



PATIENT

Pumpkin Godsey

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

11 years

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany Animal
Hospital

REFERRING VET

Dr. Spangler

INVOICE

13987

DATE

6/3/22

PRESENTING CLINICAL SIGNS

PU/PD Slightly distended abdomen Intermittent vomiting KCS Proteinuria Hepatomegaly noted at another clinic 6 months ago Current Medications apoquel, benazepril

Abnormal PE/Chem/CBC/UA Results: Labs performed 3 months ago- Stress leukogram ALP 1440 USG 1.020 Proteinuria resolved/managed on benazepril

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.1 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Nonhomogeneous parenchyma and areas of mild capsule contour was present without evidence of parenchymal mineralization. The left adrenal gland measured 2.0 cm length x 0.50 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length x 0.46 cm width in the caudal pole. No overt evidence of adrenal enlargement or tumors was noted.

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 exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, nonmineralized



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debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with minor retained anechoic fluid and luminal gas present. No evidence of retained ingesta or gastric distention was noted. The ventral gastric body wall width measured 0.41 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with nonspecific duodenojejunal mucosal speckling. No evidence of loss of intestinal wall layering, mechanical / metabolic ileus, or intestinal masses.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting parenchymal remodeling - suspect chronic vacuolar hepatopathy with parenchymal remodeling and indistinct areas of nodular hyperplasia or indistinct lipogranulomas, neoplastic criteria is thought unlikely
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas - age-related variant, minor remodeling owing to previous inflammation, or low-grade to chronic pancreatitis possible
- Nonspecific chronic renal changes - potential nonspecific glomerulopathy i.e., glomerulonephritis, amyloidosis, or other glomerulopathy possible given history of proteinuria
- Intact yet mildly prominent gastrointestinal wall layering exhibiting nonspecific duodenojejunal mucosal speckling - potential nonspecific underlying inflammatory gastroenteropathy, i.e., gastroenteritis, IBD, or other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL could be considered.



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The gastrointestinal tract exhibited potential for subtle mural changes which may suggest underlying Inflammatory process. However, given the lack of additional signs such as diarrhea or weight loss, this finding is nonspecific.

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Assessment of systemic blood pressure is recommended if not recently done. Full adrenal workup could be considered if strong clinical suspicion for Cushing's Syndrome, even though the bilateral adrenal glands did not exhibit evidence of significant enlargement or neoplastic criteria. Continued monitoring for evidence of urinary tract infection and UPC level is suggested. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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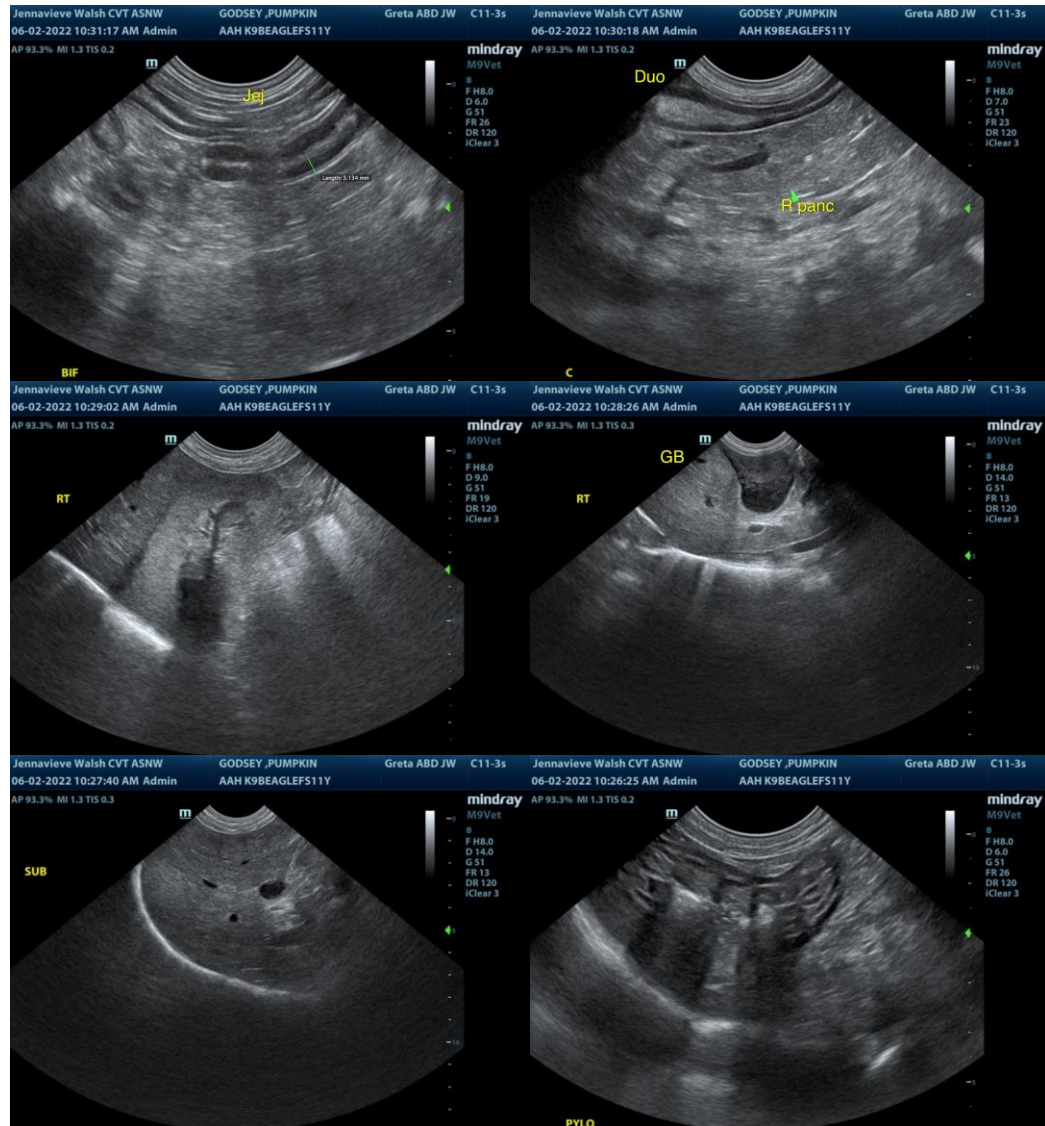
Dr. Spangler

