



PATIENT

Betsy Dumas

SPECIES

Canine

BREED

Welsh Corgi

SEX

FS

AGE

13

WEIGHT

37

INTERPRETED BY

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

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro Veterinary
Hospital

REFERRING VET

John Sampson

INVOICE 24604

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

Presented on 4/14 for a two month history of inappropriate leaking while laying around and inappropriate urination in the house

PE was normal Labs below Looking for reasons for low USG, progressive anemia, and on/off appetite

Abnormal PE/Chem/CBC/UA Results: cbc- hct 39.7 (was 45.9 on 5/1/25 and also 51.3 on 2/5/25), rest wnl chem - crea 0.8, bun 10 tt4/ft4 all wnl ua - usg 1007 (repeat first morning urine today was 1011) 4Dx - all negative Fecal NOS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint hyperechoic medullary foci, which may indicate pinpoint areas of medullary mineralization, fibrosis, or microinfarction was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was 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 0.52 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically normal, non-distended urinary bladder
- Mild chronic renal changes
- Sonographically normal liver / spleen
- Mild gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening urine C/S on sterile urine sample +/- UPC if non-inflammatory proteinuria is suggested for baseline renal staging. Correlation with neurological workup, and consideration for potential nocturnal enuresis if inappropriate urination while sleeping is recommended. Overall, the kidneys exhibited sonographic changes consistent with patient age. Emerging microscopic renal disease may present in a similar sonographic manner. A definitive cause of the progressive anemia, aside from early chronic renal changes, was not obvious.

A screening GI panel to include PLI/TLI/cobalamin and folate, resting cortisol level, and three view chest radiographs to assess for occult disease may be considered if progressive anemia or appetite loss. No evidence of neoplastic criteria.



