



PATIENT

Duke Henderson

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

10

WEIGHT

38

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Veterinary
Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

15201

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Sudden onset decreased appetite, vomited a couple of times.

Abnormal PE/Chem/CBC/UA Results: Obese dog, never misses a chance to eat, refusing to eat.

Radiographs indicated splenomegaly, possible hepatomegaly. ALT 213 (10-125); ALKP 639 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes was noted.

No evidence of pathology was noted in the area of the residual prostate, although indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.6 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 0.55 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole. No evidence of adrenal tumors was noted.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen exhibited overall normal size with potential for mild mid to cranial enlargement, with no evidence of inflammatory or neoplastic criteria.

Liver/ Gallbladder

The liver presented subjective mild enlargement. 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 in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic content. A solitary



PATIENT	small nonobstructive cholelith measuring 0.8 cm in diameter was present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Duke Henderson	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present. No evidence of gastric foreign material or mechanical pyloric outflow obstruction was noted. The gastric body wall including mildly prominent gastric mucosa measured 0.74 cm width.
BREED	
Beagle	
SEX	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.
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
10	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 were evident.
WEIGHT	<i>Free Abdomen</i>
38	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild gastritis pattern, sonographically unremarkable small bowel • Hepatopathy - subjectively benign - metabolic, reactive, vacuolar hepatopathy, inflammatory / immune-mediated disease, or other hepatopathy possible, no evidence of neoplastic criteria • Solitary small nonobstructive gallbladder cholelith • Overtly normal spleen - no evidence of neoplastic criteria, potential for mild incidental hyperplasia, hematopoiesis, or splenitis possible
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Peter Nelson	Assuming normal clotting status, further assessment of the liver may include screening hepatic FNA cytology +/- Leptospiriosis titers / PCR if clinically indicated. A spec cPL could be considered to assess for evidence of low-grade to chronic pancreatitis, which can present as sonographically normal.
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Dr. Michelle Bartus	As-needed GI support is recommended. Although sonographically the bilateral adrenal glands were overtly normal, a resting cortisol level to rule out occult Addison's Disease could be considered.
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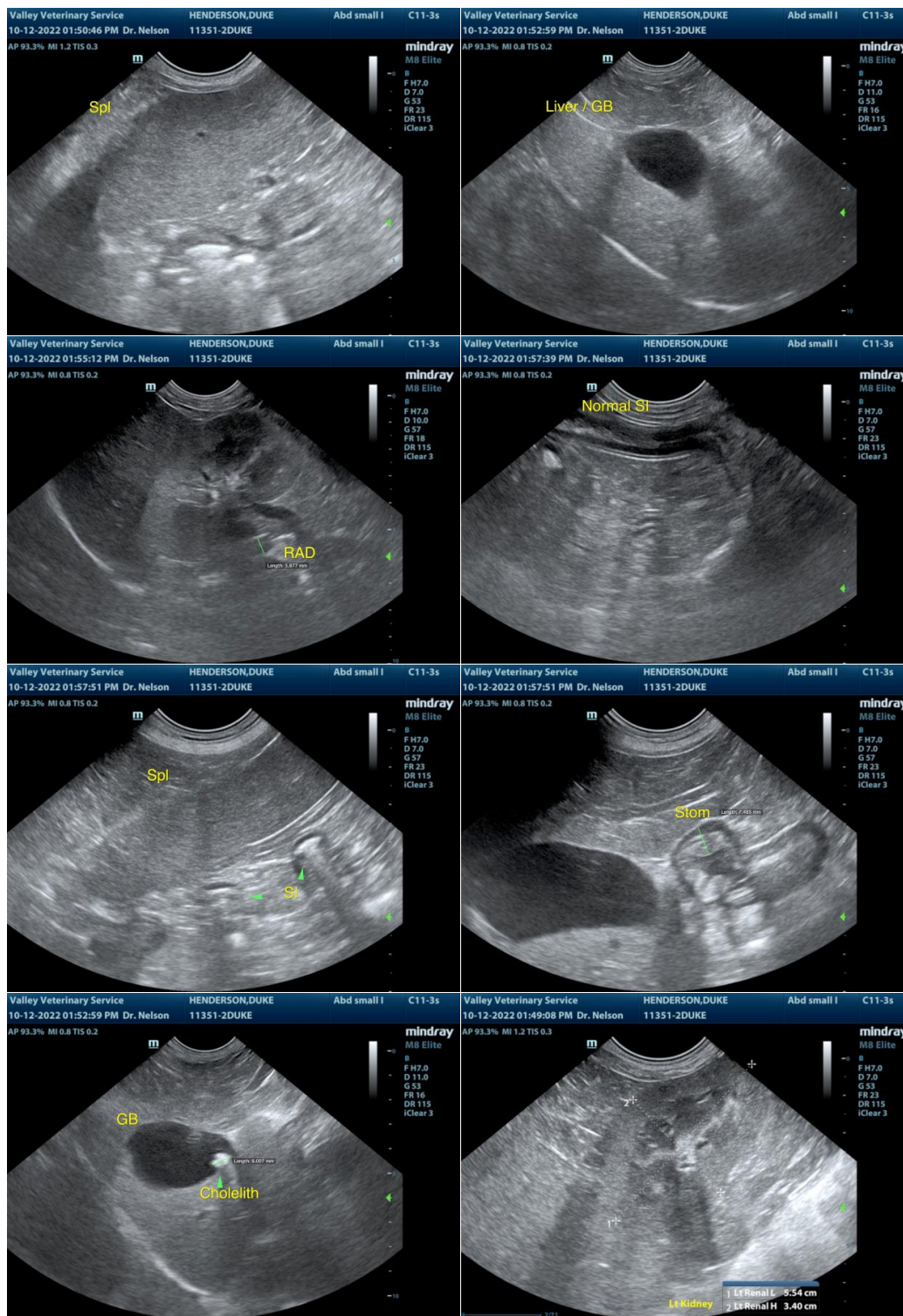
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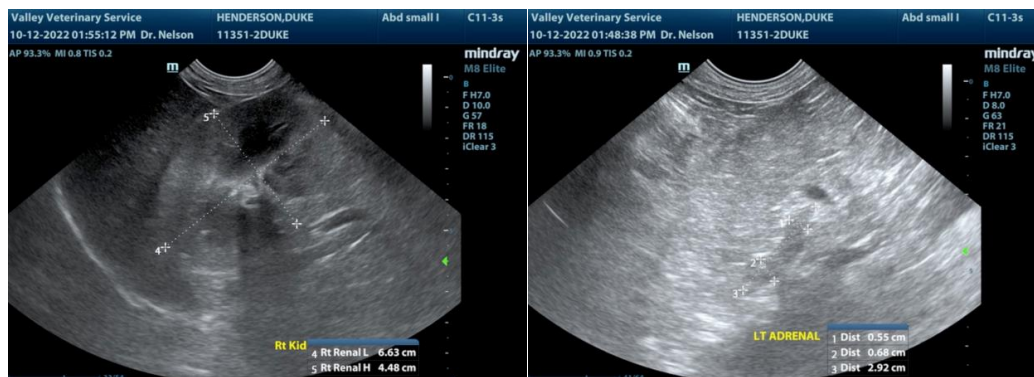
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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