



PATIENT PRESENTING CLINICAL SIGNS

Blue Newson
History: obesity, PU/PD, alopecia, concern for cushings.
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Beagle

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

Neutered male

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

AGE

9 years

No overt pathology in the area of the residual prostate.

WEIGHT

26.7 kg

The area of the aortic trifurcation is free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.46 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 0.6 cm width at the caudal pole and 1.1 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Liver

The liver presented enlarged in size. The parenchyma of the liver exhibited subjectively mildly increased echogenicity compared to the spleen and renal cortices. The liver parenchyma exhibited a focal to intermittent discrete hypoechoic parenchymal nodule. 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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Wallace

INVOICE

10126ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

DATE

03/04/2022



PATIENT

Blue Newson

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.

SPECIES

Canine

Pancreas

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

BREED

Beagle

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Subjective mild increased abdominal fat was noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Overtly normal bilateral adrenal glands
- Hepatomegaly exhibiting mild echogenic to focal discrete nodular parenchyma
- Minor pancreatic remodeling
- Gastric ingesta-probable post prandial presentation

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

26.7 kg

The hepatic presentation was nonspecific yet most consistent with benign hepatopathy/hepatomegaly, considerations may include vacuolar hepatopathy, nonspecific hepatitis/cholangiohepatitis, nodular hyperplasia, hematopoiesis, early fibrosis or other hepatopathy. Neoplasia is considered an unlikely differential diagnosis.

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Overt evidence of adrenal hyperplasia or neoplastic criteria was not evident. If clinical signs suggestive of hyperadrenocorticism are present, screening UCCR +/- LDDST could be considered, a small percentage of patients will exhibit normal adrenal size with hyperadrenocorticism. Correlation with full lab work and UA is recommended.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

REFERRING VET

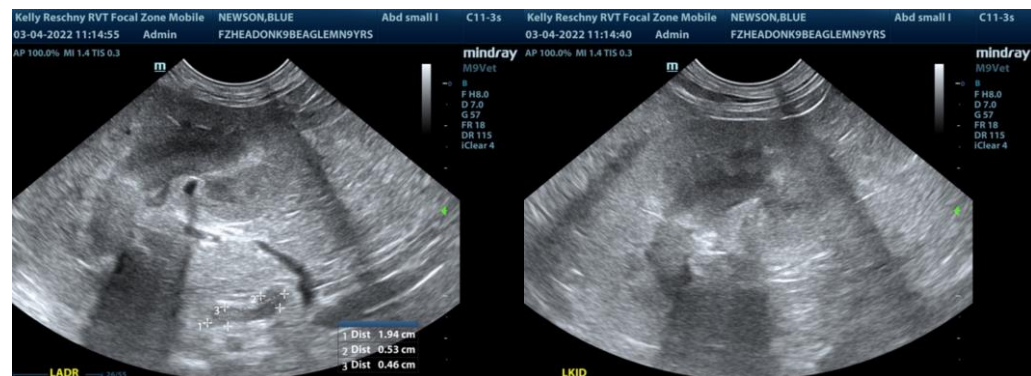
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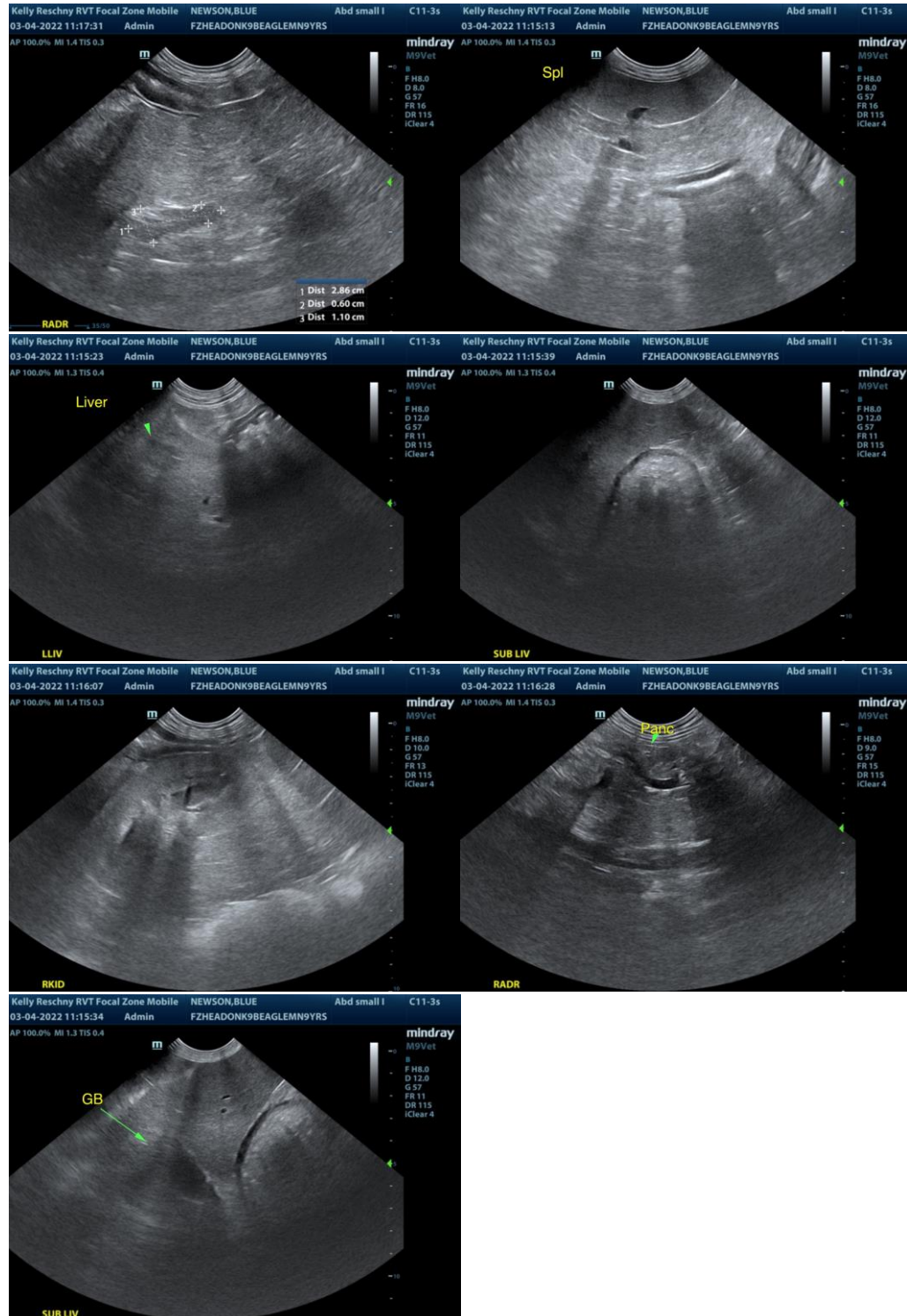
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PATIENT

Blue Newson

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.

SPECIES

Canine

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.

BREED

Beagle

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info@SonoPath.com

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AGE

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