



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Potsko Decreased appetite, drinking, lethargic Enalapril, Pepcid, Entyce, Ondansetron

**SPECIES** BUN 83, Creatinine 3.3, Phos 6.3, Precision PSL 292, WBC 16.8 with neutrophilia, T4 0.6, Urine specific gravity- 1.010, trace protein, cocci bacteria

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Beagle Mix 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. Pinpoint to minor dependent luminal mineral were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX**  
 FS

**AGE** The area of the aortic trifurcation was free of pathology.

2005 Mild asymmetrical renal margination was noted in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Moderate to marked loss of corticomedullary border demarcation was present. Areas of nonobstructive medullary mineral were noted. Mild bilateral pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 4.7 cm in length.

**WEIGHT**  
 25

*Adrenal Glands*

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.46 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 2.3 cm length x 0.39 cm width at the caudal pole.

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

*Spleen*

**IMAGING PERFORMED BY** The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**  
 Mill Pond VC

**REFERRING VET** *Liver/ Gallbladder*

Dr. Schnolis The liver was mildly enlarged in size with 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. Intermittent nondisruptive, discrete, hypoechoic intraparenchymal nodules were noted with an example measuring 1.3 cm in diameter. The gallbladder was normal in size containing anechoic content with moderate, dependent to non-dependent, focally mineralized nonorganized gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**INVOICE**  
 14579

**DATE**  
 8/11/22



**PATIENT**

***Gastrointestinal***

Maggie Potsko

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.

**SPECIES**

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.

Canine

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

**BREED**

***Pancreas***

Beagle Mix

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Age-related pancreatic changes suspected. Potential for remodeling secondary to previous inflammatory episode or chronic pancreatitis is possible.

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***Free Abdomen***

**AGE**

2005

Transdiaphragmatic view revealed intermittent to mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation. Indistinct hypoechoic caudal thoracopulmonary lesion exhibiting evidence of suspected air entrapment, measuring approximately 5.0 cm in diameter, was present. This lesion appeared to impinge somewhat upon the diaphragm without obvious hepatic origin.

**WEIGHT**

25

**INTERPRETED BY**

No overt lymphadenopathy or peritoneal effusion was present.

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 DVM, DABVP  
 (Canine and Feline)

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

- Minor urinary bladder luminal mineral
- Marked chronic degenerative renal changes exhibiting medullary mineralization and mild pyelectasia
- Hepatomegaly exhibiting nonhomogeneous to discretely nodular parenchyma
- Intermittent to mild transdiaphragmatic comet tail artifact
- Moderate focally mineralized gallbladder debris
- Overtly normal gastrointestinal tract
- Nonspecific hypoechoic caudal thoracopulmonary lesion exhibiting suspect air entrapment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Three-view chest radiographs, if not done, are suggested for further assessment of the thoracic cavity and subjective nonspecific caudal thoracopulmonary lesion. Assuming normal clotting status FNA cytology of the caudal thoracopulmonary lesion, as well as hepatic FNA for cytology could be considered.

