



**PATIENT**

Lacey Millan

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

9 Years 6 Months

**WEIGHT**

41 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Newton Veterinary  
 Hospital

**REFERRING VET**

Dr. Chan

**INVOICE**

13947

**DATE**

02/24/26

**PRESENTING CLINICAL SIGNS**

- R/O kidney disease
- Medications: Unasyn, Cerenia, Entyce

Abnormal PE/Chem/CBC/UA Results: BUN - 67.5 Creatinine - 3.4 Phos - 8.4 Glob - .79 Chol - 439 Lymph - 0.72 Mono - 0.08 CPL - abnormal Urinalysis - pH = 7.5, sediment quiet, protein 300+ Specific Gravity = 1.016.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Adequate renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mildly thickened in echogenicity with uniform echotexture. Concurrent variably hyperechoic medullary parenchyma echogenicity with areas of mineralization. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. Mild increased left and right retroperitoneal echogenicity without overt effusion. No overt pyelectasia was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.9 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 0.65 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 0.71 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary visualized cranial medial noncapsule deforming nodule was present measuring 0.70 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

**Liver & Gallbladder**

The liver presented subjective 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



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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 gravity dependent to nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**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.

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.

**Pancreas**

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

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic nephropathy.
- Borderline/mild hepatomegaly- sonographically benign.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Mild heterogeneous pancreas.
- Mild urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys are most consistent with chronic nephropathy with considerations including chronic kidney disease with possible nonspecific nephritis. Urine culture and sensitivity on sterile urine sample is recommended if inflammatory urine sediment or UPC level if non-inflammatory proteinuria. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation and clinical signs are suggestive of chronic pancreatitis.

Renal support, empirical therapy for CKD with concurrent gastrointestinal support if clinically indicated with monitoring for further prognosis is recommended. Sonographic monitoring is indicated if progressive azotemia or suspicion of chronic pancreatitis.



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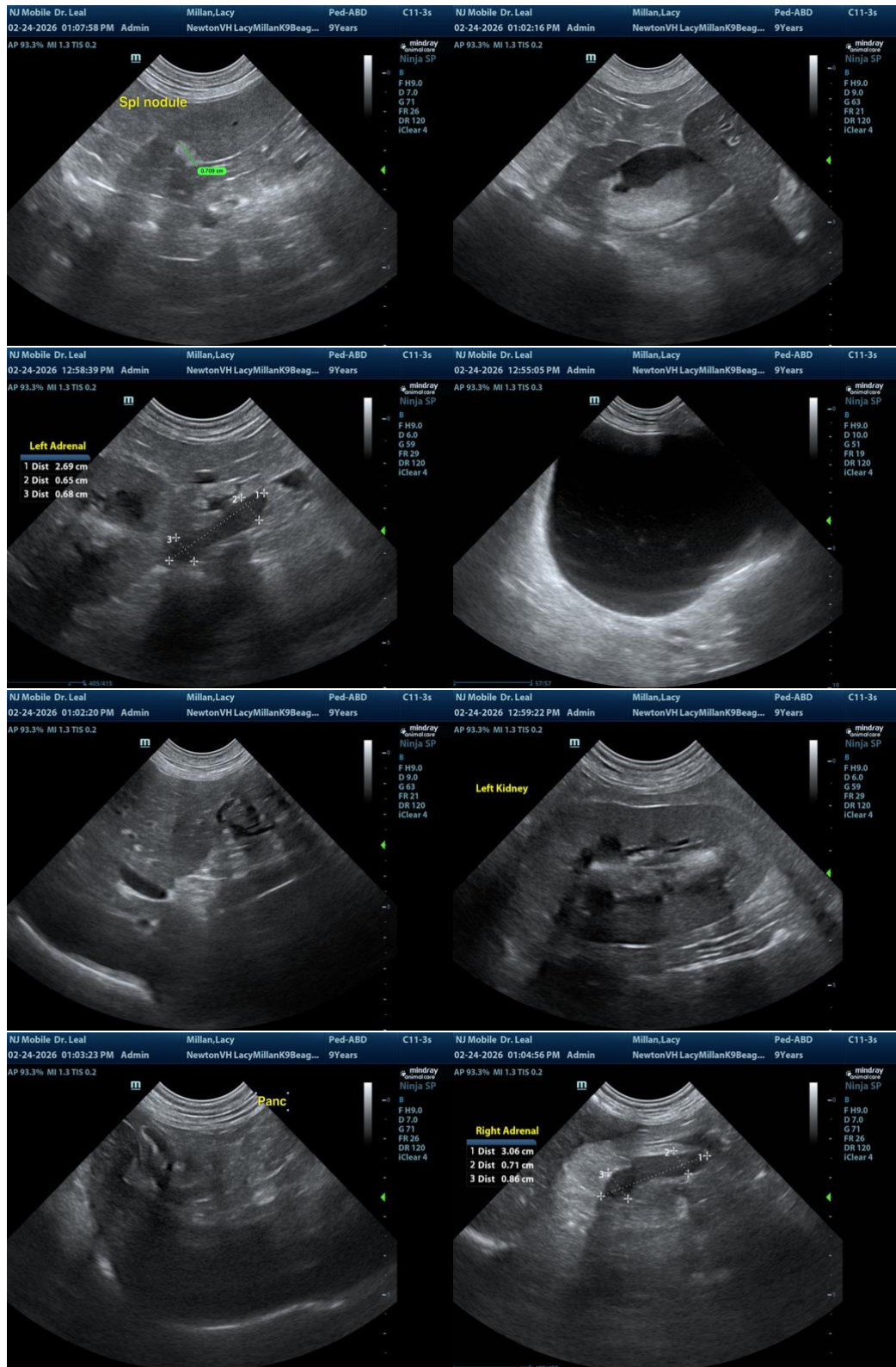
Dr. Chan

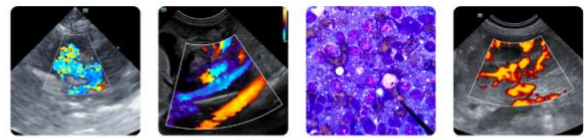
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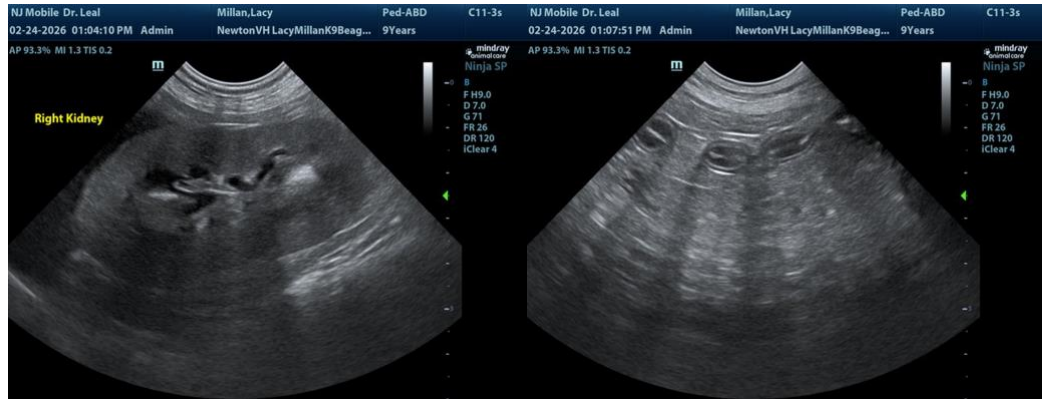
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)