



PATIENT

Bodhi Mayfield-Porter

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

55 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Karen Hemmerich

HOSPITAL NAME

Tigard Animal Hospital

REFERRING VET

Dr. Karen Hemmerich

INVOICE

12535

DATE

12/02/25

PRESENTING CLINICAL SIGNS

P had carprofen ingestion at 95mg/kg 11/4/2025 and was seen at ER, started on charcoal, gastroprotectants and IV fluids. Since coming home P has been pu/pd. having urinary accidents and polyphagic. more lethargic. BAR in clinic but somewhat less aggressive than normal. Renal values at admin and 24 hours post ingestion were normal. On fluoxetine and gabapentin, carprofen discontinued since event. P likely ingested a small piece of bread from a bush while coming into clinic 5-15 min before pre-draw. BA may not be atypical due to this.

Abnormal PE/Chem/CBC/UA Results: BCS 7/9, round abdomen Bile Acids Pre-prandial / Random 25.6 0.0 - 14.9 µmol/L Bile Acids Postprandial 17.0 0.0 - 29.9 µmol/L 12/1 CBC Lymphocytes 1.00 1.05 - 5.10 K/µL Eosinophils 0.01 0.06 - 1.23 K/µL Chem ALT 23 110 - 125 U/L ALP 346 23 - 212 U/L GGT 34 0 - 11 U/L Cholesterol 369 110 - 320 mg/dL Amylase 457 500 - 1,500 U/L Tt4 0.8 1.0 - 4.0 µg/dL (8/27 1.5 µg/dL) UA: Specific Gravity 1.008 (8/25 1.021) pH 9.0 Urine Protein 1+ Unremarkable CBC, unremarkable renal parameters ALT 231 ALP 346 PGT 34 urine specific gravity 1.008 PH 9, 1+ proteinuria, T4 0.8.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

The residual prostate was sonographically normal.

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 pyelectasia. The left kidney measured 6.6 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland measured 0.74 cm width in the caudal pole.

Spleen

The spleen presented normal in size, primarily symmetrical contour and homogenous parenchyma. A solitary mildly expansive nonhomogenous possibly cystic lateral splenic nodule was visualized measuring 1.5 cm in diameter.

Liver

The liver revealed generalized hepatomegaly, rounded symmetrical capsule contour and mild nonhomogenous increased hepatic parenchyma compared to the spleen exhibiting mild to moderate coarse echotexture. No mass or nodules were evident. Adequate splenic vascular volume.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal bilateral kidneys.
- Enlarged nonhomogenous mildly hyperechoic liver- vacuolar hepatopathy, inflammatory disease, hyperplasia, lipidosis, nonobstructive cholestasis or other with hepatic neoplasia thought less likely.
- Nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract.
- Nonspecific splenic nodule- hyperplasia, hematopoiesis, granuloma, emerging tumor possible.
- Nonenlarged mild heterogeneous adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, microscopic renal damage may be of concern in this patient. Adrenal work up with LDDST is warranted if clinical signs are consistent with Cushing's syndrome. Baseline UPC for renal staging given quiet urine sediment is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and if accessible, nonspecific splenic nodule FNA cytology could be considered for further clarification. Renal and hepatic support with clinical and as needed sonographic monitoring if progressive hepatopathy or azotemia as well as monitoring of the splenic nodule for evidence of progression would be reasonable.

