PATIENT

Jake Casatelli

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

10 Years

WEIGHT

34 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

35710

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- P presented for lethargy, inappetence, abdominal pain
- Bloodwork showed low albumin, alkp elevation, PSL elevation, Slight anemia.
- Currently on Gabapentin and Proviable
- Sent home with EN to try to entice appetite- but no interest

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 4.0 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 hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is a small cortical cyst present within the left kidney, and a larger anechoic cyst noted in the center of the right kidney, measuring 1.9 cm in diameter. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.1 cm in length. The right kidney is 5.7 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 4.6 mm at the cranial pole and 6.1 mm at the caudal pole. The right adrenal gland height is 7.6 mm at the cranial pole and 5.9 mm at the caudal pole.

Spleen

The spleen is subjectively small and has a normal homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

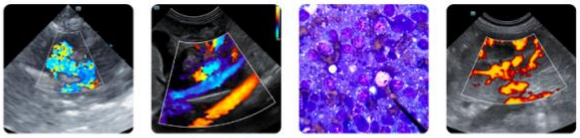
Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders. There are hypoechoic nodules present throughout the parenchyma. 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 and a small amount of freely-moveable echogenic sludge. 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 gas. The gastric wall is 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Jake Casatelli

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

10 Years

WEIGHT

34 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

35710

DATE

2/6/26

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.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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.

Free Abdomen

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.

Other

The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted. There is a scant amount of pleural effusion noted between the cardiac apex and the diaphragm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with a larger right renal cyst
- Diffusely hyperechoic nodular liver, consistent with nonspecific hepatopathy
- Small amount of pleural effusion

Secondary Findings

- Subjectively small splenic size, which may indicate volume depletion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's symptoms on today's ultrasound. Given the renal changes, urinalysis would be recommended to both further evaluate renal function, and also to assess for proteinuria as a possible explanation for the low albumin. Depending on how low the albumin is, this may be the explanation for the pleural effusion. Thoracic radiographs would be recommended to further evaluate the lungs and to further quantitate the amount of effusion present to determine whether it is clinically significant.

The appearance of the liver and the elevated ALP are consistent with a nonspecific hepatopathy. The following next steps are recommended:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed

- Serial chemistry screens, at 3–6-month intervals, are recommended. As long as all other liver

PATIENT

Jake Casatelli

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

10 Years

WEIGHT

34 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

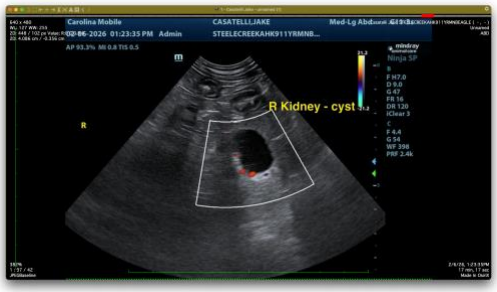
35710

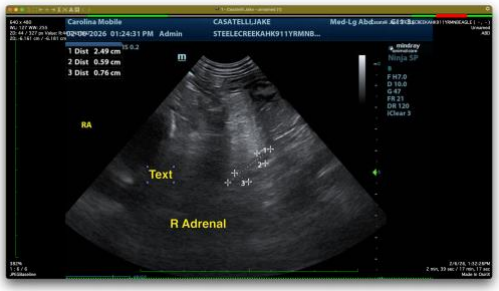
DATE

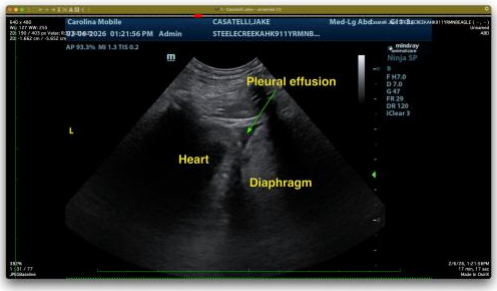
2/6/26

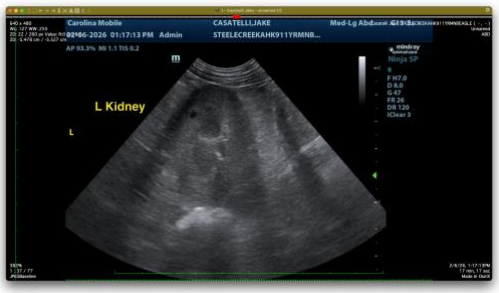
laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAMe, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.

- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed but is less likely to yield a definitive diagnosis.









PATIENT

Jake Casatelli

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

10 Years

WEIGHT

34 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

35710

DATE

2/6/26

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.

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

info@SonoPath.com