



**PATIENT PRESENTING CLINICAL SIGNS**

Boo Demas Decreased appetite for 3 weeks, vomited today  
 HCT 36.3, BUN 4, Creatinine 0.8, albumin 2.2, ALP 3.6, ALT 245, TBili 1.4, Cholesterol 130

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & HEART**

**BREED**

Chesapeake Bay Retriever

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Primarily dependent, particulate, pinpoint to focal hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2013

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.6 cm in length.

**WEIGHT**

89.2

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.56 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 0.54 cm width at the caudal pole and 0.51 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

The spleen was overall normal in size and contour with subtle areas of medial capsule asymmetry and mild splenic parenchyma heterogeneity with intermittent nondisruptive hypoechoic splenic nodules. An example of a splenic nodule measured 0.48 cm in diameter.

**HOSPITAL NAME**

Littlestown VH

**Liver/ Gallbladder**

The liver exhibited variable enlargement with variably asymmetrical lobar swelling primarily in the mid to right and caudate liver lobes. Asymmetrical hepatic contour was noted with heterogeneous to nodular parenchyma. The gallbladder was non-distended in size containing primarily anechoic content with no overt evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Jennings

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**Gastrointestinal**

The stomach presented intact yet subtle prominent walls. The stomach contained a mild amount of retained echogenic fluid and chyme along with luminal gas. The ventral gastric body wall width measured 0.56 cm.

**DATE**

7/1/22



**PATIENT**

Boo Demas

Intact yet mildly prominent duodenum walls were noted without evidence of duodenal ileus. The duodenum wall measured 0.43 cm width. The jejunum and ileus to the level of the colon were overtly normal.

**SPECIES**

Canine

Normal visible colon wall layers were present with apparent 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 were evident.

**BREED**

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 Retriever

***Free Abdomen***

**SEX**

FS

Scant to mild volume peritoneal free fluid was noted primarily in the mid to cranial abdomen and around the liver. No overt lymphadenopathy was noted. Subtle evidence of perihepatic to cranial abdominal hyperechoic mesentery was noted.

**AGE**

2013

***Heart***

Brief sonographic assessment of the heart revealed overtly normal cardiac structure with subjective mild decreased left ventricle contractility. No evidence of left or right heart chamber enlargement was noted. No evidence of pericardial or pleural free fluid was present. No overt evidence of cardiac tumors was evident.

**WEIGHT**

89.2

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

- Moderately heterogeneous to nodular irregular liver
- Subjective mild gastric duodenitis pattern
- Nonspecific small splenic nodules
- Scant to mild volume peritoneal free fluid
- Mild age-related kidneys
- Mild particulate focally hyperechoic urinary bladder sediment
- Overtly normal cardiac structure with subjective mild LV hypocontractility - patient variant, athletic state, systemic disease can present In this manner, DCM criteria was not met

**IMAGING**

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 ARDMS/RVT

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Jennings

The diffuse hepatic changes are nonspecific with considerations including vacuolar hepatopathy, chronic inflammatory / Immune-mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, or other hepatopathy.

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If not done, pre and post prandial bile acids to evaluate liver function, given the decreased albumin and BUN levels, could be considered. Assuming normal clotting status, hepatic FNA for screening cytology is warranted. Empirical hepatosupportive care +/- antibiotics if clinically indicated would be reasonable. Core or surgical hepatic biopsies are likely required for a definitive diagnosis.