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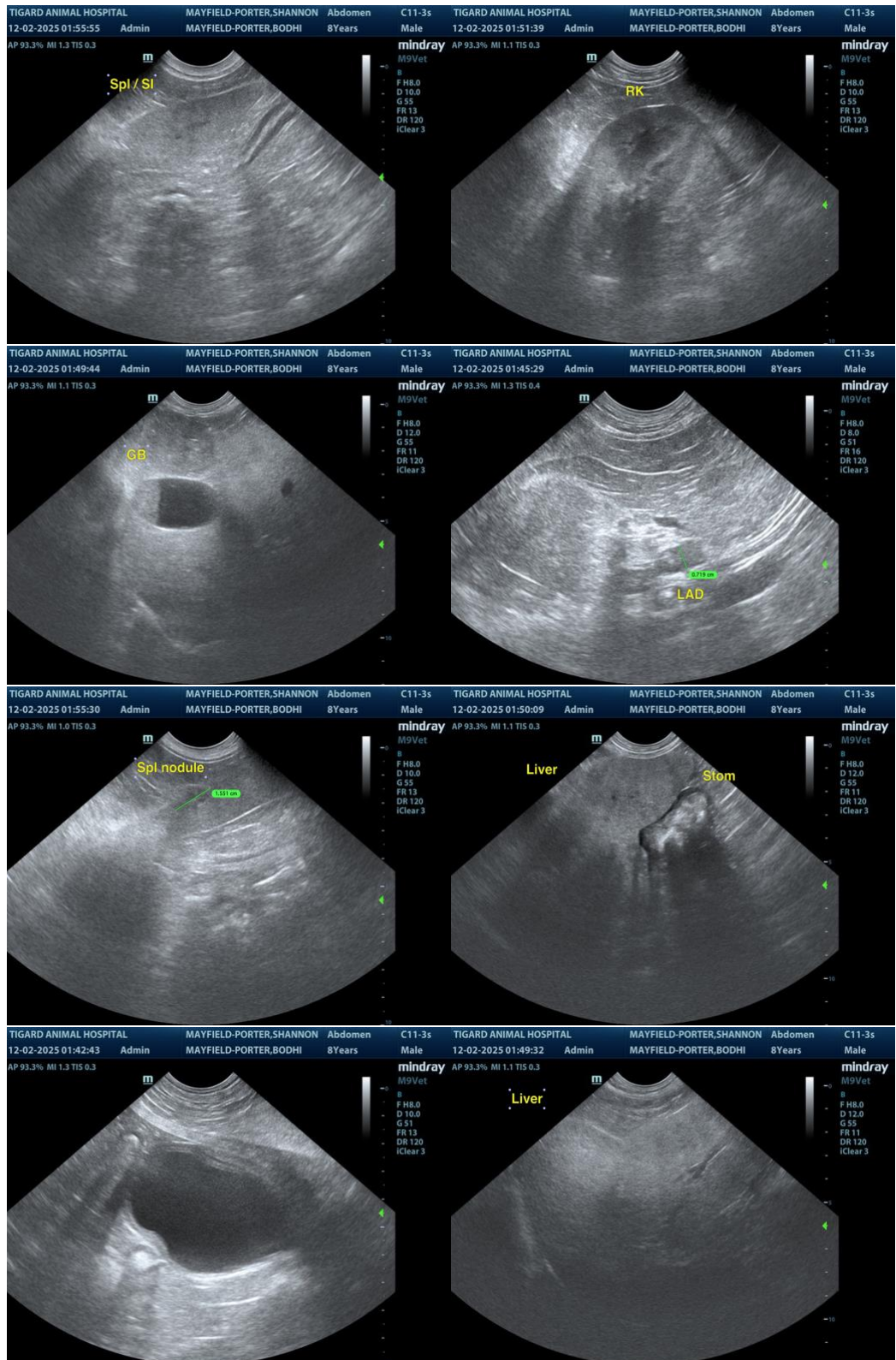
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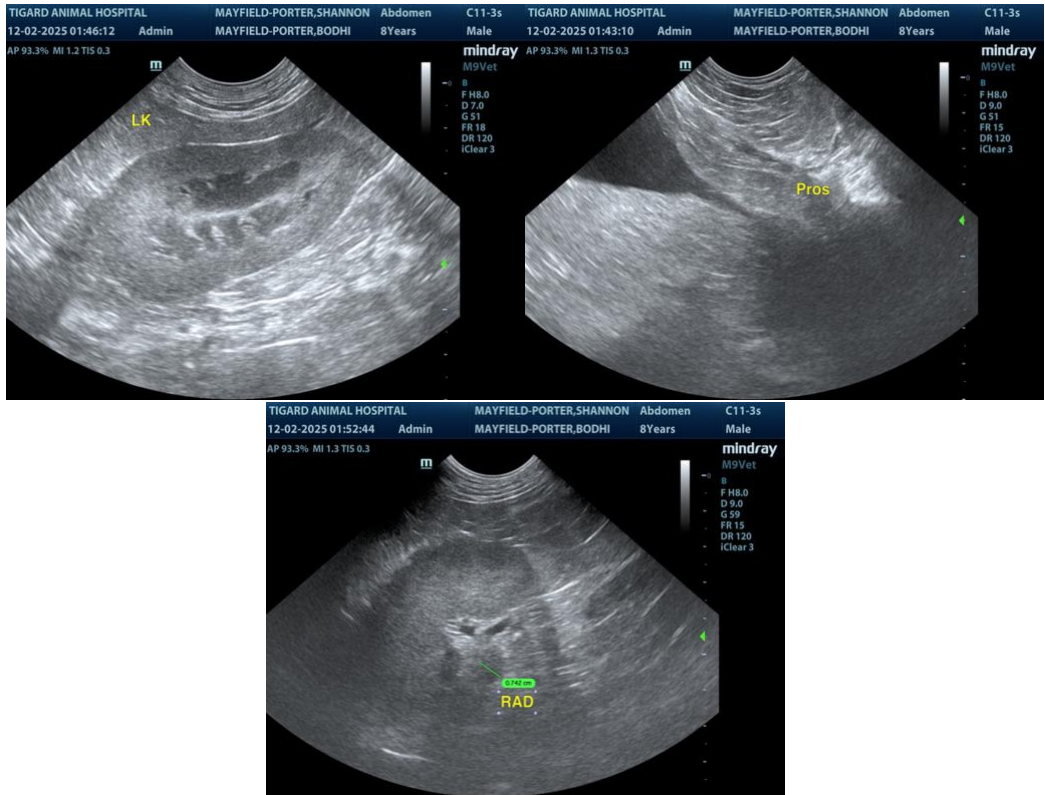
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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