



**PATIENT**

Bella Wall

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

FS

**AGE**

10 years

**WEIGHT**

6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Goeres

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

**REFERRING VET**

Dr. Kicklassen

**INVOICE**

16432

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

hx of well controlled cushings. now acutely panting and eating grass. currently being treated for GI upset

Abnormal PE/Chem/CBC/UA Results: painful on palpation of R cranial abdominal quadrant. rest of PE normal. no recent BW performed

**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 changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys with moderate loss of corticomedullary border demarcation. Mild nonuniform corticomedullary echogenicity and echotexture with pinpoint medullary mineral were noted. No pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

Left symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was indistinctly visualized exhibiting similar adrenal criteria compared to the left subjectively measuring 0.64 cm width at the caudal pole. No evidence of adrenal neoplastic criteria was noted.

**Spleen**

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.

**Liver/ Gallbladder**

The liver exhibited mild to possible moderate enlargement with areas of minor ventral capsule asymmetry and generalized uniform mild increased hepatic parenchyma echogenicity comparable to the spleen exhibiting mild coarse echotexture. Normal hepatic vascular volume was noted. No hepatic masses or nodules were present. The gallbladder was non-distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non-organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No overt evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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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.

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

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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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

6 kg

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatomegaly
- Very early emerging / partial gallbladder mucocele - non-inflamed
- Bilateral chronic renal changes
- Bilateral prominent adrenal glands, no adrenal tumors - consistent with clinical history of pituitary-dependent hyperadrenocorticism
- Sonographically unremarkable gastrointestinal tract / pancreas

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen with expected changes owing to age, clinical history, and without evidence of overt visceral pathology as an obvious cause of the patient's clinical signs and reported abdominal pain.

The very early immature to partial gallbladder mucocele is not suspected to be a clinical player, given its sonographic presentation and without evidence of inflammatory criteria. Sonographic reassessment of the gallbladder is recommended if evidence of subxiphoid discomfort on palpation or evidence of progressive hepatic enzyme elevations / cholestasis.

Low-grade inflammatory gastroenteropathy or pancreatitis, both of which may present sonographically normal, could be possible especially if evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas. Correlation with a Spec cPL is warranted. Full CBC/Chemistry panel/Urinalysis is suggested if not recently done. Empirically, as-needed supportive care is recommended.

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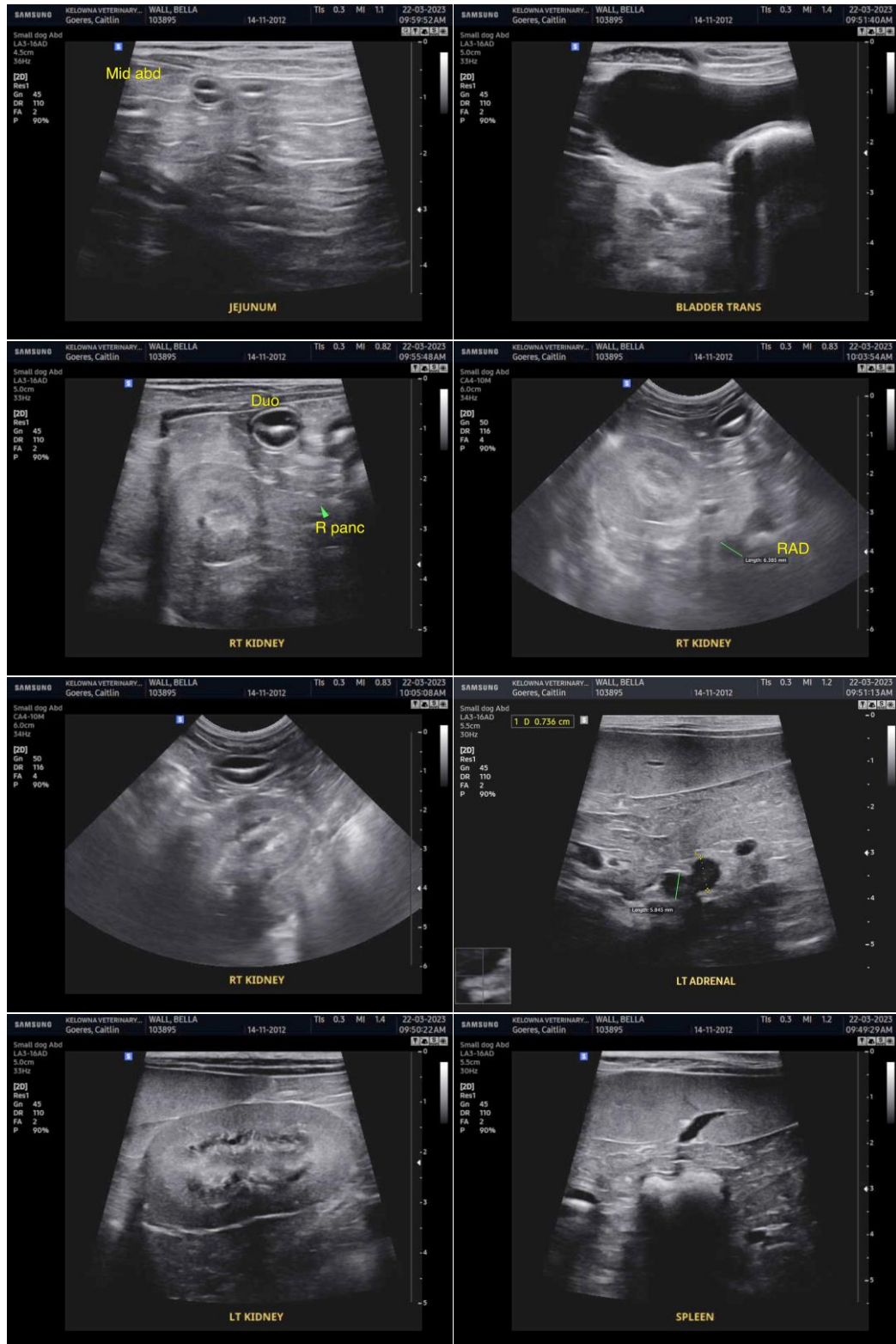
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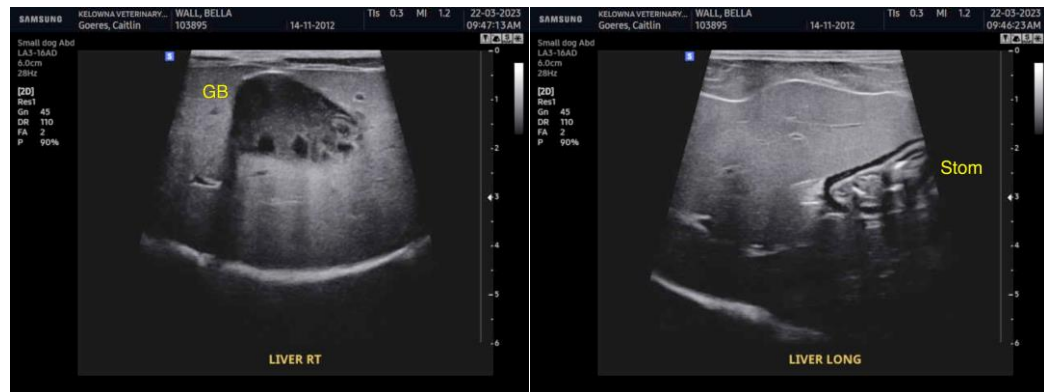
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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