



**PATIENT PRESENTING CLINICAL SIGNS**

Summer Watkins Intermittent vomiting, MR, weight loss, urinary incontinence.  
 Medication: Proin ER, Vetmedin

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Poodle Mix

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited overtly normal structure 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.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2008

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. Right kidney lateral cortical cyst was present. Minor left kidney pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.7 cm in length.

**WEIGHT**

14.2

**Adrenal Glands**

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**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 mildly distended in size containing anechoic content with moderate, dependent to nondependent, mildly inspissated gallbladder debris with suspected areas of peripherally entrapped hypoechoic mucus along the inner luminal wall. No evidence of peripheral inflammation was noted. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Bandekar

**INVOICE**

16298

**DATE**

2/23/23



**PATIENT**

***Gastrointestinal***

Summer Watkins

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.

**SPECIES**

Canine

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.

**BREED**

Poodle Mix

***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 were evident.

**SEX**

FS

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2008

**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatomegaly - subjectively benign
- Moderate congealed gallbladder debris and suspect entrapped mucus - partial gallbladder mucocele
- Chronic renal changes with right kidney cortical cyst and minor left kidney pyelectasia
- Overtly normal gastrointestinal tract / pancreas
- Sonographically unremarkable urinary bladder

**WEIGHT**

14.2

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal neoplastic criteria was visualized.

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Correlation with the hepatomegaly and gallbladder presentation with pending lab work is recommended. Hepatosupportive medications including Denamarin and Ursodiol, if evidence of hepatic enzyme elevations / cholestasis, would be suggested. Sonographic reassessment of the gallbladder is recommended if persistent cholestasis or evidence of cranial abdominal / subxiphoid discomfort on palpation going forward. As-needed gastrointestinal support which may include a novel protein or hydrolyzed diet trial and as-needed gastroprotectants is suggested.

