



**PATIENT PRESENTING CLINICAL SIGNS**

Parker Peters History: PU/PD, ACCIDENTS IN HOUSE, INTERMITTENT INCONTINENCE, 4/6 HEART MURMUR

**SPECIES** Labs: BUN 5, Magnesium 1.1, Precision PSL 166, Unremarkable CBC, T4 3.1, Calcium 9.6, Albumin 3.0, Unremarkable liver parameters, Urine Spec Grav 1.004

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Cavalier King Charles 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.

**SEX** The area of the residual prostate appeared normal and free of pathology, measuring 0.88 cm in diameter.

Neutered Male The area of the aortic trifurcation was free of pathology.

**AGE** Normal size and margination were 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 pelvic dilation. Pinpoint to focal areas of nonobstructive medullary mineral. The left kidney measured 4.9 cm in length. The right kidney measured 5.2 cm in length.

**WEIGHT** *Adrenal Glands*  
21.6 Pounds

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.51 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 0.43 cm width at the caudal pole and 0.48 cm width at the cranial pole. No evidence of hyperplasia or neoplastic criteria.

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

**IMAGING** *Spleen*

**PERFORMED BY** 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.

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME** *Liver*  
Mill Pond VC

**REFERRING VET** The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary, indistinct discreet mildly nonhomogeneous to Microcystic nodule was noted in the mid right parenchyma, caudal to the gallbladder. The nodule measured 1.4 cm.

**INVOICE** The gallbladder was non distended in size, containing moderate nondependent yet nonorganized nonmineralized gallbladder debris. No evidence of gallbladder or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

14121

**DATE** *Gastrointestinal*

2/28/22



**PATIENT**

Parker Peters The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, exhibiting subtle progressive distal acoustic shadowing ingesta without signs of 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.

**BREED**

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

**BREED** *Pancreas*

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

**SEX**

*Free Abdomen*

Neutered Male No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2010

**WEIGHT**

21.6 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal urinary bladder, residual prostate and visible proximal urethra
- Bilateral, focal nonobstructive medullary mineral
- Indistinct discreet nonhomogeneous to microcystic hepatic nodule- subjectively benign
- Moderate gallbladder debris (non-mucocele)- nonspecific, potentially suggestive of nonclinical cholestasis
- Mild heterogeneous pancreas- age-related minor parenchymal remodeling. Potential for low-grade to chronic inflammation, which may present essentially sonographically normal.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant abdominal visceral pathology.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Without overt evidence of hepatic, adrenal or upper/lower urinary tract pathology, an obvious cause of the PU/PD in this patient was not definitively evident. Further assessment may include urine culture and sensitivity on sterile urine sample, baseline UPC +/- leptospirosis titers/PCR (if clinically indicated).

**HOSPITAL NAME**

Mill Pond VC

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**REFERRING VET**

Dr. Kulig

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**INVOICE**

14121

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**PATIENT**

Parker Peters

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

Neutered Male

**AGE**

2010

**WEIGHT**

21.6 Pounds

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**REFERRING VET**

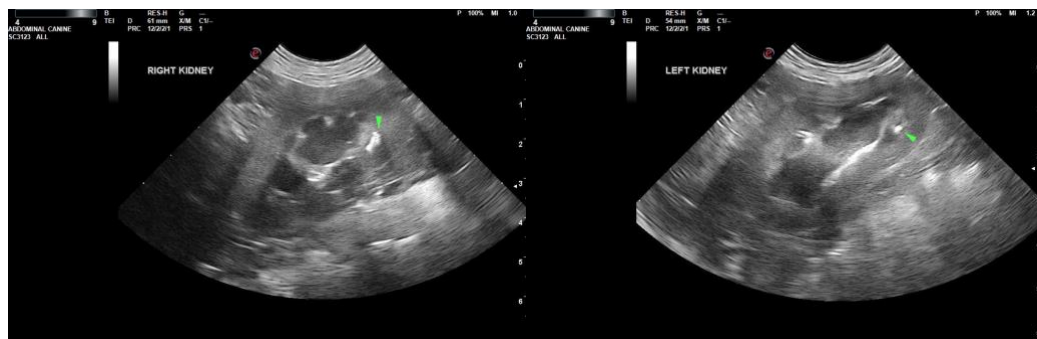
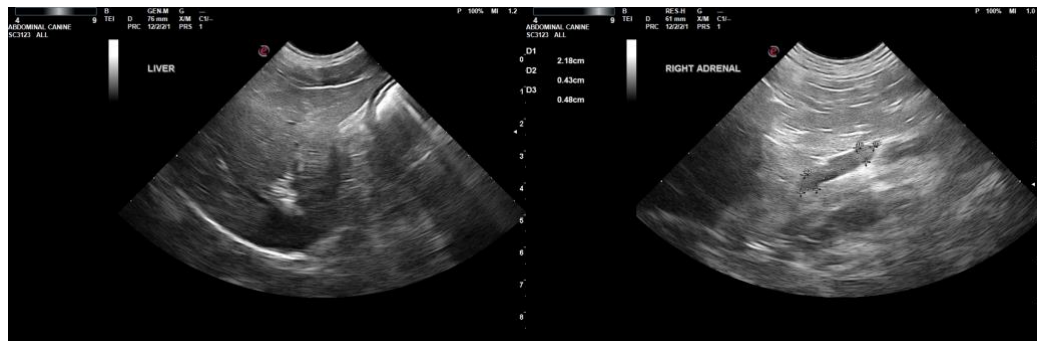
Dr. Kulig

**INVOICE**

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**DATE**

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**PATIENT**

Parker Peters

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

Neutered Male

**AGE**

2010

**WEIGHT**

21.6 Pounds

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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