



PATIENT

Sadie White

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

16417

DATE

05/22/26

PRESENTING CLINICAL SIGNS

7 to 10 days duration polyuria/polydipsia, overnight onset of lethargy, anorexia, vomiting, diarrhea.

Abnormal PE/Chem/CBC/UA Results: Examination is unremarkable except for signs reported and possibly painful abdomen. Increased ALT, ALKP, GGT. isosthenuria, proteinuria, bacteriuria, slight pyuria, coliform growth in the urine at 24 hours, mild moderate positive snap cPL.

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

Bilateral mild symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.72 cm width at the caudal pole. The right adrenal gland measured 0.65 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 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 distended in size with thickened wall. Nondependent biliary sludge that appeared to be non-mobile and organized with stellate pattern to the organized biliary sludge was present. Regional pericholecystic inflammation is present with no obvious effusion. The common bile duct was diffusely dilated to an approximate level of the duodenum.

Gastrointestinal



PATIENT

Sadie White

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

16417

DATE

05/22/26

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and 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.

Pancreas

The visualized pancreas exhibited subjective prominent size with mild capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No obvious visualized significant omental lymphadenopathy or mid abdominal peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with peripheral inflammation.
- Diffuse mild common bowel dilation to level of duodenum.
- Hepatopathy.
- Probable concurrent mild pancreatitis.
- Overall normal empty gastrointestinal tract.
- Bilateral mild chronic renal changes.
- Bilateral mild adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for cholecystectomy as soon as possible with concurrent hepatic biopsies (assuming normal clotting status) and gross inspection of the common bile duct to level of the duodenum is recommended.

Perioperative gastrointestinal support and empirical therapy for pancreatitis is recommended. Minor potential for occult hepatopancreatic neoplasia is thought less likely. Adrenal screening or workup, given adrenal presentation and conjunction with clinical signs may be indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





PATIENT

Sadie White

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

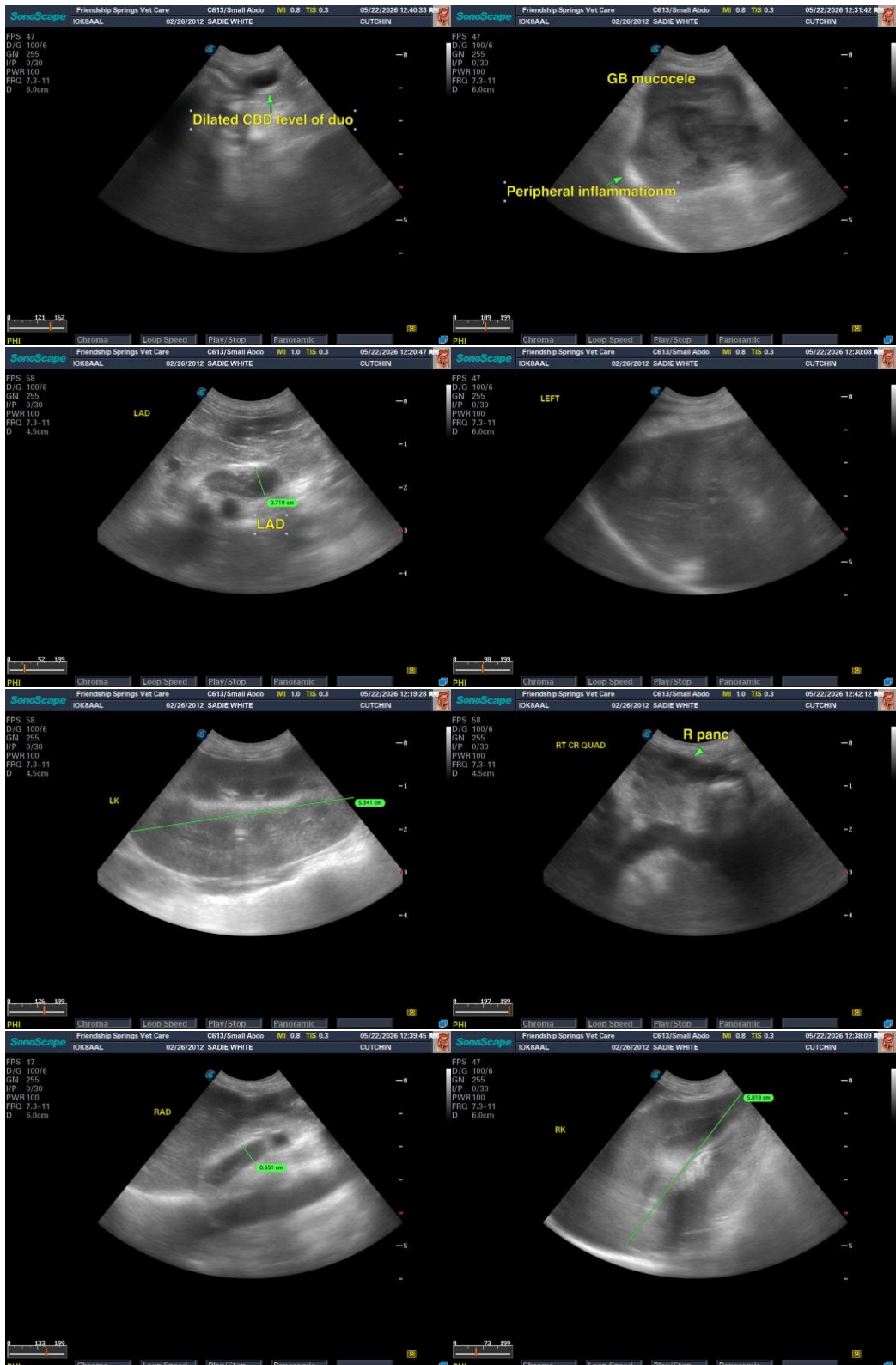
Dr. Trae Cutchin

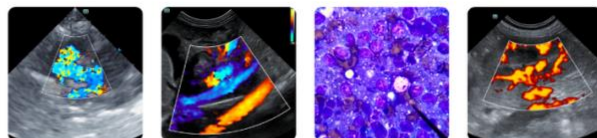
INVOICE

16417

DATE

05/22/26





PATIENT

Sadie White

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

16417

DATE

05/22/26



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