

PATIENT

Gus Hofmann

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

40 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Rachel Bunn, DVM

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Rachel Bunn, DVM

INVOICE

16227

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Ehrlichia positive starting 2025, asymptomatic. Proteinuric identified in 2025 (no prior urine) and confirmed UPC 1.3 in 2026. CBC/Chem WNL generally including ALB & GLOB normal and equal. Patient developed diarrhea with Telmisartan 20mg/day so discontinued, but soft stool continued since then with a small squeal at times after defecation. After failing diet change & probiotics, metronidazole seems to be effective currently. Patient started urinating in the hallway daily beginning in April. Urinalysis unremarkable aside from proteinuria. BP attempted & readings inconsistent but not suggestive of hypertension (oscillating measurement, systolic readings between 85-135mmHg)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The residual prostate gland presented mildly prominent in size with mild asymmetrical intact capsule and non-mineralized residual prostate parenchyma measuring 2.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. A right lateral cortical cyst was present measuring 1.3 cm in diameter. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 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 0.59 cm width at the caudal pole.

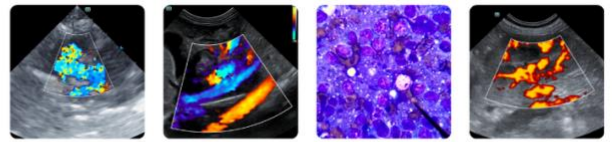
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 nonthickened wall exhibiting subjective mild altered wall layer ratio owing to propensity for mildly prominent intestinal submucosa layer primarily in the jejunum. The duodenum wall measured 0.54 cm wall width. The jejunum wall measured 0.45 cm wall width.

Normal visible colon wall layers were present with current formed fecal matter 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 overt lymphadenopathy or peritoneal effusion was present.

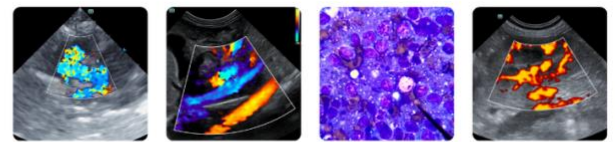
ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes with right kidney cortical cyst.
- Sonographically normal urinary bladder.
- Mildly prominent nonhomogenous cystic residual prostate gland.
- Intact mild altered jejunal wall layering.
- Current formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The residual prostate gland is nonspecific and may indicate patient/age variant. No obvious evidence of residual prostate mineralization often associated with prostatic neoplasia, although residual prostate sampling or serial sonographic monitoring for evidence of progression is indicated. Recheck urine protein/creatinine ratio if not recently done is recommended. Monitoring of proteinuria and UPC would be reasonable if less than 2.0 without concurrent azotemia.

Mild incidental or age-related jejunal altered wall layering is possible, although nonspecific enteropathy is suspected. Continued as needed gastrointestinal support is indicated with clinical and as needed sonographic monitoring if evidence of progressive proteinuria or gastrointestinal signs.



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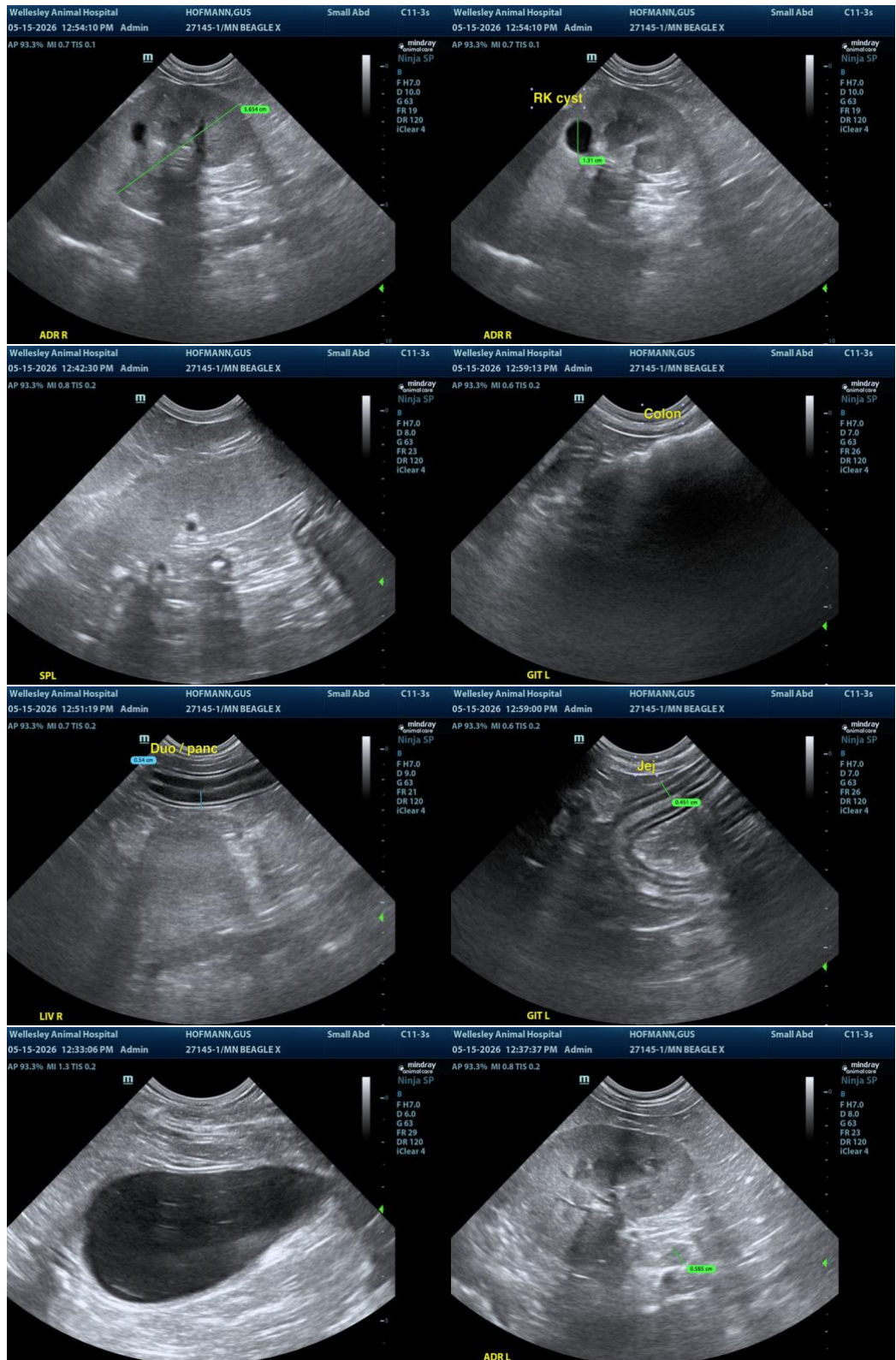
Rachel Bunn, DVM

