PATIENT

Brady Mangahas

SPECIES

Canine

BREED

Beagle x

SEX

Neutered Male

AGE

11 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Sydney Horgan, DVM

INVOICE

72563

DATE

12/13/25

PRESENTING CLINICAL SIGNS

Recheck abdominal ultrasound. History benign hepatopathy, GB debris, chronic renal changes, age-related adrenal glands, pancreatic remodeling on prior AUS 5/4/25 (R.McKenzie Daniel, DABVP). Presently, Brady has had an almost 5 lb weight loss since last AUS. He is eating fine; no vomiting or diarrhea. History removal of rectal tumor. Worsening heart murmur (is having an echocardiogram today also). Trig 440, amylase 234 anaplasmosis positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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.. Left kidney measured 5.2 cm with minor pyelectasia noted. Right kidney measured 5.2 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.57 cm at the caudal pole. Right measured 0.47 cm 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.

Liver

The liver presented borderline to mildly 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 in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate congealed to non-dependent, mildly striated yet non-organized debris. No evidence of inflammation. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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. Duodenum wall measures 0.43 cm. Jejunum wall measured 0.40 cm. No evidence of pathology at the level of the ileocolic junction.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric and medial iliac nodes were present, example measured 1.0 cm x 0.41 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Borderline/mild hepatomegaly, benign.
- Early immature gallbladder mucocele.
- Age related renal/adrenal changes with minor left kidney pyelectasia.
- Sonographically unremarkable gastrointestinal tract.
- Pancreatic remodeling.
- Mild medial iliac/mesenteric lymphadenopathy – consistent with benign criteria.

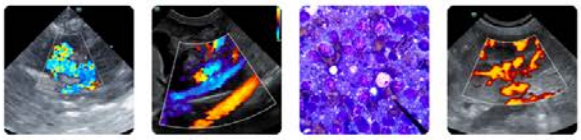
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as a definitive cause for the patient's weight loss. Hepatosupportive medications, if evidence of cholestasis, with sonographic reassessment of the gallbladder (if progressive hepatopathy) is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

No evidence of primary or metastatic neoplastic criteria.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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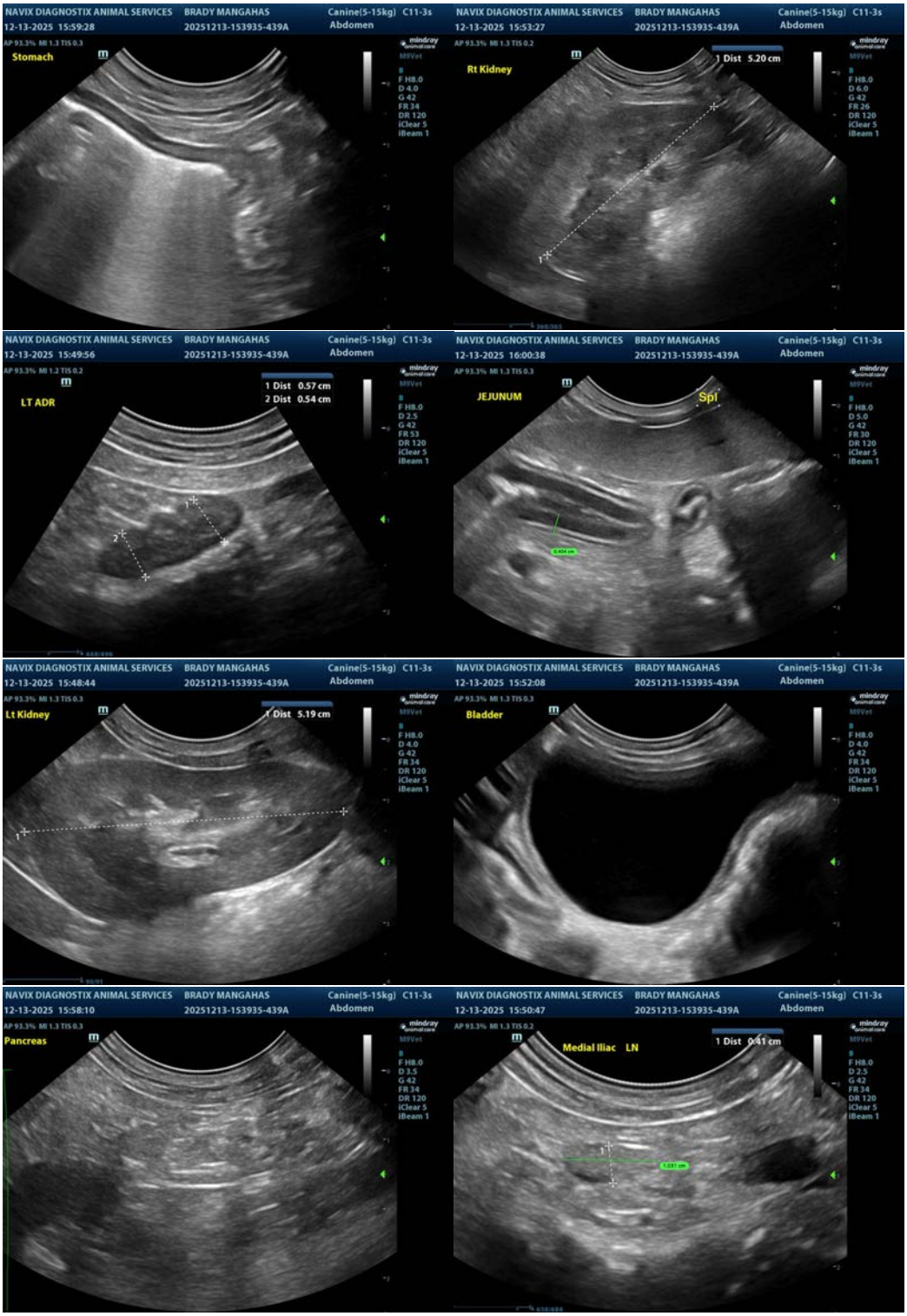

