



## PATIENT

Lima Bean Powell

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

32 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Vincent Travella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

Dr. Vincent Travella

## INVOICE

13246

## DATE

01/19/26

## PRESENTING CLINICAL SIGNS

- Employee Pet
- Patient went to emergency room in December for vomiting and diarrhea. Bloodwork at that time showed an ALT that was too high to register on the machine. Patient was treated symptomatically and started on Denamarin. Symptoms have resolved. Patient has also developed a urinary incontinence when sleeping.

PE: within normal limits today. From ER Records: CBC Abnormalities: Lym 0.61, PLT 96 Chem/Lyte Abnormalities: TP >12, ALT --, Chol 97, CI 104 PCV/TS: 54%/10.4g/dL Manual PLT est: clumping, adequate PLT Diluted ALT 1:10: 120 Pancreatic Lipase: 88 Recheck chem 22 CBC UA submitted to lab today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 5.2 cm in length.

### Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.41 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.51 cm width at the caudal pole.

### Spleen

The spleen presented with subjective mild splenomegaly with possible mild splenic folding and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver & Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy-nonspecific, possibly resolving nonspecific hepatitis (viral, bacterial, leptospirosis, toxin).
- Normal gallbladder.
- Mild splenomegaly with possible splenic folding- hyperplasia, hematopoiesis, sedation if clinically indicated, splenitis.
- Normal gastrointestinal tract with nonshadowing gastric ingesta- ingesta most consistent with food echogenicity.
- Sonographically normal urinary bladder and visible proximal urethra.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further assessment of the liver and spleen may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology +/- leptospirosis titers/PCR if clinically indicated. If patient is documented NPO, some degree of nonobstructive or metabolic gastric ileus may be possible. Correlation with most recent meal ingestion is recommended.

Correlation with a urinalysis +/- screening culture/sensitivity is recommended. Continued hepatosupportive medications and monitoring of liver parameters given resolved clinical signs would be reasonable.



