



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Pepper Harry  
**SPECIES** Canine  
**BREED** Beagle

Lethargy, intermittent vomiting of bile and loose stools for a few days. Poor appetite. O had fed some greasy food before this started. Febrile (103.6F), depressed, mildly dehydrated, BCS = 6/9, slightly tense abdomen, tacky MM.

**Abnormal PE/Chem/CBC/UA Results:** Severe elevations in ALT (1607) and ALP (1918), mild elevations in BUN and Creat, high amylase and abnormal cPL, mild non-regenerative anemia, normal leukogram Coags: PTT abnormal 114, Pt normal 12. No radiographs at this time.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**SEX** Spayed Female  
**AGE** 2009

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

A visualized medial iliac lymph node was sonographically normal and not consistent with inflammatory or neoplastic criteria adjacent to the aortic trifurcation.

**WEIGHT**

31.6 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Small cortical cysts noted in both kidneys. The left kidney measured 5.1 cm. The right kidney measured 5.3 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Amanda Crook – SDEP  
Certified Clinical  
Sonographer

The bilateral adrenal glands exhibited mild prominent size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.64 cm at the caudal pole. The right adrenal gland measured 2.66 cm x 0.64 cm at the caudal pole.

**HOSPITAL NAME**

Rivers Edge PMC

**Spleen**

The spleen presented generalized enlargement with potential folding and areas of capsule asymmetry. Generalized mild heterogeneous splenic parenchyma. Mild to moderately expansive, mildly irregular, non-homogeneous, hyperechoic to nodular mass present in the subjective mid to caudal spleen, measuring potentially 8-9 cm in diameter. No evidence of splenic mass rupture or parenchymal escape.

**REFERRING VET**

Dr. Bridget Hayes

**Liver**

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The liver was moderately enlarged with the ventrocaudal liver extending caudally passed the level of the gastric axis. Mild variable lobar swelling with rounded hepatic contour and generalized mild to moderate non-homogeneous hepatic parenchyma, exhibiting moderate coarse echotexture and mild parenchymal remodeling. Normal vascular volume. No visualized hepatic masses. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**DATE**

7/17/23



**PATIENT**

***Gastrointestinal***

Pepper Harry

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

**SPECIES**

Canine

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**

Beagle

Normal visible colon wall layers were present. Segmental empty lumen with concurrent segmental semiformal to soft fecal matter, consistent with patient history.

**SEX**

Spayed Female

***Pancreas***

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

**AGE**

2009

***Free Abdomen***

No evidence of peritoneal effusion/hemoabdomen. No evidence of significant omental lymphadenopathy.

**WEIGHT**

31.6 Pounds

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Mild to moderate chronic renal changes with small cortical cysts
- Non-specific mildly enlarged, non-homogeneous bilateral adrenal glands – stress/benign hyperplasia, adenomatous change suspected. Emerging left/right or bilateral adrenal neoplasia thought less likely.
- Pancreatitis with concurrent mild gastroenteritis.
- Enlarged, non-homogeneous liver – vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, non-cardiogenic congestion, occult neoplasia possible.
- Splenomegaly with potential folding and non-specific, non-homogeneous, hyperechoic/nodular mass – hyperplasia, hematopoiesis, incidental splenitis, large atypical myelolipoma, neoplasia (i.e., sarcoma, round cell neoplasia) possible.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Bridget Hayes

Assuming normal clotting status and using 25-gauge needle, screening hepatosplenic FNA cytology would likely be ideal, yet may possibly be precluded if progressive anemia or abnormal clotting times. Currently, the primary cause of the patient's clinical signs is likely secondary to pancreatitis and concurrent gastroenteritis secondary to dietary indiscretion. Hospitalization with therapy for pancreatitis with as-needed hepato-gastrointestinal support, assessment of clinical response and monitoring of lab work would be reasonable. Recheck sonogram if clinically indicated.

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**PATIENT**

Pepper Harry

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.

**SPECIES**

Canine

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.

**BREED**

Beagle

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

info@SonoPath.com

**SEX**

Spayed Female

**AGE**

2009

**WEIGHT**

31.6 Pounds

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