



**PATIENT**

Bailey Pennell

**SPECIES**

Canine

**BREED**

Terrier

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Denny Nolet

**INVOICE**

16106

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

History: Drinking excessive amount of water and increased urination. Recently had a dental and the blood work was ok at that time, but since the dental the dog has suddenly started drinking and urinating a lot. In house blood work, no diabetes or kidney problems, but there is a very high Ca = 14.2 (N=11.8). The best approach would be to do an abdominal U/S to R/O cancer.

**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. No evidence of medial iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 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 0.55 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.81 cm width at the cranial pole. No evidence of adrenal neoplastic criteria or hyperplasia.

**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**

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.

The gallbladder was non distended in size with mild nondependent yet nonorganized mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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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.

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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.

**BREED**

Terrier

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

***Pancreas***

The pancreas was mildly prominent in size with mild asymmetry and nonhomogeneous parenchyma.

***Free Abdomen***

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No omental masses, lymphadenopathy or peritoneal free fluid was present.

***Other***

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No evidence of pathology associated with the uterine remnant.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

15 Pounds

- Mild age-related kidneys
- Mild gallbladder debris (non-mucocele)
- Pancreatic parenchymal remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, largely mild geriatric abdomen without evidence of significant visceral pathology, specifically no overt evidence of intraabdominal neoplastic criteria, i.e., masses, lymphadenopathy, etc.

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An obvious cause of the hypercalcemia was not definitively evident in the abdomen. Further assessment of the PU/PD may include urine culture and sensitivity and baseline UPC level on sterile urine sample as further renal staging. Leptospirosis titers/PCR, if endemic to the area or potential exposure +/- adrenal work up, if strong clinical concern for Cushings syndrome. However, the bilateral adrenal glands were not overtly suggestive of enlargement and without evidence of neoplastic criteria. Further assessment of the hypercalcemia may include ionized calcium, PTH and PTHrp levels. Three-view chest radiographs and rectal palpation could be considered, if not done.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**REFERRING VET**

