



PATIENT

Lewis Conibeer

SPECIES

Canine

BREED

GSD Mix/ Beagle X

SEX

NM

AGE

10 yrs

WEIGHT

34 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Blue Pearl
Wyomissing ER

INVOICE

11025

DATE

6/17/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate incidentally diagnosed diabetes mellitus, elevated ALP (suspected Cushings), and liver changes on ER POCUS. Presented to ER on 6/14 for acute onset of restlessness and panting, couldn't get comfortable. O's are away and was treated supportively. No V/D/C/S. Obese body condition.

Abnormal PE/Chem/CBC/UA Results: ER Diagnostics: - PCV/TP: 47/8.0 • CBC: WBC 17.3 (H), neut 16.13 (H), lymph 0.32 (L), plt 301k • Chem: alb 3.6, glob 3.0, BG 365 (H), P 6.7 (H), chol 313 (H), ALP 722 (H), ALT 110, creat 0.4, BUN 5.9 (L), Na 149, Cl 107, K 4.5 • 4DX: negative x 4 • qPL: 156 • UA: 1.020, pH 7.0, 2+ ptn, 2+ glucose, ketone negative • POCUS: no pleural/pericardial/peritoneal effusion, anechoic to hypoechoic region w/in liver - CXR: This study doesn't confirm significant pulmonary changes. This test is negative for focal lung lesions, overt pneumonia, congestive heart failure, regional lymphadenopathy, and aggressive bone lesions. There is no definitive radiographic evidence of pleural effusion

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 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 size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 6.8 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 0.71 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 0.67 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.



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Liver/ Gallbladder

The liver exhibited generalized hepatomegaly with a rounded symmetrical contour. Normal to mildly increased, nonhomogeneous, hepatic parenchyma was noted with intermittent, nonhomogeneous to hypoechoic, intraparenchymal nodules, measuring 2.3 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized 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.

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 right pancreas was mildly prominent in size with capsule asymmetry and heterogeneous parenchyma. Subtle peri-pancreatic hyperechoic omentum was noted. Mildly prominent right limb pancreatic duct was present with pancreatic remodeling.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal bilateral adrenal glands
- Hepatopathy with nonhomogeneous hypoechoic intraparenchymal nodules
- Nonorganized gallbladder debris (non mucocele)
- Prominent nonhomogeneous mildly remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy suggests vascular or cholestatic hepatopathy with suspect nodular areas of hyperplasia, hematopoiesis, or granulomas. Hepatic inflammation or occult hepatic neoplasia is thought less likely.

Adrenal workup is indicated if clinical signs consistent with Cushing's Syndrome or confirmed diabetes are present despite a lack of adrenal pathology. Further assessment may include hepatic parenchyma and accessible FNA cytology, assuming normal clotting status.

Assessment for evidence of cranial abdomen / subxiphoid discomfort on palpation, which may allude to chronic or chronic active pancreatitis, is recommended. Hepatosupportive medications may prove beneficial with sonographic monitoring of the liver and gallbladder if evidence of progressive hepatopathy or cholestasis.