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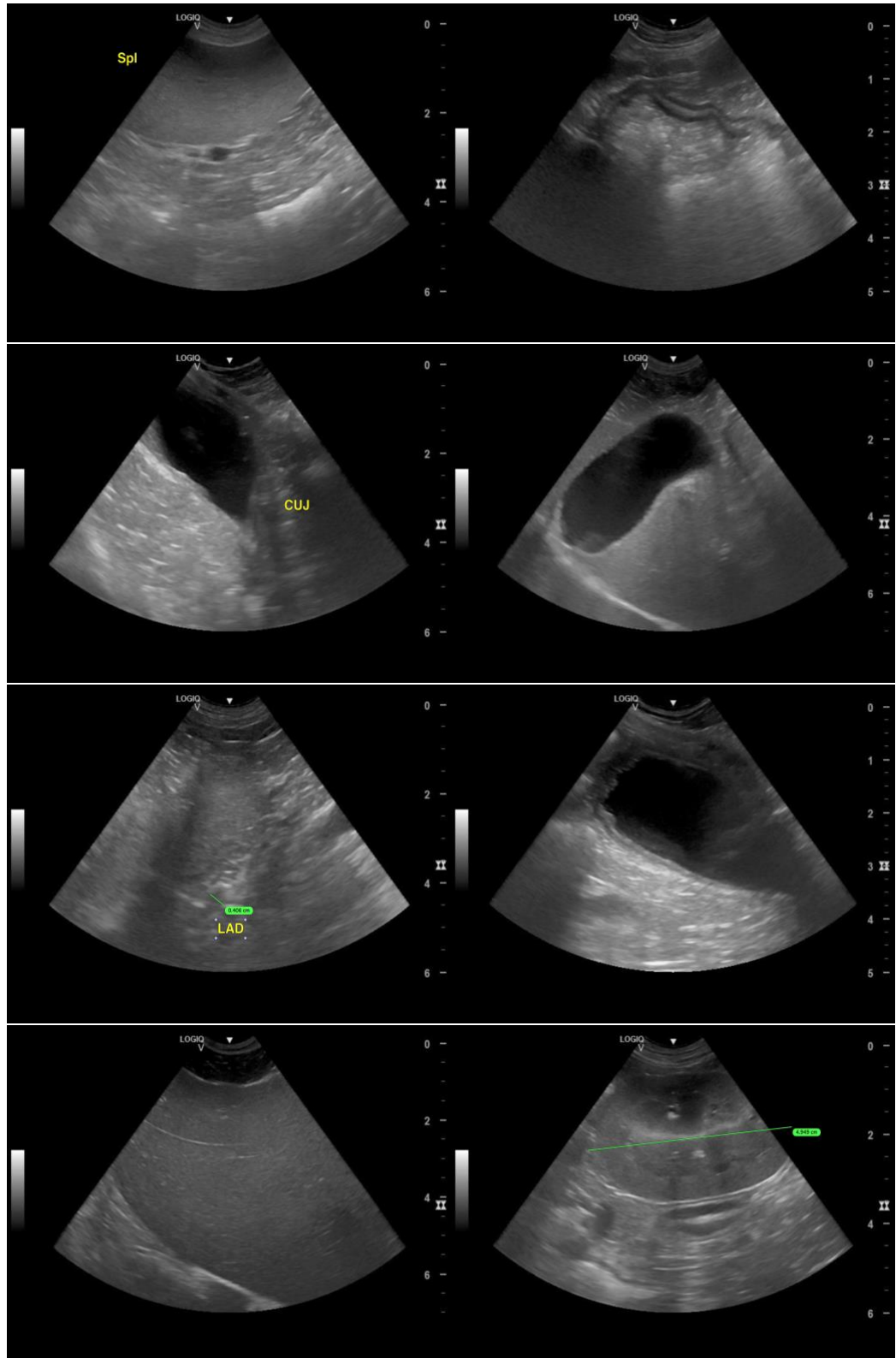
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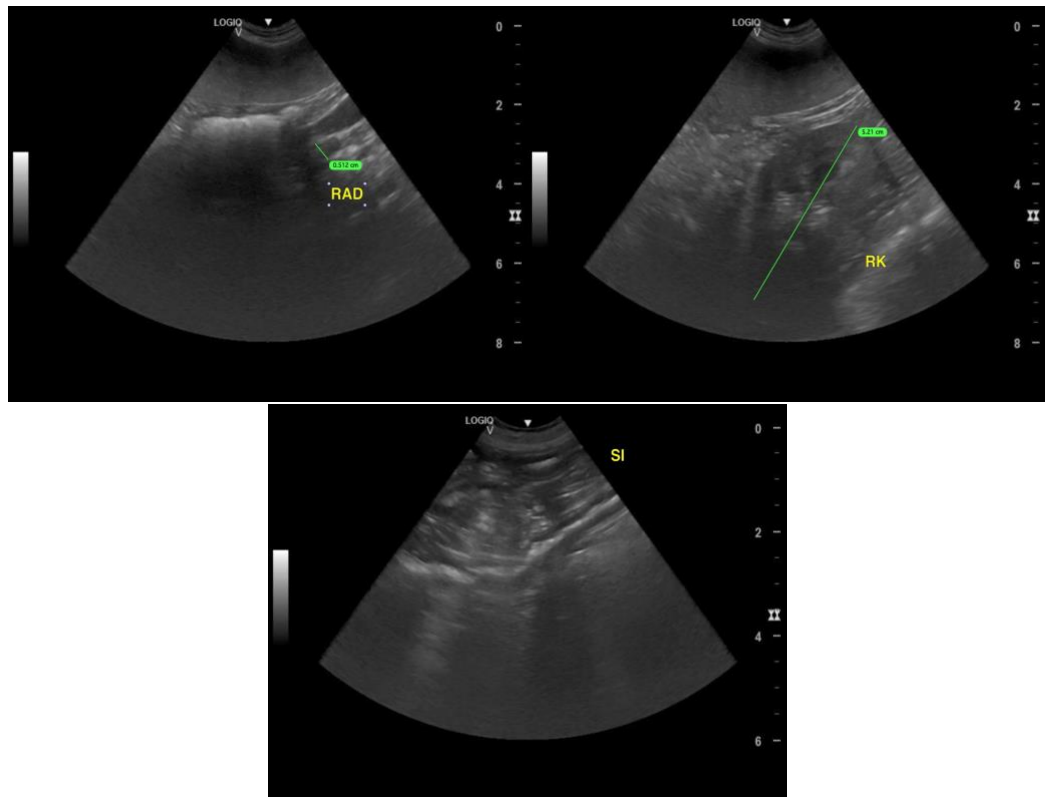
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)