



**PATIENT**

Bella Wilson

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

FS

**AGE**

13y, 7m

**WEIGHT**

39.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside Veterinary  
Clinic

**REFERRING VET**

Dr. Mack

**INVOICE**

16076

**DATE**

2/8/23

**PRESENTING CLINICAL SIGNS**

Patient presented last week for lethargy and decreased appetite. She is drinking more

Abnormal PE/Chem/CBC/UA Results: LDDST- cushings diagnosed 2/6 not started treatment yet BP 187/161- no medication yet

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was distended in size with subjective normal tone. No evidence of inflammatory or neoplastic urinary bladder mural criteria was noted. Anechoic urine was present with no evidence of urinary bladder luminal mineral or calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm. Small, subjective, nonobstructive, proximal urethral luminal mineral was noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of renal calculi was noted Both kidneys exhibited mild hydronephrosis with concurrent mild dilation of the left and right proximal ureter. The left kidney measured 6.2 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the cranial pole and 0.75 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the cranial pole and 0.94 cm width in the caudal pole. No overt adrenal tumors were noted.

**Spleen**

The spleen exhibited overall normal size with areas of minor capsule asymmetry and mild generalized parenchyma heterogeneity. A solitary, mildly expansive to hypoechoic nodule was noted in the cranial spleen measuring 1.6 cm in diameter. The splenic nodule did not distort the splenic capsule.

**Liver/ Gallbladder**

Moderate generalized hepatomegaly exhibiting primarily symmetrical to rounded hepatic capsule contour was present with generalized nonhomogeneous to mixed echogenic parenchyma exhibiting moderate coarse echotexture. Intermittent, small, non-disruptive, thinly walled intraparenchymal cysts were present. No definitive hepatic mass was noted. Overtly normal hepatic vascular volume was present without obvious congestive criteria. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty without evidence of retained ingesta, fluid, 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.

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

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***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No sonographic evidence of active inflammation or neoplasia.

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***Free Abdomen***

No omental masses or overt lymphadenopathy was present. Mild volume peritoneal effusion was present with possible concurrent caudoventral subcutaneous or retroperitoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

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- Distended urinary bladder with focal subjective nonobstructive proximal urethral luminal mineral
- Bilateral mild hydronephrosis with concurrent mild proximal left / right dilated ureters
- Bilateral mild adrenomegaly - sonographically consistent with pituitary-dependent hyperadrenocorticism
- Hepatomegaly exhibiting nonhomogeneous to remodeled parenchyma, intermittent small hepatic cysts
- Nonspecific mildly expansive splenic nodule - hyperplasia, hematopoiesis, focal splenitis, emerging neoplastic criteria or other, all potentials
- Suspect mild gastroenteritis
- Mild volume peritoneal effusion with possible caudoventral subcutaneous or concurrent retroperitoneal effusion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potentially, this patient may be passing nonobvious mineral from the kidneys into the urinary bladder. The possibility of non-visualized left or right ureteral obstructive criteria cannot be excluded. Full urinary workup including C/S to assess for underlying infection is recommended.



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No overt evidence of hepatic congestive criteria, yet three-view chest radiographs are recommended to rule out occult thoracic pathology and/or cardiomegaly as a contributing factor to the peritoneal effusion.

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Assuming normal clotting status, splenic nodule FNA cytology using a 25-gauge needle could be considered for further clarification. Effusion analysis, cytology +/- C/S may be warranted for further assessment.