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**PATIENT**

Maggie Potsko

**SPECIES**

Canine

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Beagle Mix

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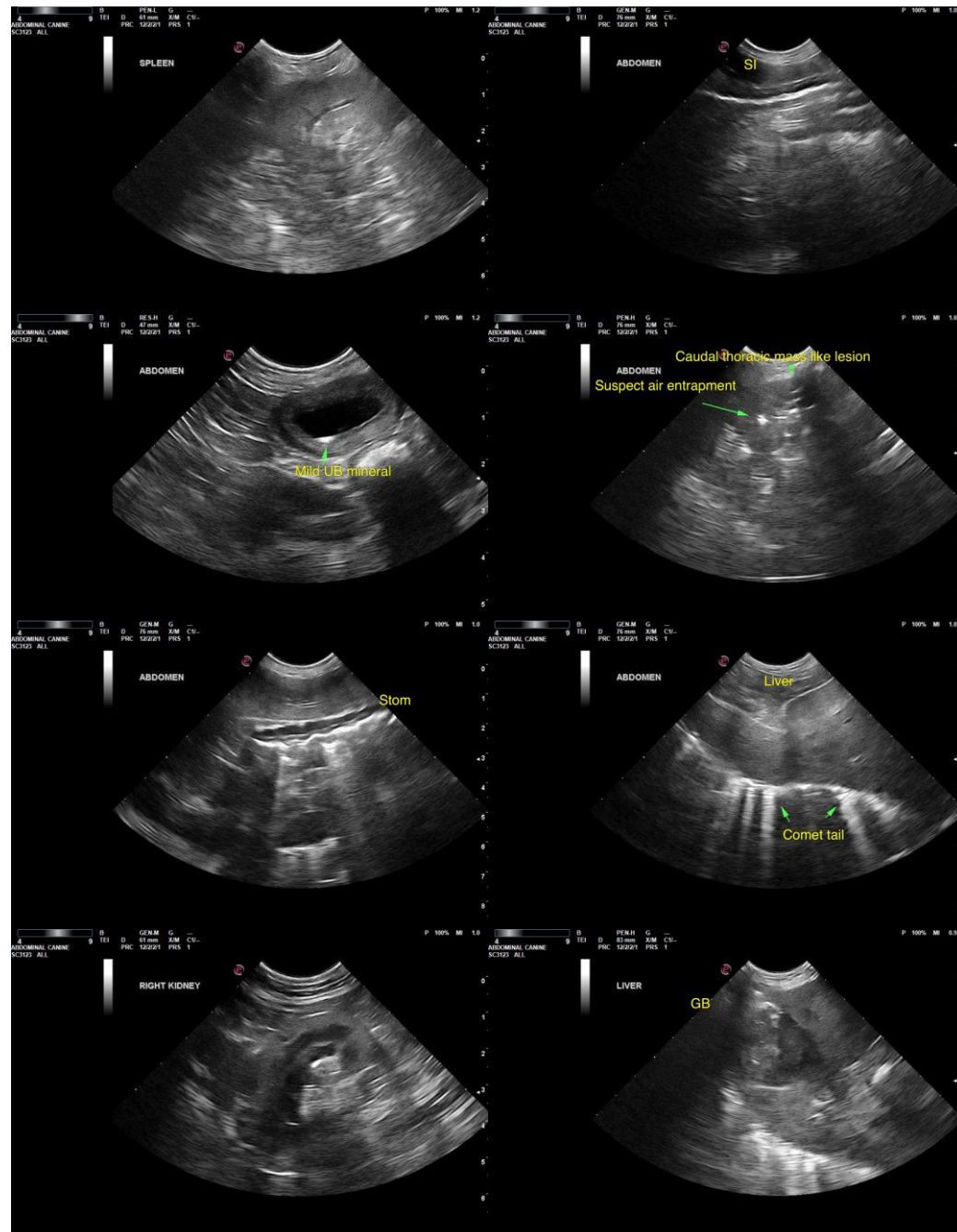
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No overt evidence of significant pancreatic pathology or inflammatory criteria. However, low-grade to chronic pancreatitis could be present. As-needed gastrointestinal support, pending sampling, would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A guarded prognosis is warranted.





**PATIENT**

Maggie Potsko

**SPECIES**

Canine

**BREED**

Beagle Mix

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FS

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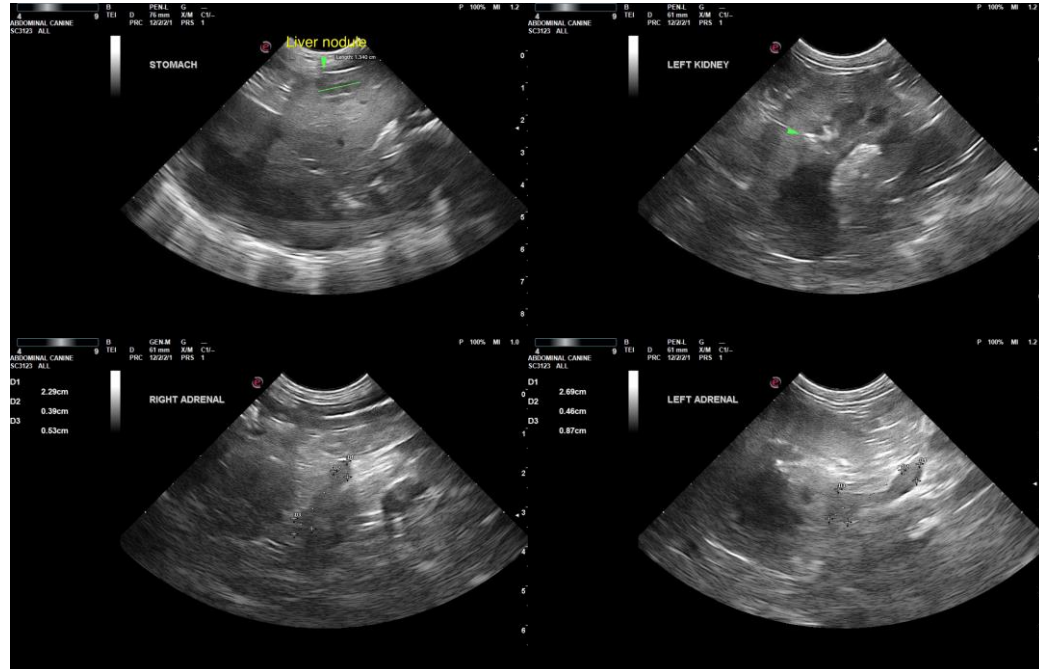
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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