



PATIENT PRESENTING CLINICAL SIGNS

Lily Beuttel Chronic UTI's, crystals, decreased appetite Pepcid, VitB. Labs: Unremarkable CBC/Chemistry panel, ALP 337, ALT 236, BUN 65.9, Creat 2.3, Urine Spec Gravity 1.015 with blood and trace protein

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was normal in size and tone. Overall, sonographically unremarkable urinary bladder walls with minor subjective thickening in the area of the urinary bladder neck. The dorsal urinary bladder neck wall measured 0.60 cm. No overt evidence of mural mineralization associated with the mild subjective urinary bladder neck wall thickening. The urethra was overtly normal to a depth of 3.0 cm.

Shetland Sheepdog

SEX The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy.

FS

AGE 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. Mild pyelectasia was present in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

2008

WEIGHT Adrenal Glands

22.4 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 0.75 cm width at the cranial pole.

Spleen

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

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Liver/ Gallbladder

The liver exhibited generalized subjective mild enlargement. Areas of asymmetrical caudal hepatic capsule contour noted. Normal overall hepatic parenchyma echogenicity, exhibiting mild coarse echotexture. No masses or nodules were noted.

REFERRING VET

Dr. Thayer

The gallbladder was non distended in size with moderate congealed yet nonorganized subjectively mobile gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammatory criteria.

INVOICE

16100

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 ventral gastric body wall measured 0.32 cm.

DATE

6/15/22



PATIENT

Lily Beuttel

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. Focal to intermittent nonspecific duodenal jejunal mucosal speckling was noted. No evidence of loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.43 cm.

SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed feces.

Pancreas

BREED

Shetland Sheepdog

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 were evident.

Free Abdomen

SEX

FS

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

2008

- Subjectively mildly thickened urinary bladder neck- nonspecific
- Bilateral mild chronic renal changes with mild pyelectasia

WEIGHT

22.4

- Hepatopathy
- Overtly normal gastrointestinal tract with focal to intermittent nonspecific mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Potential considerations for the liver may include vacuolar hepatopathy and nonclinical cholestasis given the ALP elevation with potential primary or concurrent inflammatory hepatopathy, i.e., hepatitis/cholangiohepatitis, reactive hepatopathy, infectious/immune mediated disease (in light of the elevated ALT). Hepatic neoplastic criteria cannot be excluded. Assuming normal clotting status, hepatic FNA, using a 25-gauge needle, is recommended for screening cytology.

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 ARDMS/RVT

The subjective mild thickening at the level of the urinary bladder neck was not overtly consistent with neoplastic criteria. Potential for mild regional urinary bladder neck cystitis is suspected. However, emerging urinary bladder neoplastic criteria, although thought less likely, cannot be definitively excluded. Recheck urine culture and sensitivity on sterile urine sample and screening BRAF assay could be considered.

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The pyelectasia noted in both kidneys may be secondary to chronic renal changes or pelvic scarring, while the possibility of low-grade to chronic pyelonephritis, although thought less likely, could be possible.

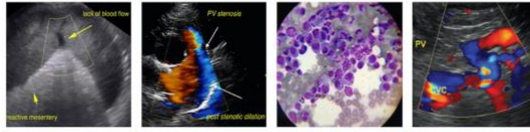
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Empirical CKD therapy with sonographic reassessment of the urinary bladder neck, in 4 weeks, is suggested. As needed continued gastrointestinal support is recommended.

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SPECIES

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BREED

Shetland Sheepdog

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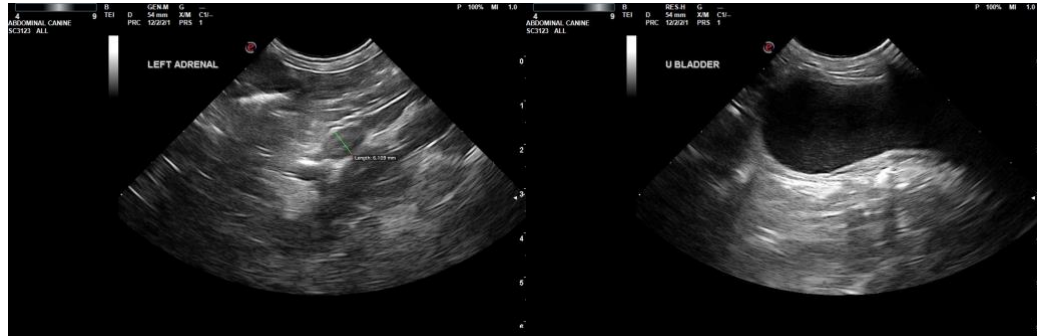
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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