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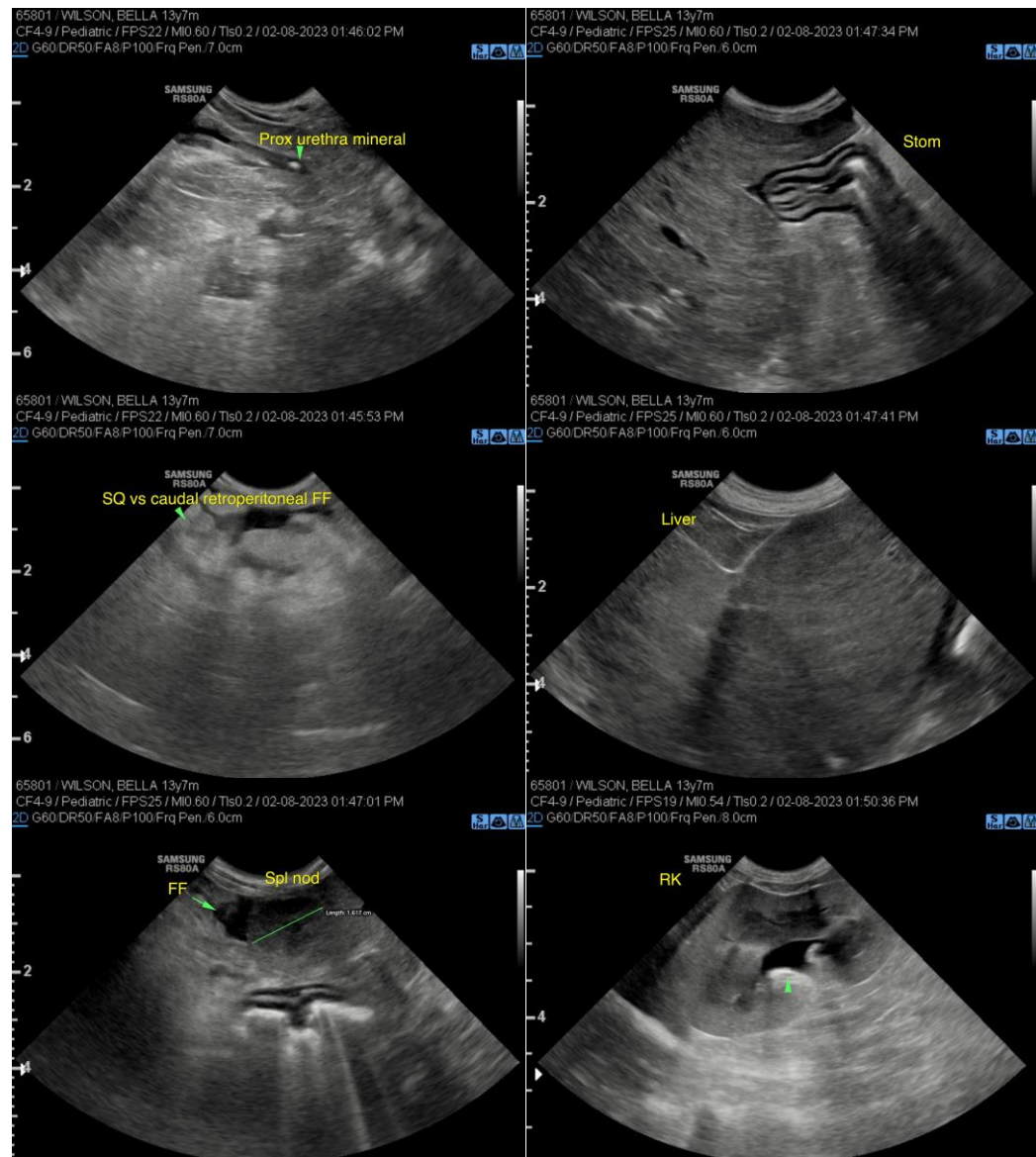
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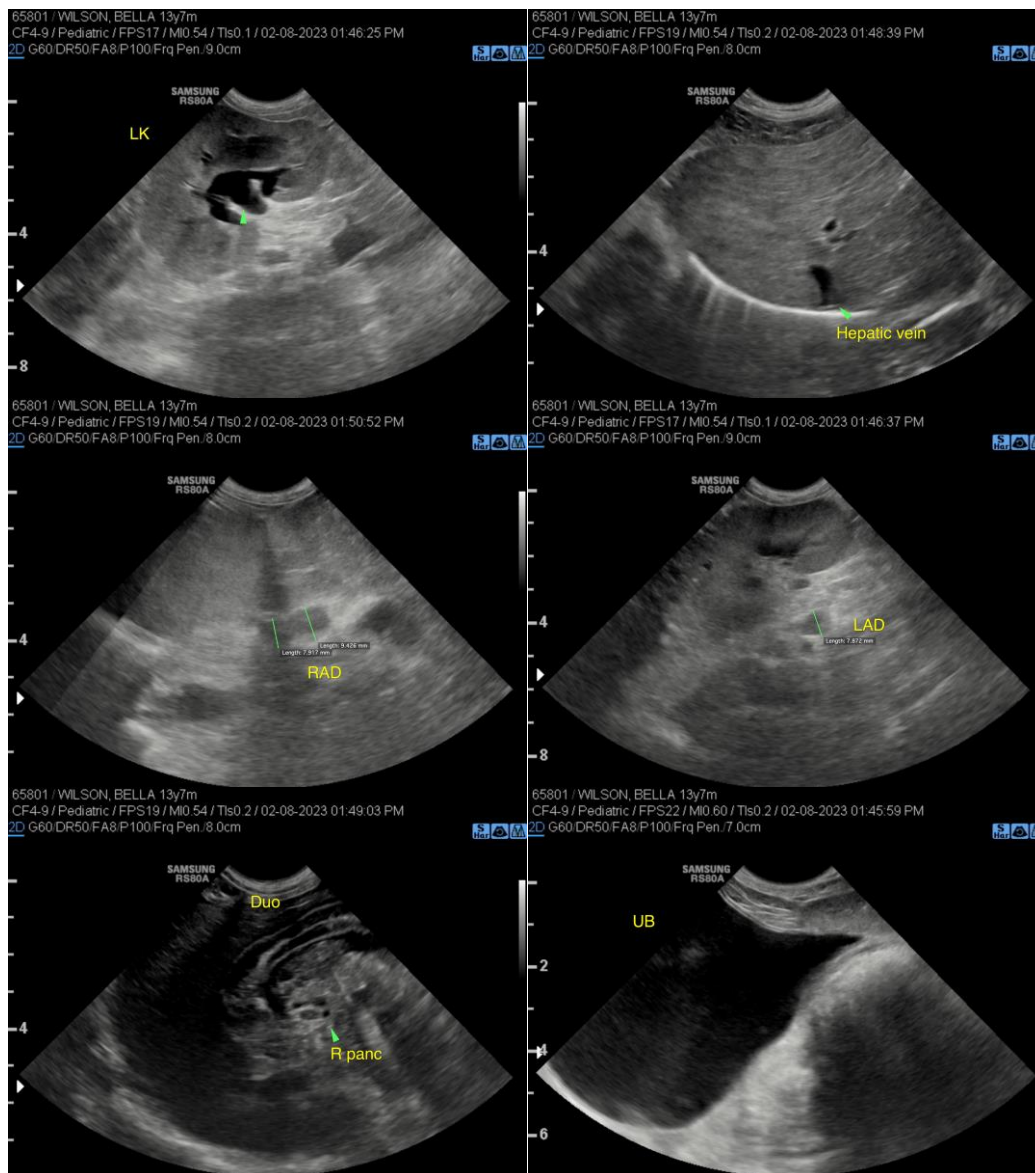
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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