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**REFERRING VET**

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

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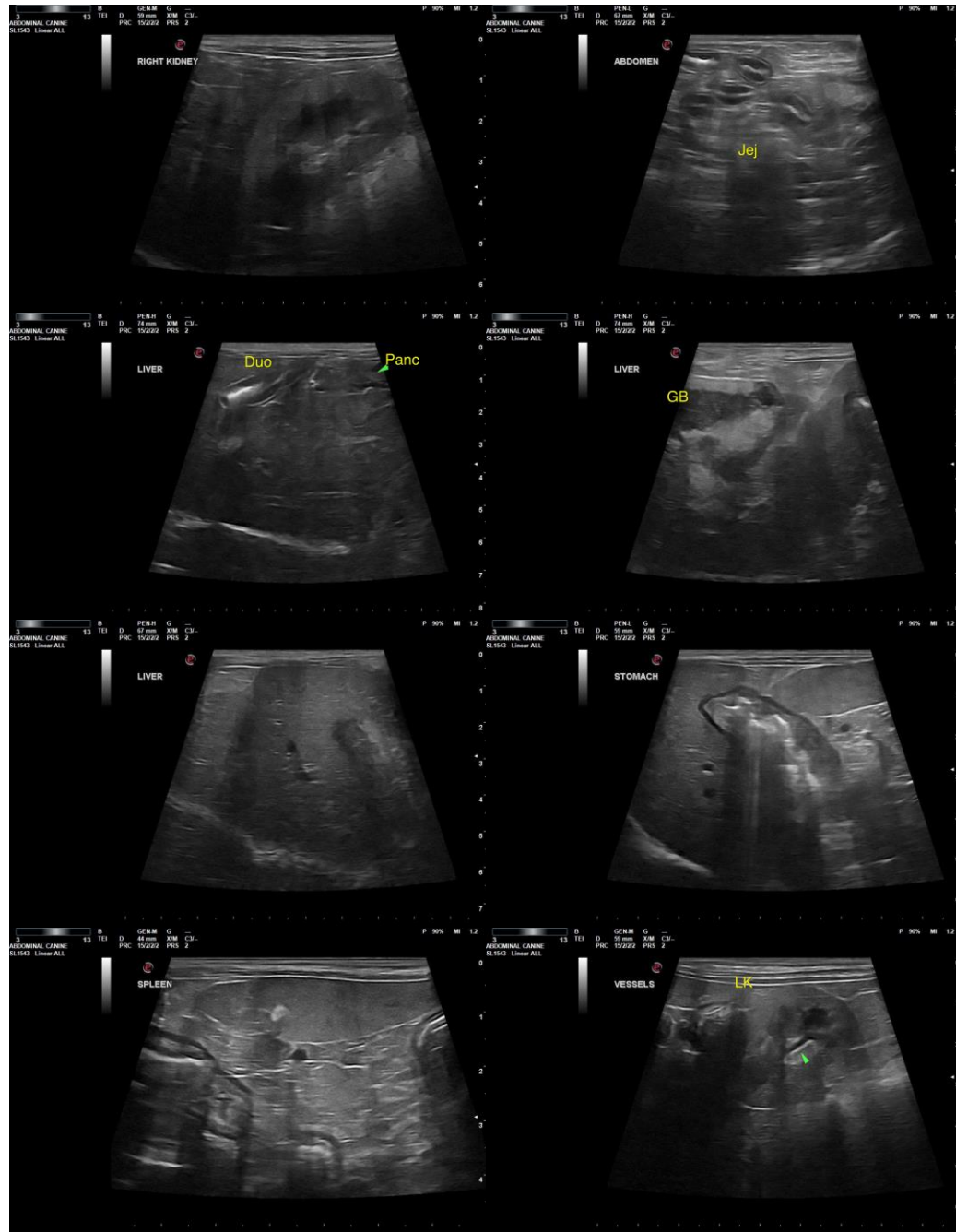
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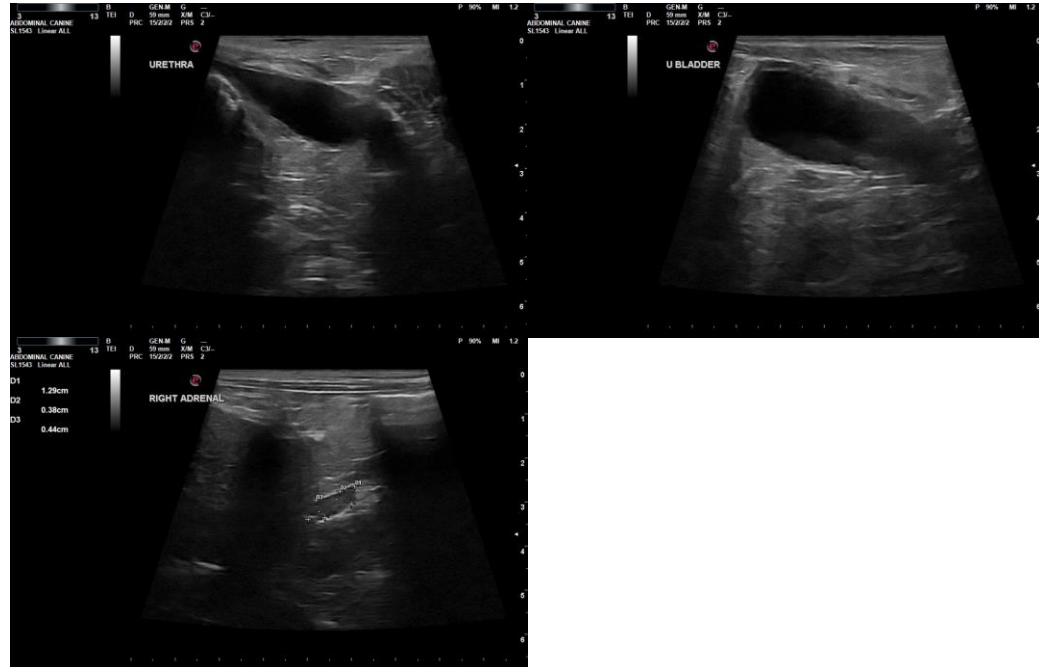
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)