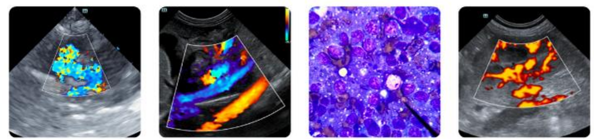


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Baxter Lawlor

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

12.5Y

WEIGHT

32lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Shetty

INVOICE

75136

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Chronic hx of UPC elevation with absence of clinical signs at home.
Abnormal PE/Chem/CBC/UA Results: Answer: UPC 3.8 on recent labwork with isosthenuria No evidence of azotemia and neg for lyme disease BP 134mmHg on doppler. Ps was pre-medicated with trazodone, gabapentin at home and IV butorphanol in clinic.

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 mild nondependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate appeared normal and free of pathology.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be thickened with altered 1:3 cortex/medulla ratio. Indistinct corticomedullary border demarcation was present. Focal areas of mild medullary mineral were also present. A thinly walled cyst was present in the cranial left kidney containing anechoic fluid. The cyst measured 2.1 cm in diameter. The left kidney measured 6.4 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. The right adrenal gland presented borderline adrenomegaly. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the caudal pole.

Spleen

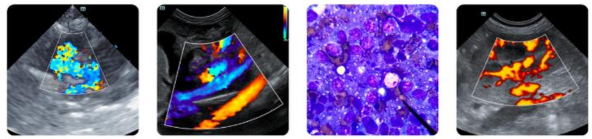
The spleen presented normal size and contour with primarily homogenous parenchyma. A solitary isoechoic, mildly nonhomogeneous, non-capsule deforming, caudal splenic nodule was present. The nodule measured 2.0 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The vascular volume was normal. 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 thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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 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

- Mild urine sediment
- Nonspecific chronic renal changes exhibiting mild medullary mineral and left kidney cyst.
- Mild hepatomegaly – non-congested, subjectively benign.
- Mild nonorganized gallbladder debris (nonmucocele).
- Borderline right adrenomegaly.
- Nonhomogeneous non-disruptive caudal splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys suggest chronic renal changes and nonspecific glomerulopathy with considerations including glomerulitis vs other glomerulopathy. Potential for amyloidosis or other in conjunction with proteinuria and elevated UPC. Continued empirical therapy for protein-losing nephropathy with monitoring of proteinuria and systemic BP indicated.

The liver and borderline right adrenomegaly are nonspecific given no reported clinical signs. Adrenal screening is warranted if clinical signs consistent with adrenal disease or Cushing's syndrome arise. Hepatosupportive medications suggested if evidence of cholestasis.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
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JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
05-26-2026 11:27:24 Admin 20260526-112448-FBE2
0.537 cm
LAD

JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
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JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
05-26-2026 11:27:39 Admin 20260526-112448-FBE2
2.077 cm
LK cyst

JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
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Pros

JM PET RESORT & VETERINARY CLINIC LAWLOR,BAXTER ANDI EL C11-3s
05-26-2026 11:32:28 Admin 20260526-112448-FBE2
0.731 cm
RAD

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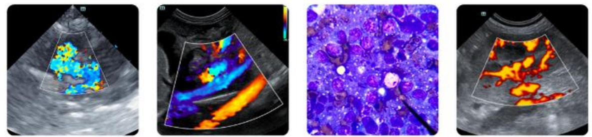

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Educational Teleconsultation Services™

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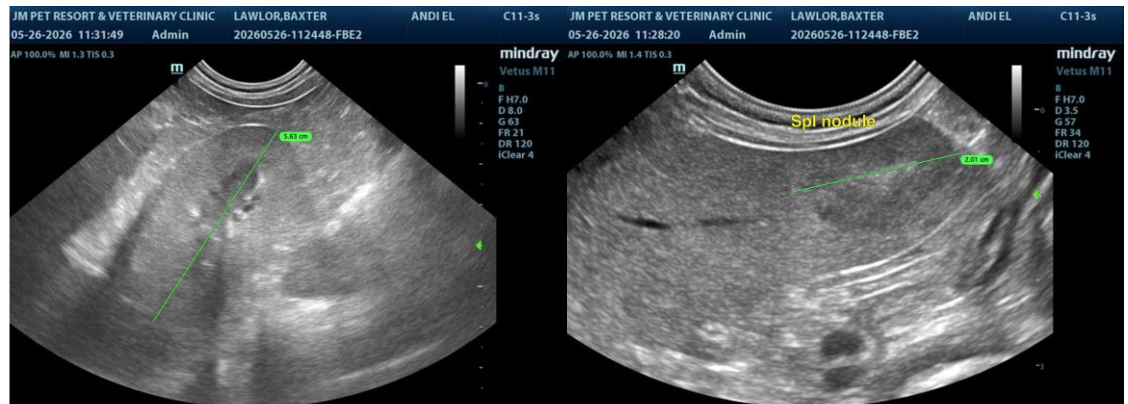

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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