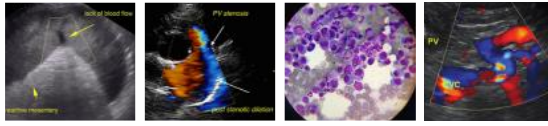
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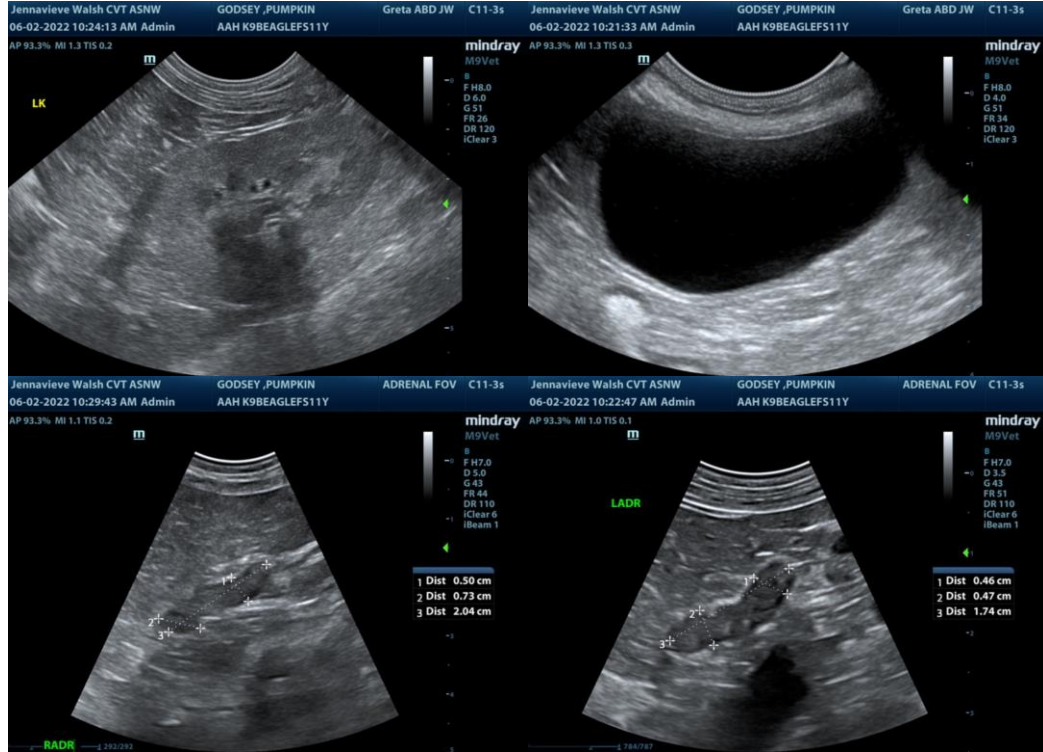
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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