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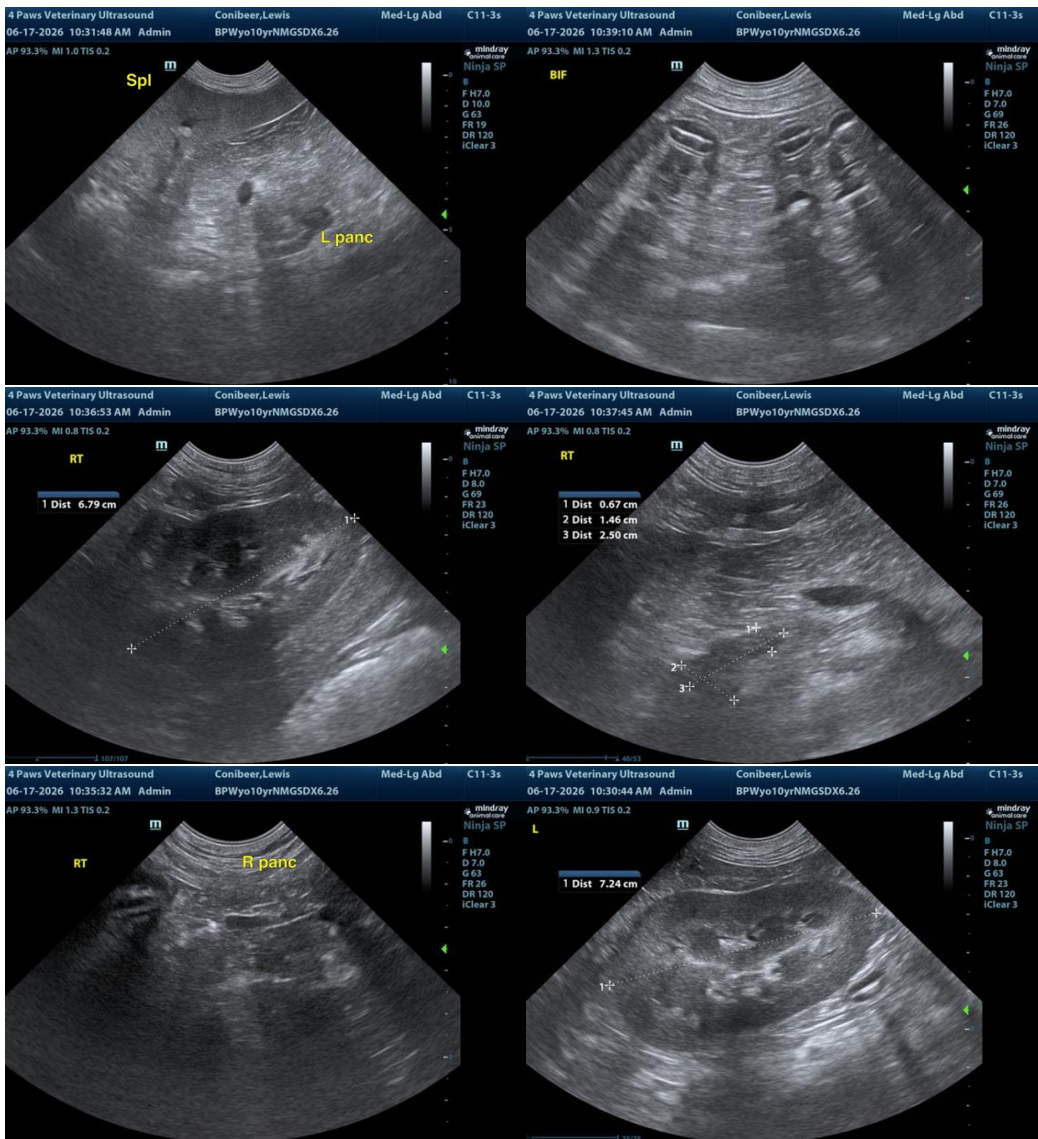
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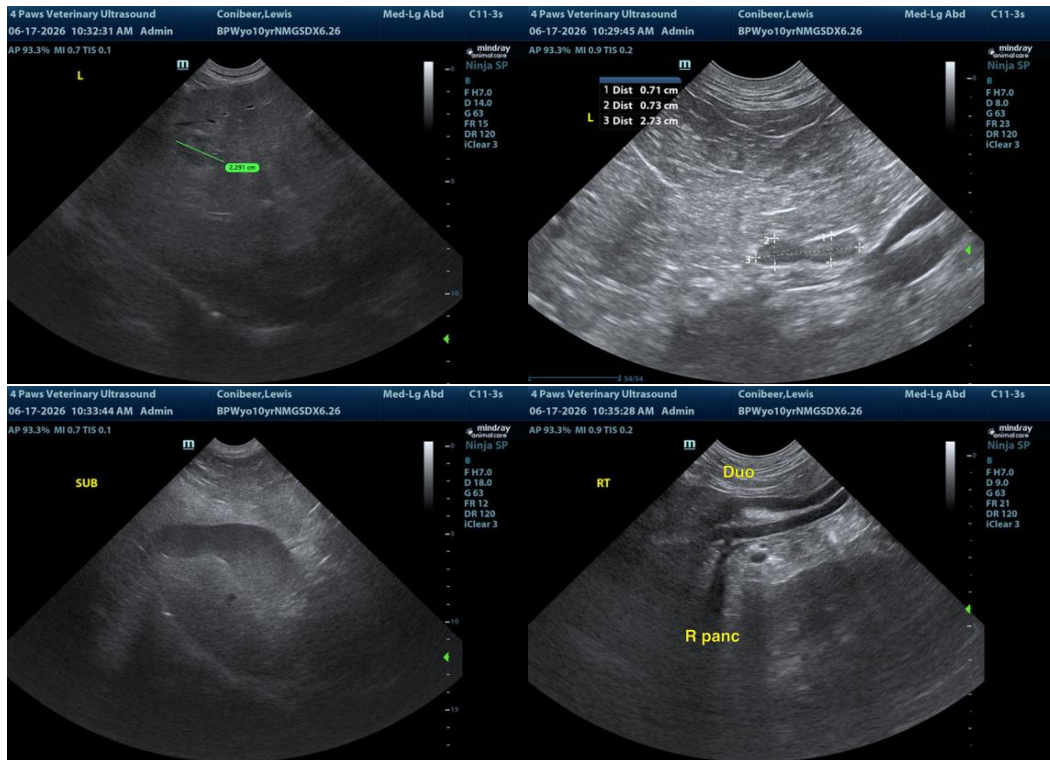
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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