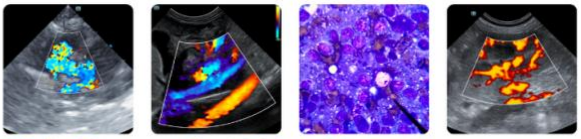


PATIENT

Jasper Carmichael

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

49 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Jessica

INVOICE

13447

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- The patient presents with a primary history of fecal incontinence, a grade 2/6 heart murmur with suspected ventricular premature complexes (VPCs), and mild elevations in liver enzymes.
- The primary clinical signs include fecal incontinence during the day, despite having two normal defecations daily, and nighttime pacing and panting. A recent development is soft stool, which started following a meloxicam trial conducted a week prior to the visit. On examination, the patient exhibited mild to moderate thoracolumbar pain. A rectal exam was performed and found to be normal, with normal anal tone.
- Cardiovascular evaluation identified a grade 2/6 heart murmur. An echocardiogram performed in December 2025 revealed bilateral atrioventricular valvular changes and suspected VPCs. The presence of VPCs was also noted on an ECG performed the day before the current evaluation.
- Diagnostic workup included blood work and imaging. The CBC was unremarkable. The chemistry panel showed a mild hyperkalemia (6.0), mildly elevated ALT (144) and ALP (214), and hypercholesterolemia (8.46). The total T4 was within normal limits. Thoracic and abdominal radiographs were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The area of the residual prostate appeared normal and free of pathology. Focal suspect prostatic urethra nonobstructive lumen mineral was visualized.

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 7.0 cm in length. The right kidney measured 6.8 cm in length.

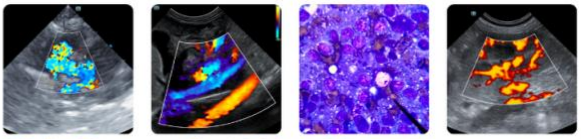
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.73 cm width at the caudal pole.

Spleen

The spleen 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. Intermittent discrete noncapsule deforming hypoechoic nodules were present with an example measuring 0.70 cm in diameter.



PATIENT

Jasper Carmichael

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

49 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Jessica

INVOICE

13447

DATE

01/29/26

Liver & Gallbladder

The liver was normal to possible borderline subnormal in size with subjective adequate vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.

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 echogenic, mild to moderate nonshadowing ingesta without evidence of obstruction to pyloric outflow. Concurrent moderate gastric gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing chyme and gas to the level of the colon. No evidence of pathology at the level of the ileocolic junction.

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.

A solitary left inguinal lipoma was present measuring 6.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable subjective normal volume liver exhibiting potential borderline subnormal hepatic size.
- Normal gallbladder.
- Discrete splenic nodules.
- Sonographically normal gastrointestinal tract/colon with gastric gas/ingesta and formed fecal matter in colon.
- Suspect focal nonobstructive prostatic urethra lumen mineral.

Secondary Findings

- Left inguinal lipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is consistent with mild benign hepatopathy. Further assessment may include, if clinically indicated, FNA cytology (assuming normal clotting status), bile acid profile +/- leptospirosis titers/PCR.

