



PATIENT

Griffin Beck

SPECIES

Canine

BREED

Bluetick Coonhound

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

94 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Vincent Ravancho,
CVT

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

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DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Isosthenuria and PU/PD / urinary accidents
- PU/PD
- Current Medications: Cyclosporine 100mg for IBD (been on a while)
- Abnormal PE/Chem/CBC/UA Results: USG 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 5.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.9 cm in length. The right kidney is 7.0 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 6.5 mm at the cranial pole and 7.1 mm at the caudal pole. The right adrenal gland height is 7.7 mm at the cranial pole and 7.0 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 3.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not visualized.

Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

94 Pounds

Primary Findings

- Diffusely hyperechoic rounded liver, typical of a nonspecific or reactive hepatopathy

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Secondary Findings

- Small hyperechoic splenic nodules, typical of incidental myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's polyuria and polydipsia on today's ultrasound.

While the kidneys do not appear abnormal, this does not exclude the possibility of age-related degenerative renal change. The appearance of the liver is nonspecific, but typical of a benign reactive hepatopathy. Liver biopsy would be necessary for definitive diagnosis.

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The appearance of the liver should be correlated with any elevations in liver enzymes or evidence of hepatic dysfunction on laboratory testing.

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Additional recommendations, if not already performed, would include:

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- Urine culture
- A full cbc and chemistry panel, including serum calcium levels, if not already performed.
- Testing for leptospirosis
- Testing for Cushing's disease is recommended only if other clinical signs support the diagnosis, as the appearance of the adrenal glands is not typical of a dog with cushings disease.

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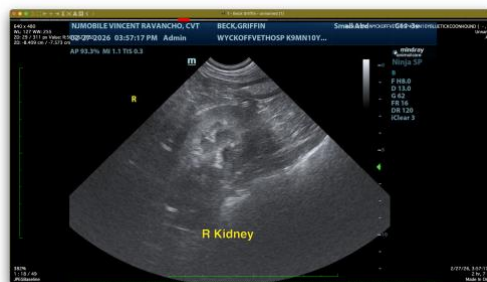
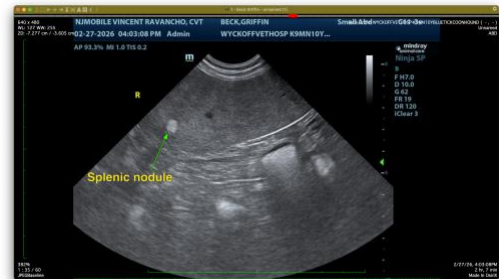
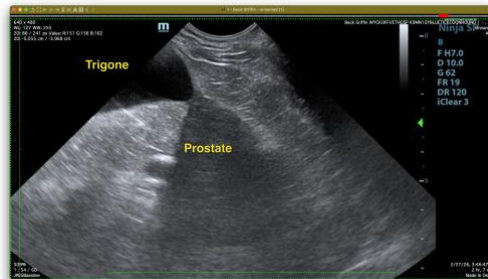
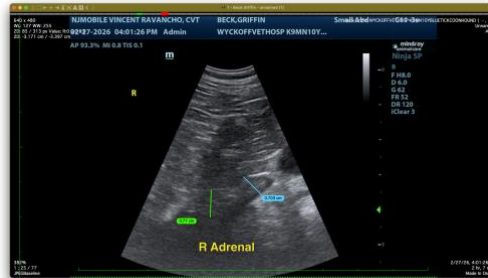
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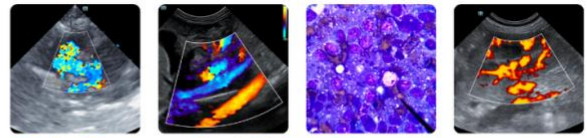
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- Having the client measure 24-hr water intake may be helpful - intake that is <80 ml/kg/day would be considered normal.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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info@SonoPath.com

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