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**PATIENT**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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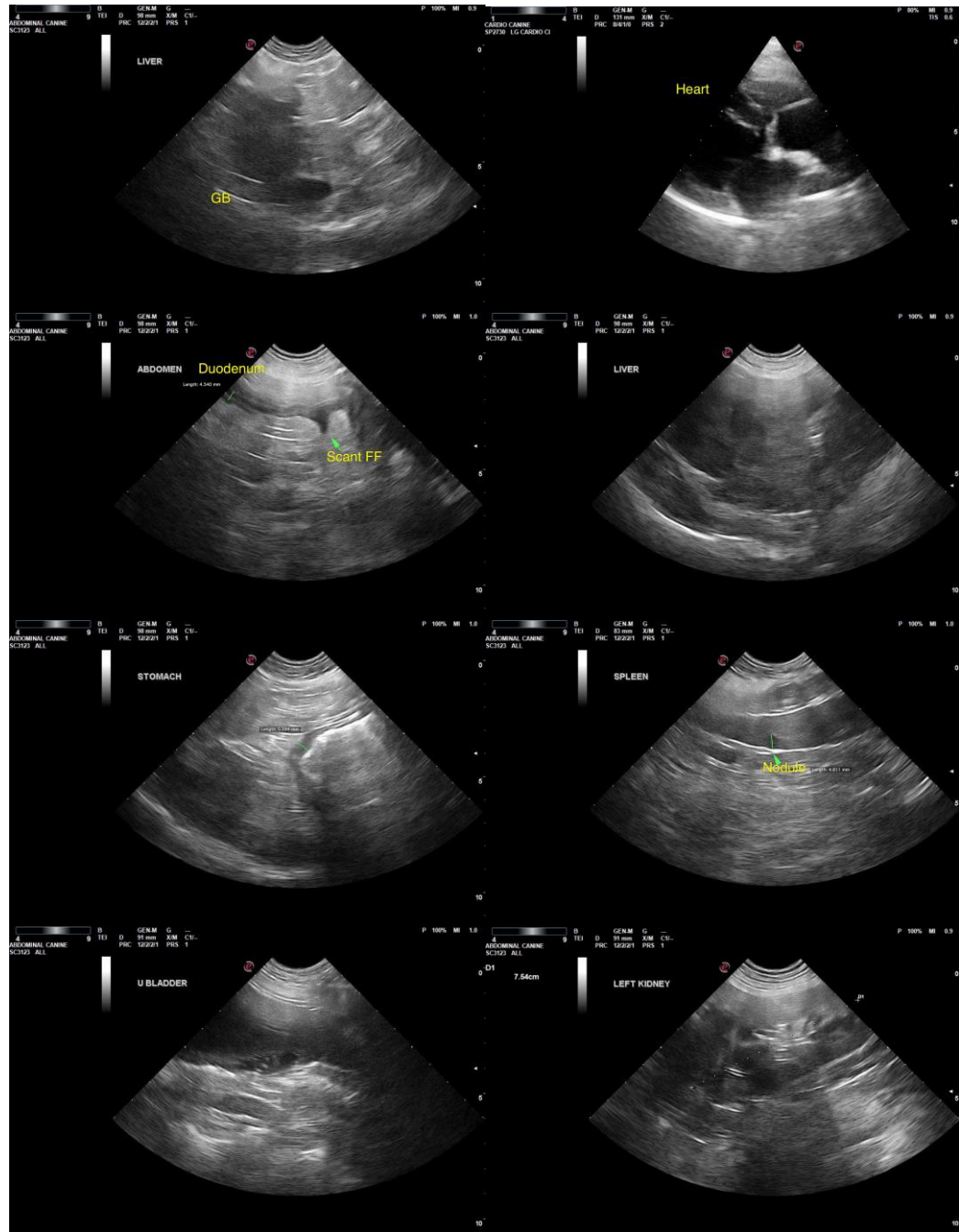
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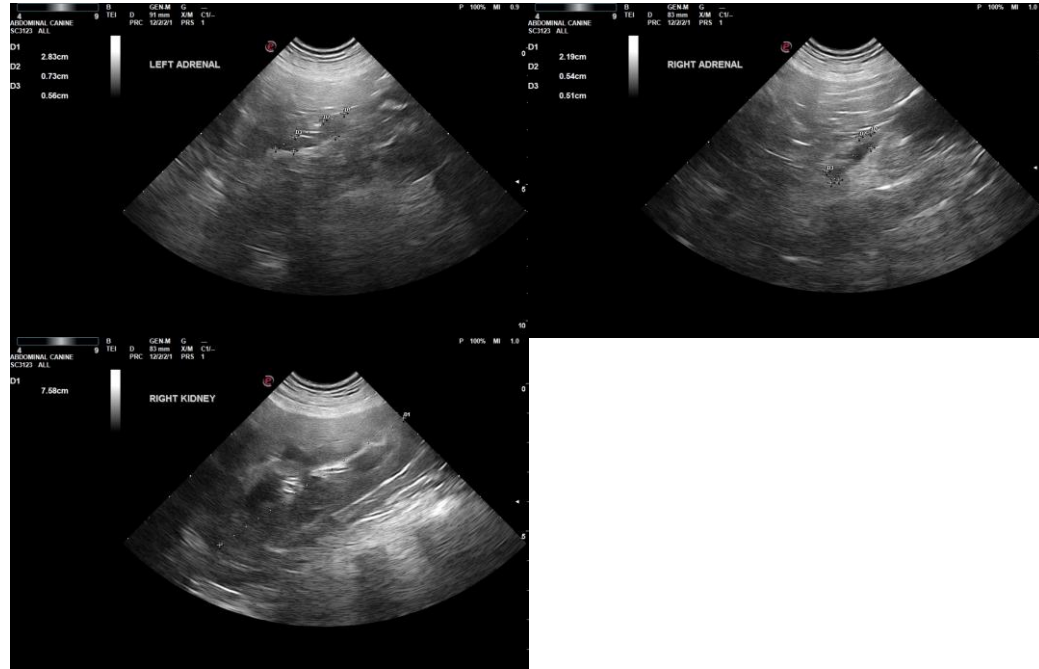
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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