PATIENT

Jasper Carmichael

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

49 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Jessica

INVOICE

13447

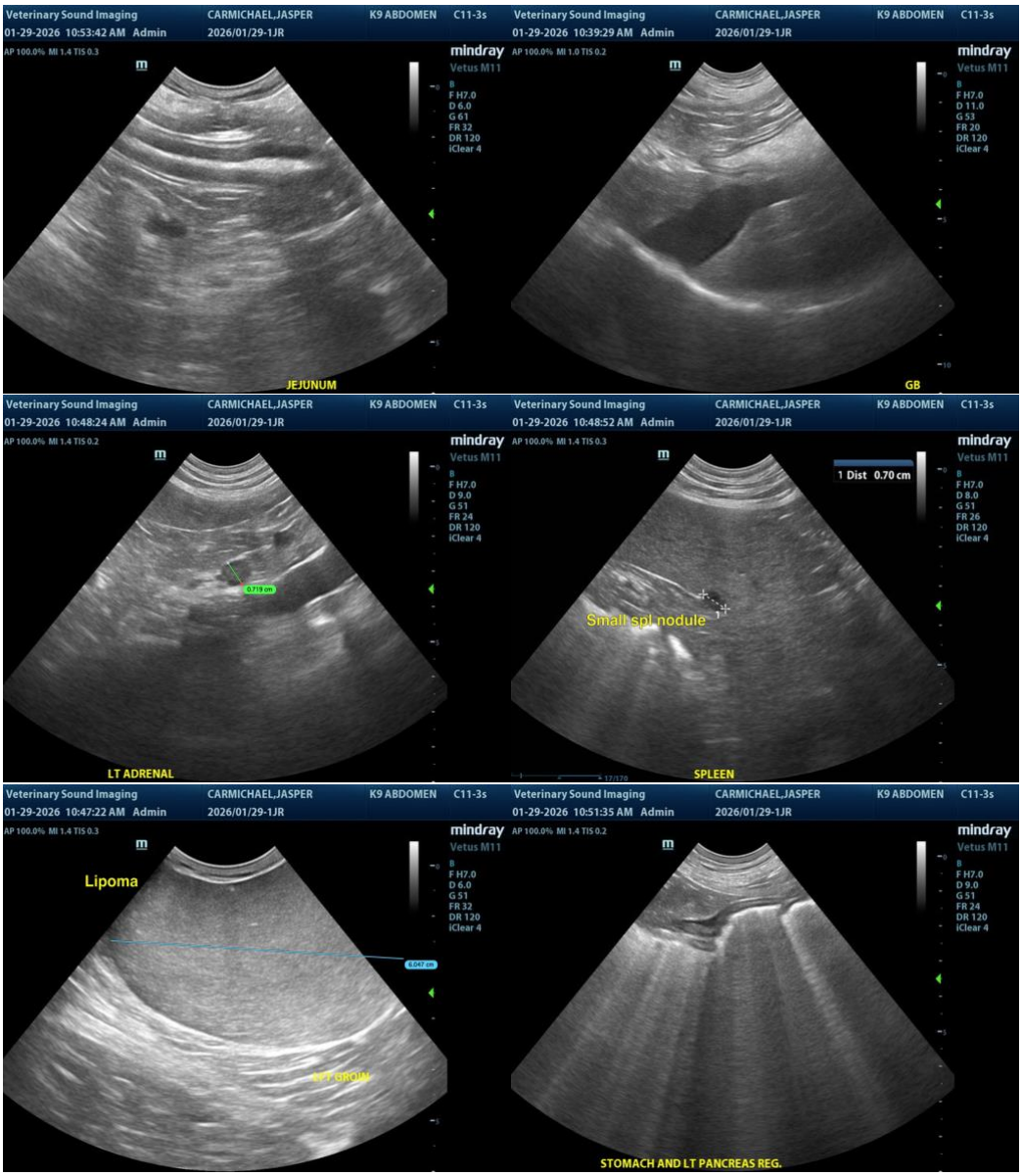
DATE

01/29/26

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

No evidence of distal descending colon mural pathology as an obvious contributing factor to the fecal incontinence. Visualization of the distal colon interior was limited by the presence of fecal matter.

The suspect focal non-obstructive prostatic urethra or lumen mineral is of unclear clinical significance without evidence of renal or urinary bladder mineral. Sonographic monitoring for evidence of persistence would be reasonable.



PATIENT

Jasper Carmichael

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

49 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

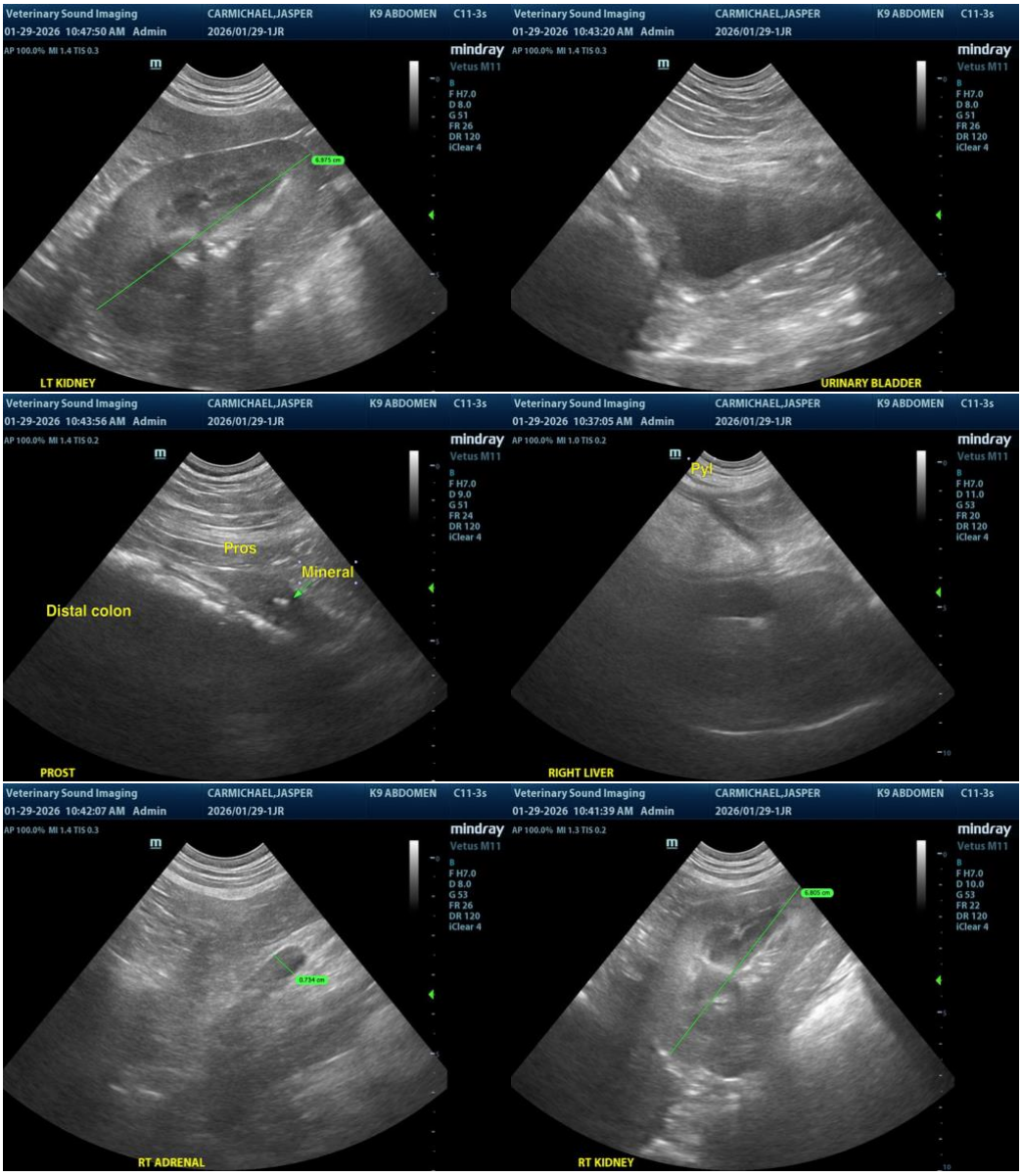
Dr. Jessica

INVOICE

13447

DATE

01/29/26



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.

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

info@SonoPath.com