



**PATIENT**

Tucker Petzke

**SPECIES**

Canine

**BREED**

Schnoodle

**SEX**

M/B/N

**AGE**

12 yrs

**WEIGHT**

25

**PRESENTING CLINICAL SIGNS**

Owner reports that polydipsic at home, panting, and unsettled at times.

Abnormal PE/Chem/CBC/JA Results: Grade II left systolic murmur (on Vetmedin). On chem hyperalbuminemia, hyperbilirubinemia, hyperbilirubinemia, hyperglobulinemia.

**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 a solitary dependent cystic calculus present measuring 0.56 cm in diameter. Concurrent mild to variable apical cystitis pattern exhibiting mild asymmetrical luminal surface contour. The ventroapical urinary bladder wall width measured 0.93 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.9 cm in width.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.6 cm in length.

**IMAGING PERFORMED BY**

Tracy Nyberg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.54 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 0.61 cm width at the caudal pole.

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**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.

**REFERRING VET**

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**Liver/ Gallbladder**

The liver exhibited variable enlargement to lobar swelling primarily noted in the mid to right and caudate liver with the caudate liver extending caudally subjectively past the level of the gastric axis. Generalized heterogeneous nonuniform remodeled to indistinctly nodular hepatic parenchyma was noted with areas of mild caudal capsule asymmetry noted in the mid to left lever. Small pockets of scant Intra-lobar free fluid were present.

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<b>PATIENT</b>	The gallbladder was non-distended in size containing mild nondependent nonorganized mildly echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Tucker Petzke	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic yet primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>BREED</b>	
Schnoodle	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.
<b>SEX</b>	
M/B/N	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
12 yrs	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
25	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Solitary cystic calculus with apical cystitis pattern</li> <li>• Heterogeneous irregular liver exhibiting subjective mid to right lobar swelling</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Bilateral chronic renal changes</li> <li>• Gastric ingesta</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Tracy Nyberg	Overall, the appearance of the liver was nonspecific with considerations including chronic vacuolar hepatopathy, inflammatory / immune-mediated disease, areas of nodular hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with potential for infiltrative neoplasia. Further assessment may include; screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle. Hepatosupportive medications including Denamarin and Ursodiol, given the potential for cholestasis, and monitoring of hepatic enzymes going forward, would be a more conservative approach.
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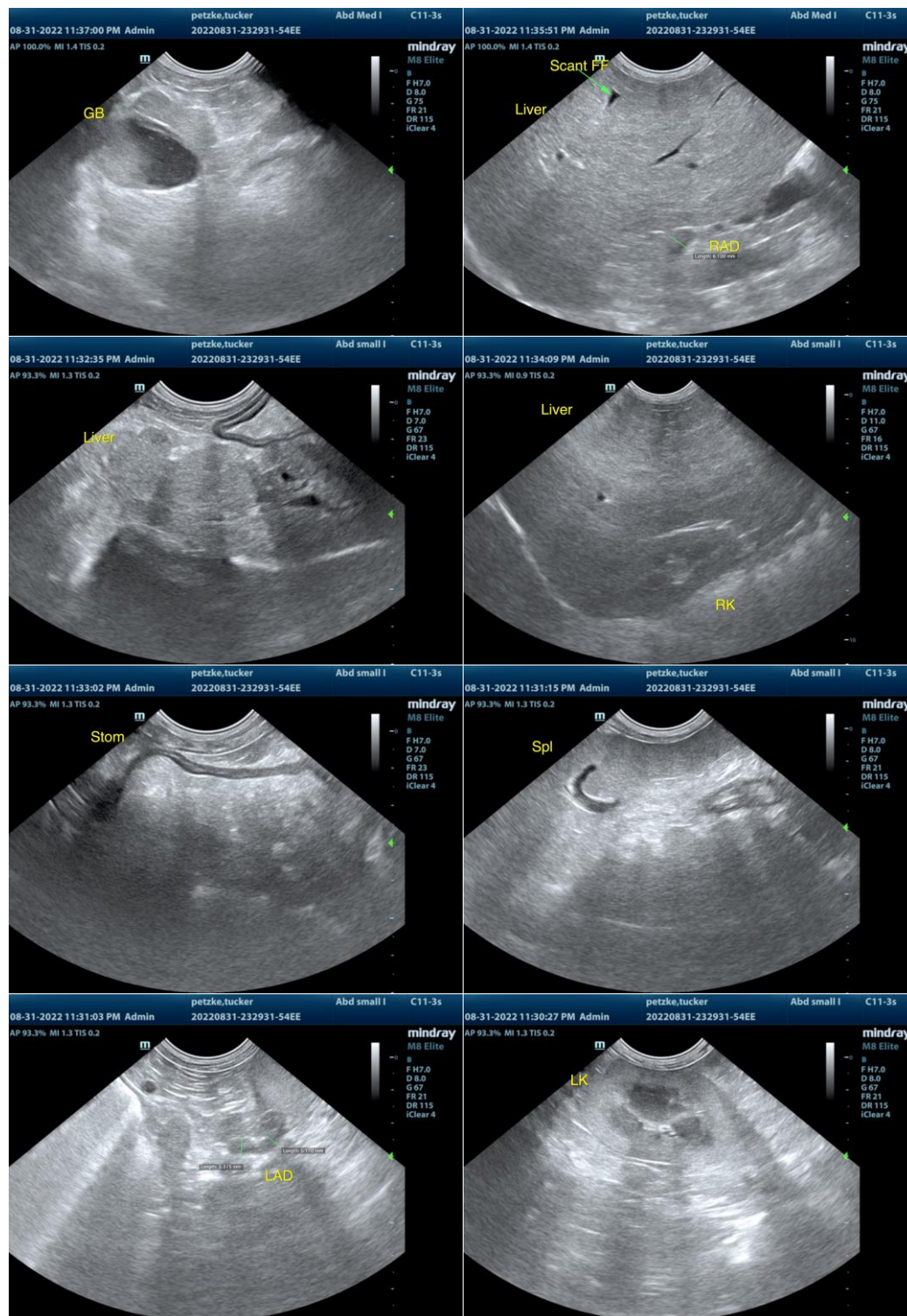
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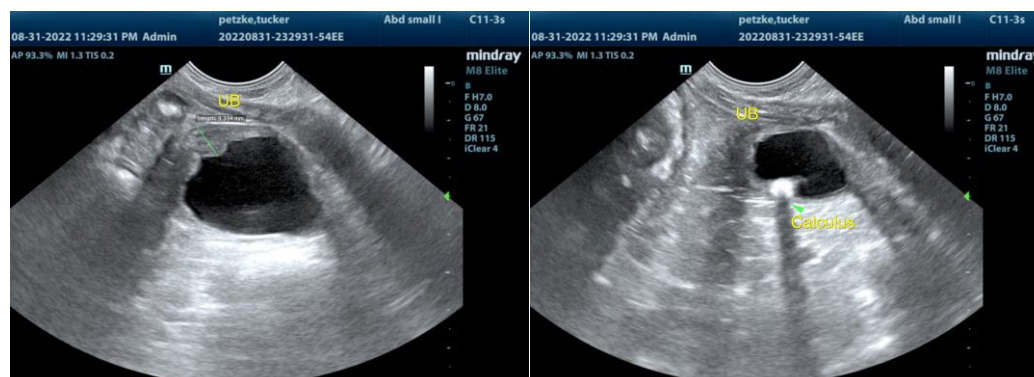
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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