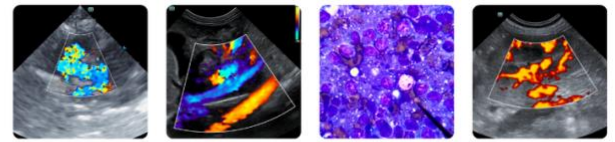
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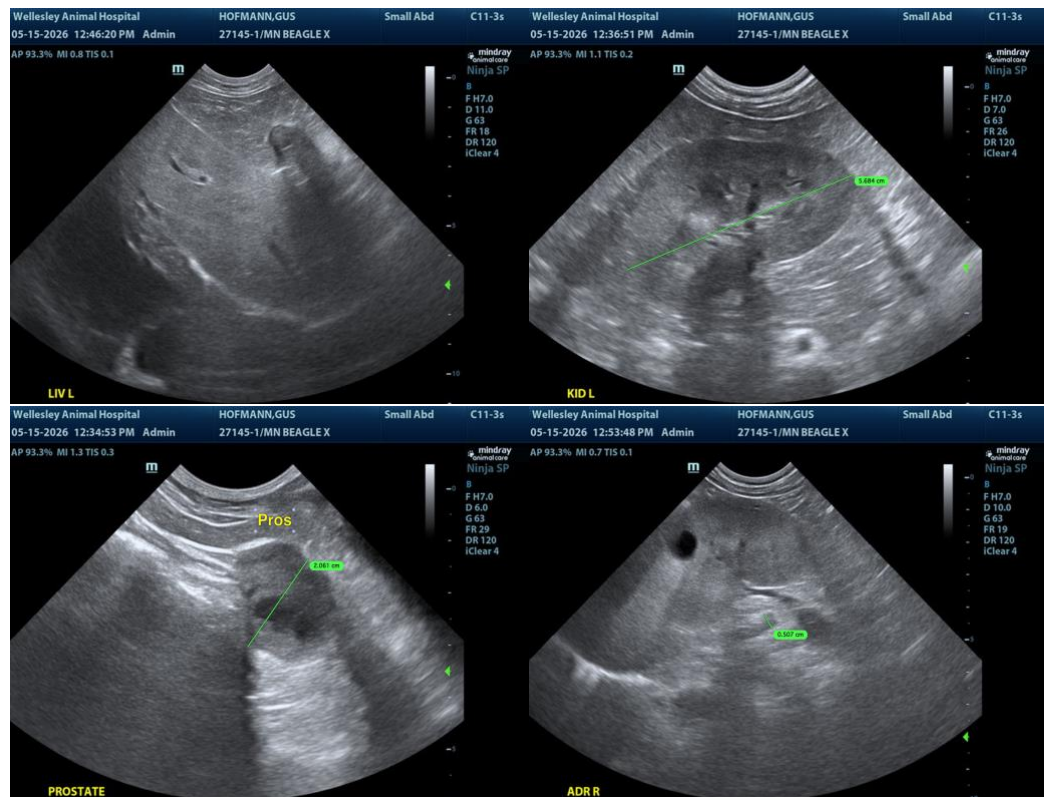
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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