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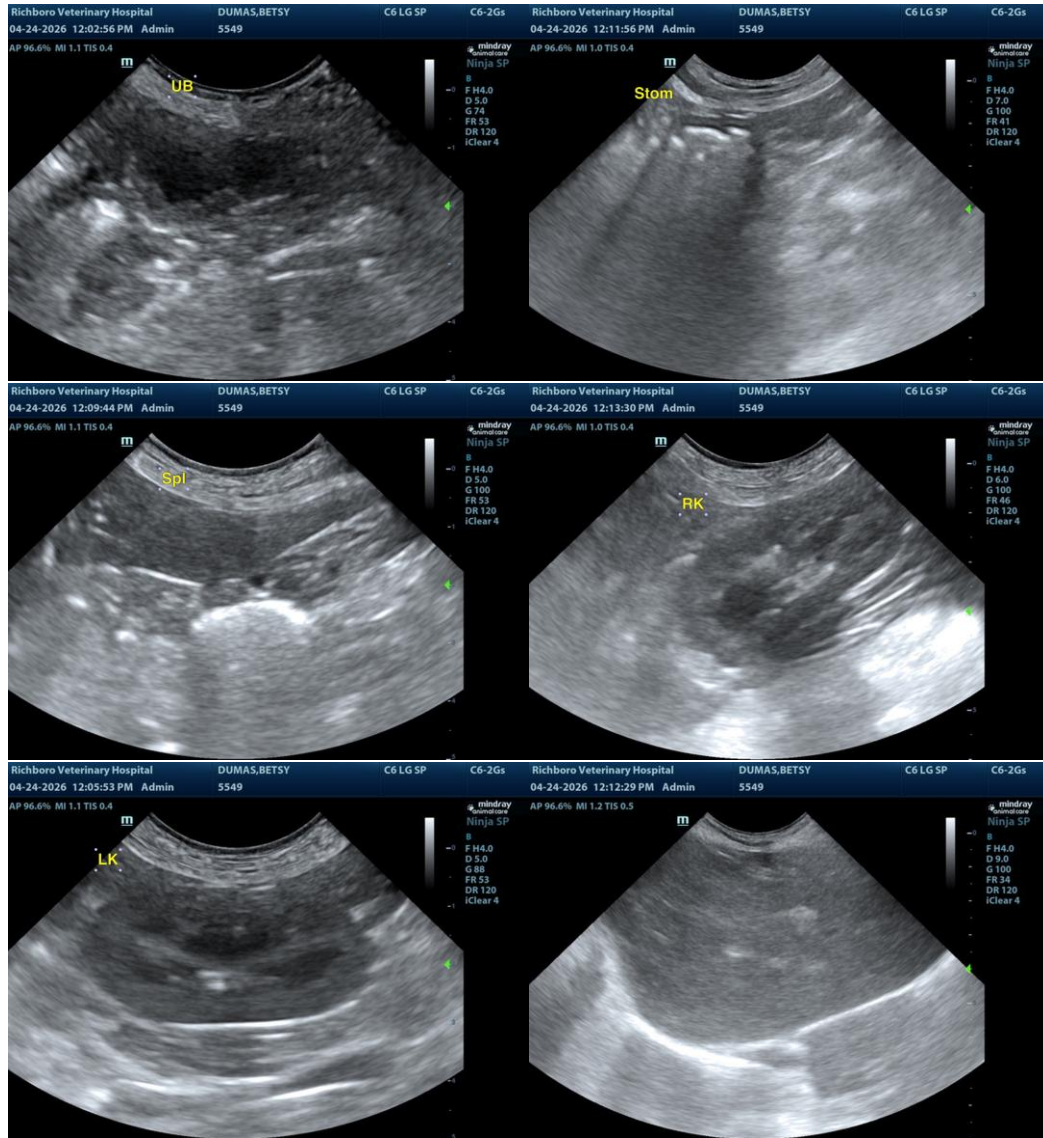
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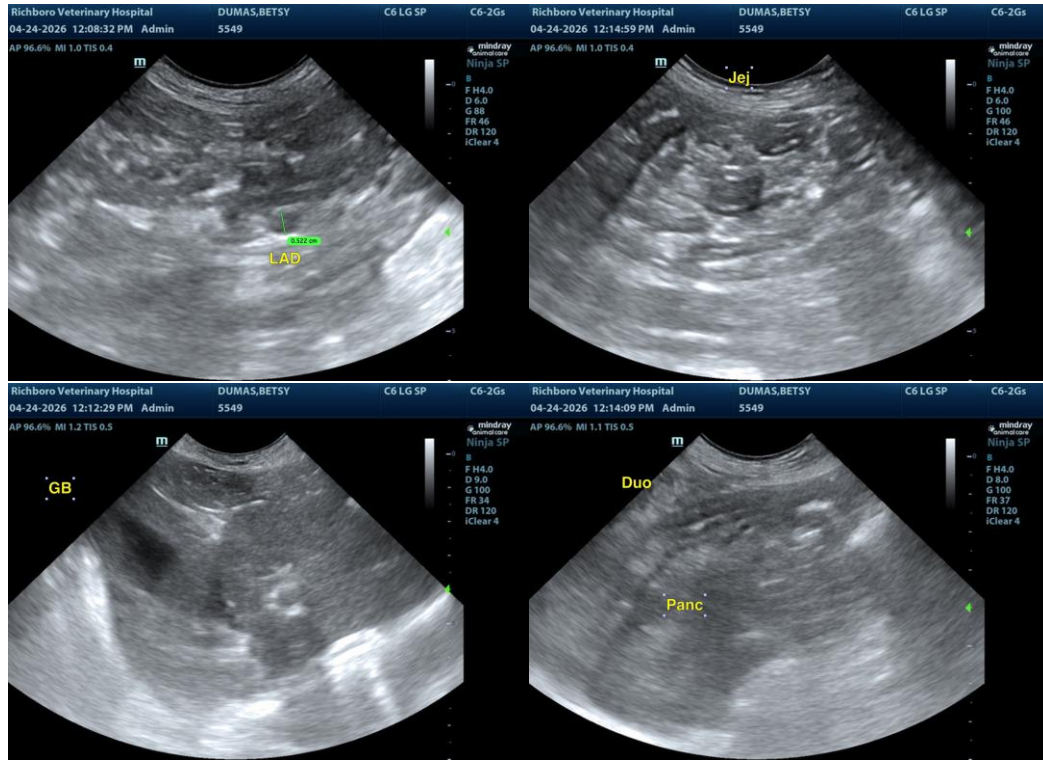
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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