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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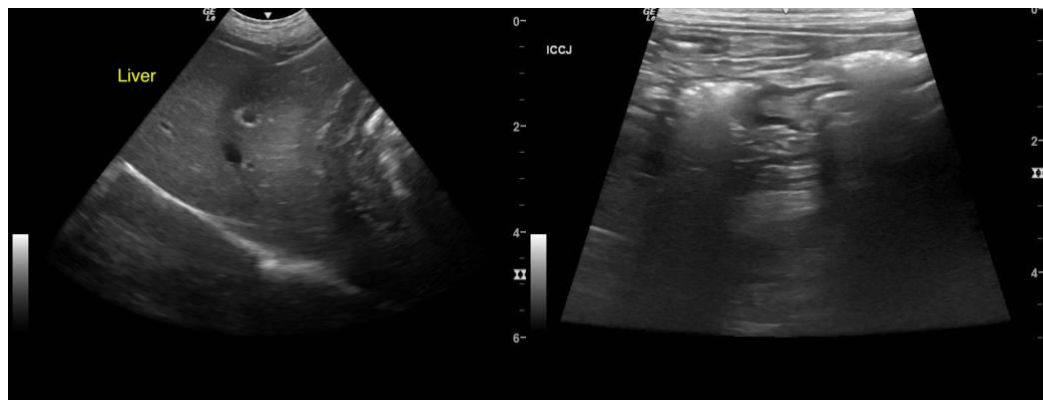
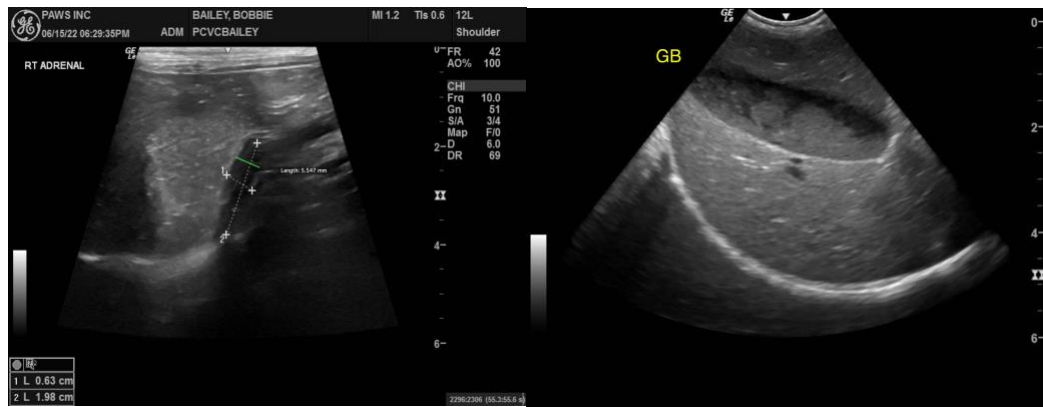
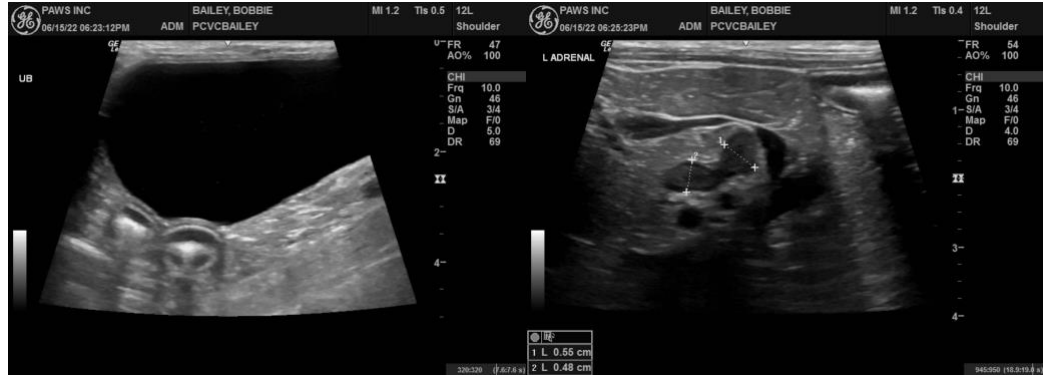
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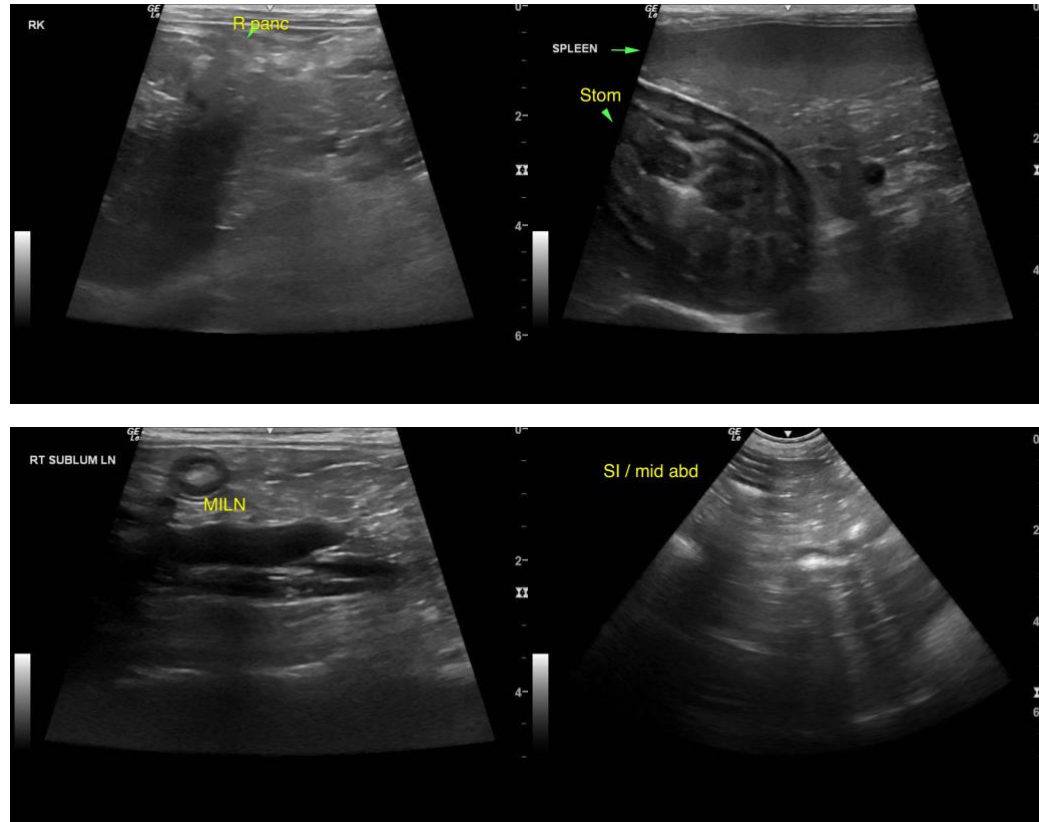
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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