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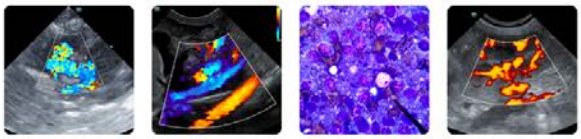

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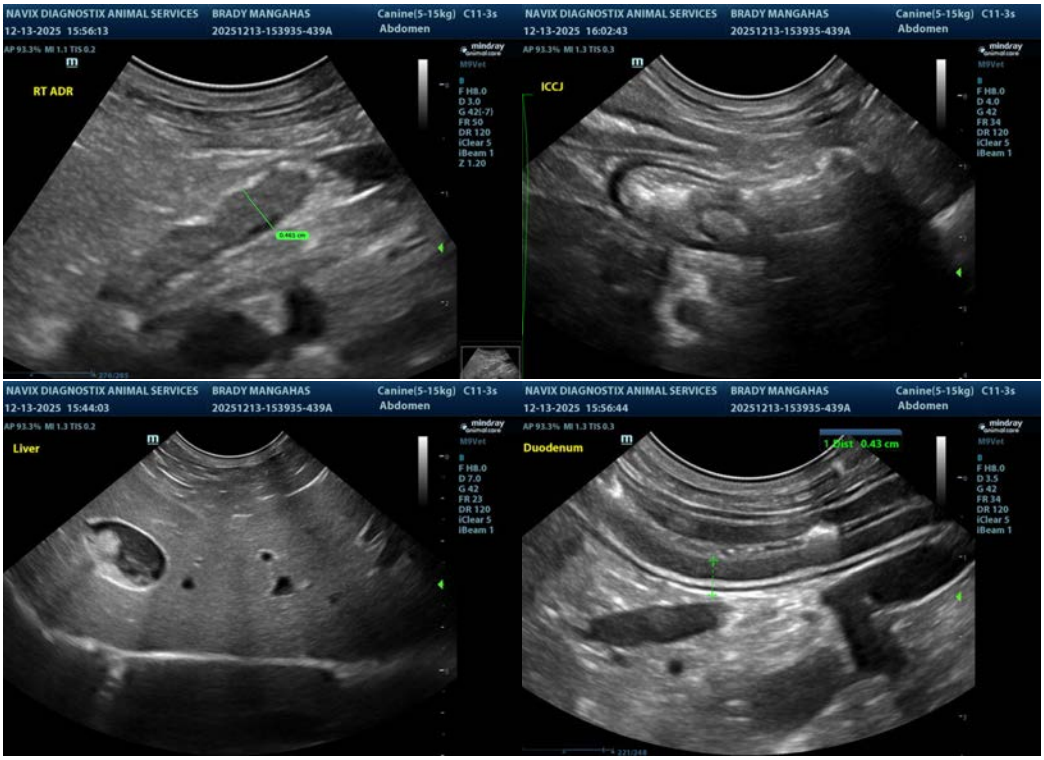

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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