PATIENT

Chloe Biello

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

13 years

WEIGHT

23.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

10895

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Two week history of an appetite. Tenant cranial abdomen on palpation. Tylan, gabapentin, famotidine.
Abnormal PE/Chem/CBC/UA Results: Resolved azotemia. Ua wnl, upc 0.2. Usg 1.027

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 were noted.

The area of the iliac trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length. There is no evidence of left or right retroperitoneal inflammation. No evidence of pyelectasia was noted in either kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 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 0.52 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 presented mildly enlarged in size with mild nonhomogeneous increased hepatic parenchyma echogenicity exhibiting multiple, discreet, hypoechoic, intraparenchymal nodules. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorgnaized gallbladder 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 without evidence of retained ingesta, fluid, 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.

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

Pancreas

The area 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged hyperechoic liver exhibiting discreet hypoechoic intraparenchymal nodules
- Nonorganized mild gallbladder debris (non-mucocele)
- Normal spleen
- Normal area of pancreas
- Normal gastrointestinal tract
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include vacuolar / cholestatic hepatopathy, inflammatory disease, suspect areas of nodular hyperplasia, hematopoiesis, or potential fibrosis, with hepatic neoplasia thought less likely, yet not definitively excluded. Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification.

Potential resolving nonspecific gastroenteritis or renal insult, given resolved azotemia and chronic renal changes, is possible.

Mild to chronic pancreatitis, at times, may present as sonographically normal. Correlation with a spec cPL could be considered. Continued gastrointestinal support and monitoring of renal parameters is recommended. Recheck sonogram is suggested if persistent gastrointestinal signs or recurrent azotemia are noted.

New Jersey Mobile
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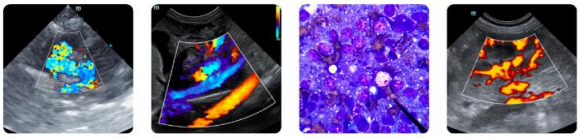

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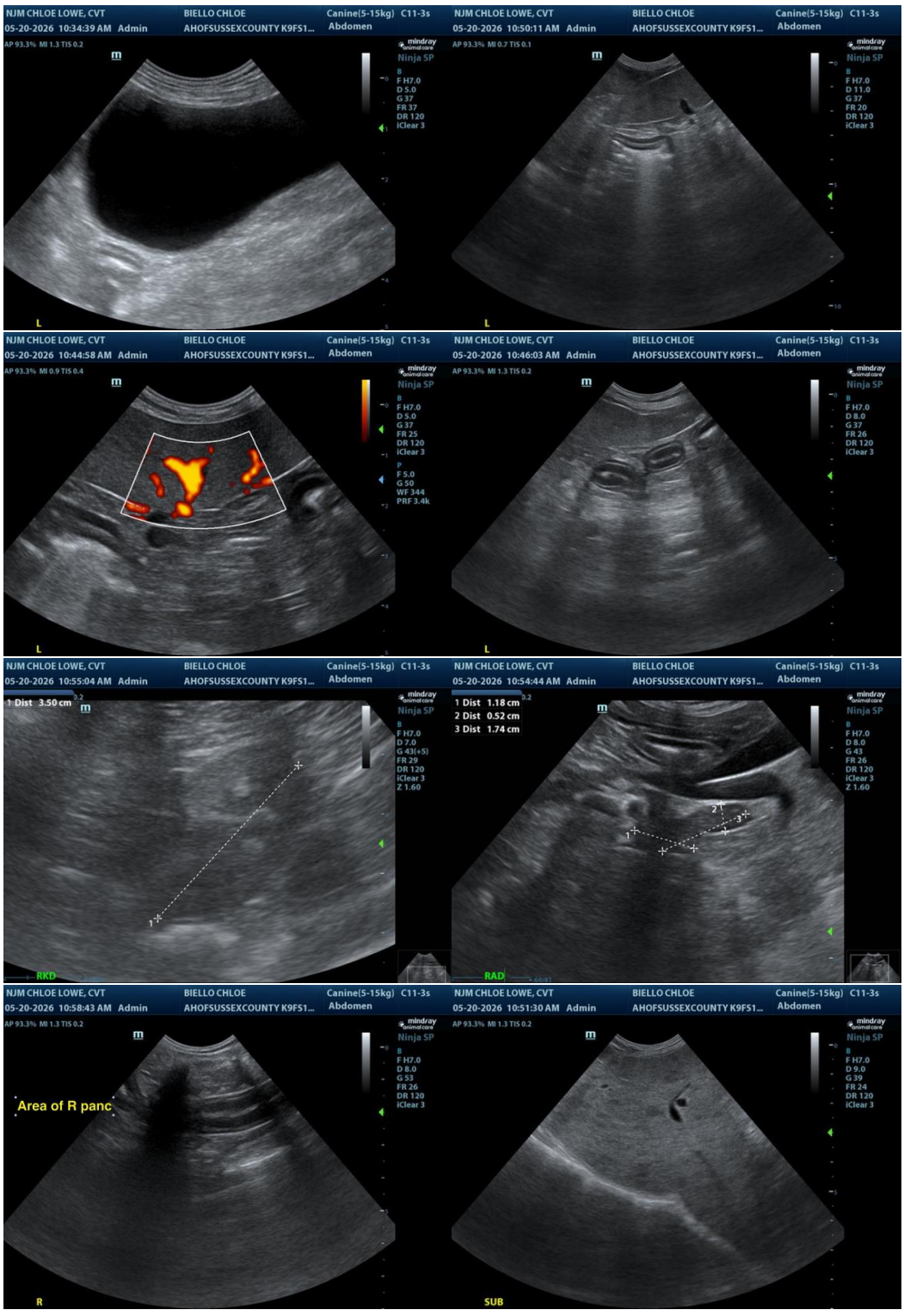

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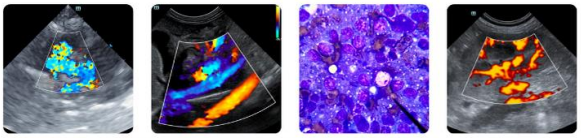

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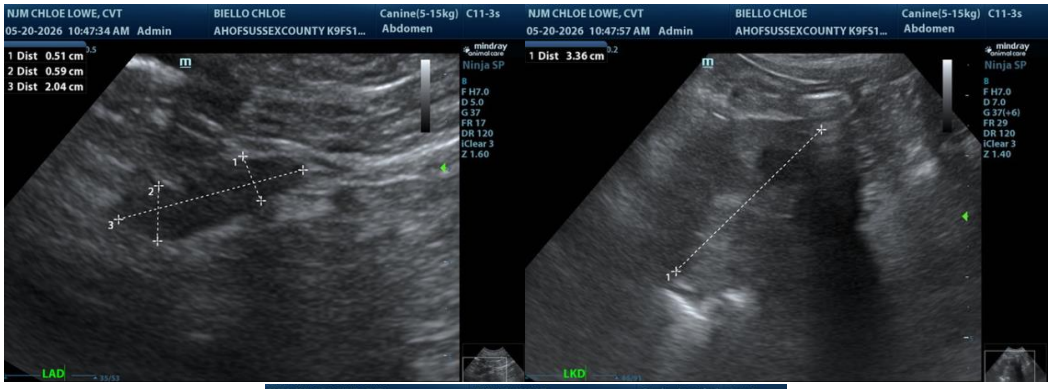

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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