



PATIENT

Liza Brown

SPECIES

Canine

BREED

Beagle Mix

SEX

F/S

AGE

10.5

WEIGHT

43

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility
Veterinary Clinic

REFERRING VET

Dr. Christensen

INVOICE

16789

DATE

5/10/23

PRESENTING CLINICAL SIGNS

History of PU/PD and "Pot Belly" appearance.
Abnormal PE/Chem/CBC/UA Results: Normal PE and 100% normal BW/UA?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mildly indistinct corticomedullary border demarcation with pinpoint to discrete areas of medullary mineral were noted. No pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 presented subjective mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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.

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 ileus, obstruction, or foreign material.

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



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Beagle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild nonspecific hepatomegaly - benign

F/S

- Mild age-related renal changes

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10.5

Sonographically, there was no evidence of significant visceral pathology as a definitive cause of the patient's reported PU/PD. Screening urine C/S +/- baseline UPC level if evidence of proteinuria may be considered.

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There was no overt evidence of primary adrenal pathology, although a sonographic reassessment of the right adrenal gland is suggested. If clinically indicated, further assessment may include Leptospirosis titers / PCR and adrenal screening tests such as urine cortisol: creatinine ratio or resting cortisol level.

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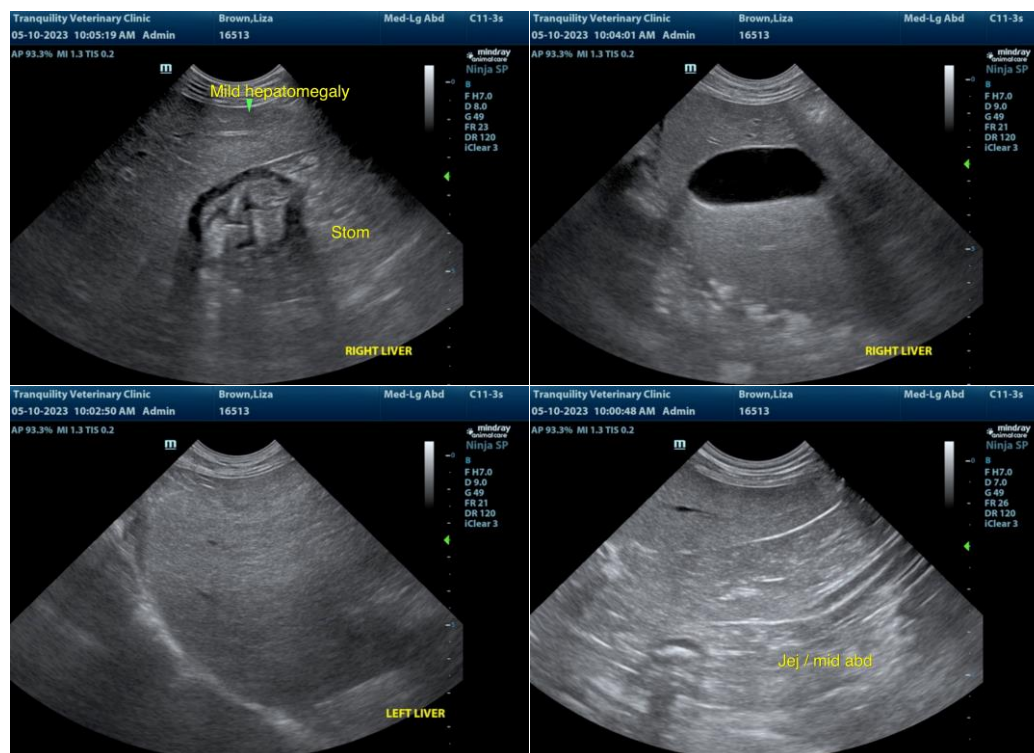
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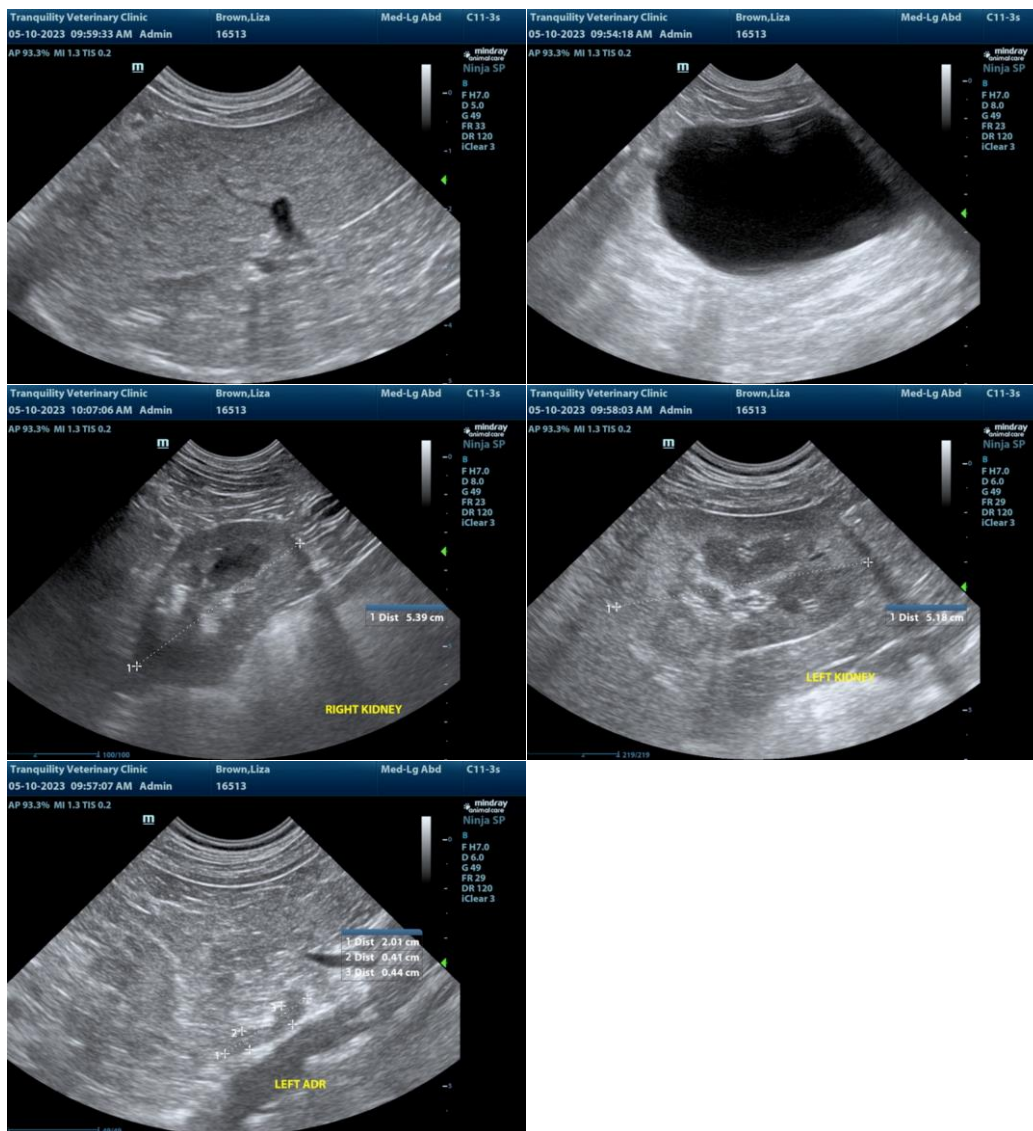
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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