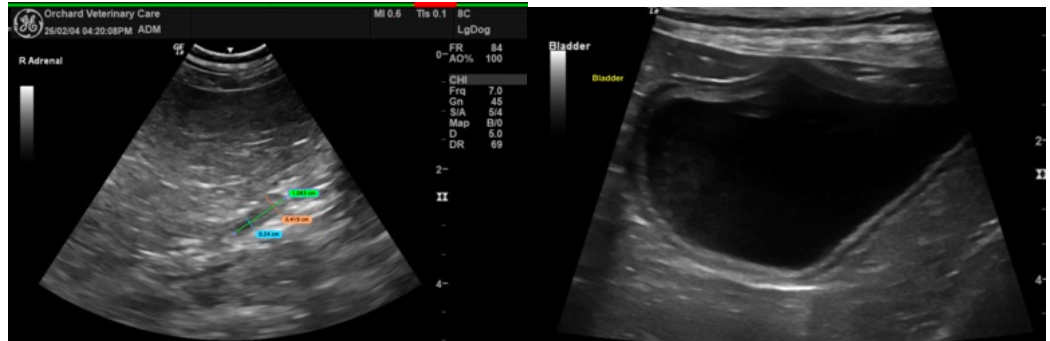
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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