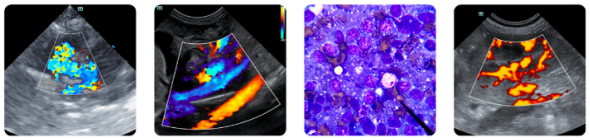


PATIENT

Tucker Benedict

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

10 years

WEIGHT

14.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton Veterinary Hospital

REFERRING VET

Dr. Laurel Logas

INVOICE

11797

DATE

4/24/2026

PRESENTING CLINICAL SIGNS

Pet has a history of GI upset 2-3 times a year for the last 3 years. His diet has been RC low fat GI for the last 3 years. This year he has had 2 episodes of vomiting and diarrhea that has responded to symptomatic treatment with metronidazole, cerenia and SQ fluids. His snap lipase was a strong positive in March.

Abnormal PE/Chem/CBC/UA Results: He has grade 3 dental disease on PE. BCS is 7/9 with palpable hepatomegaly. 1/27/26 Pet is not sick. Sr. profile Chem: ALT 155, Alkphos 1122,BUN 52. CBC platelets 568,000. UA spgr. 1.024 Tx. Denamarin 3/23/26 Vomiting and diarrhea Chem. ALT 143 Alkphos 794, snap lipase stong pos. Tx. metronidazole and denamarin. Pet responded 4/21/26 Vomiting and bloody diarrhea. Owner stopped the demarin and the RC diet and started feeding chicken, rice, carrots and sweet potato. abdominal rads showed an enlarged liver. Symptomatic tx with metro and cerenia and scheduled abdominal ultrasound. 4/24/26 drop off for abd. ultrasound. Pet is doing better clinically. chem. BUN 75, ALT 221, Alk phos 481.

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 2.0 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.

Both kidneys exhibit mildly decreased corticomedullary differentiation. There is focal mineralization present within the renal medulla of both kidneys. There is no evidence of pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.3 cm in length. The right kidney is 4.1 cm in length.

Adrenal Glands

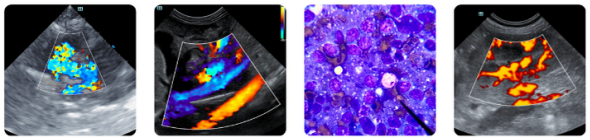
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal measures 4.4 mm at the caudal pole and there is no reference to the cranial pole. The right adrenal measures 5.8 mm at the cranial pole and 5.2 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 of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.



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

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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, 1.5 mm, with intact wall layering. The ileocecal junction is not visualized.

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.

PRIMARY FINDINGS

- Bilateral chronic renal changes.
- Mineralized bladder sediment which is typically an incidental finding in the dog.

SECONDAY FINDINGS

- Hyperechoic splenic nodules, consistent with incidental myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no explanation for the patient's chronic intermittent gastrointestinal signs on today's ultrasound. The previous lab finding and clinical history would support a diagnosis of chronic pancreatitis, although the pancreas does not appear inflamed at this time. A GI panel could be considered to further investigate the possibility of occult intestinal disease.

The liver parenchyma appears unremarkable, suggesting that the liver enzyme elevation may be due to a benign reactive hepatopathy. Ongoing serial monitoring of liver values and continuation of Denamarin therapy would be recommended. Liver biopsies would be necessary to definitively determine the cause of the elevation.

The renal changes are typical of benign age-related degeneration. It is common for yorkies to have a discordant elevation in their BUN, and that seems to be the case for this patient. Management of renal disease in accordance with IRIS guidelines is recommended.

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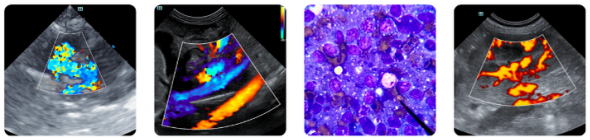

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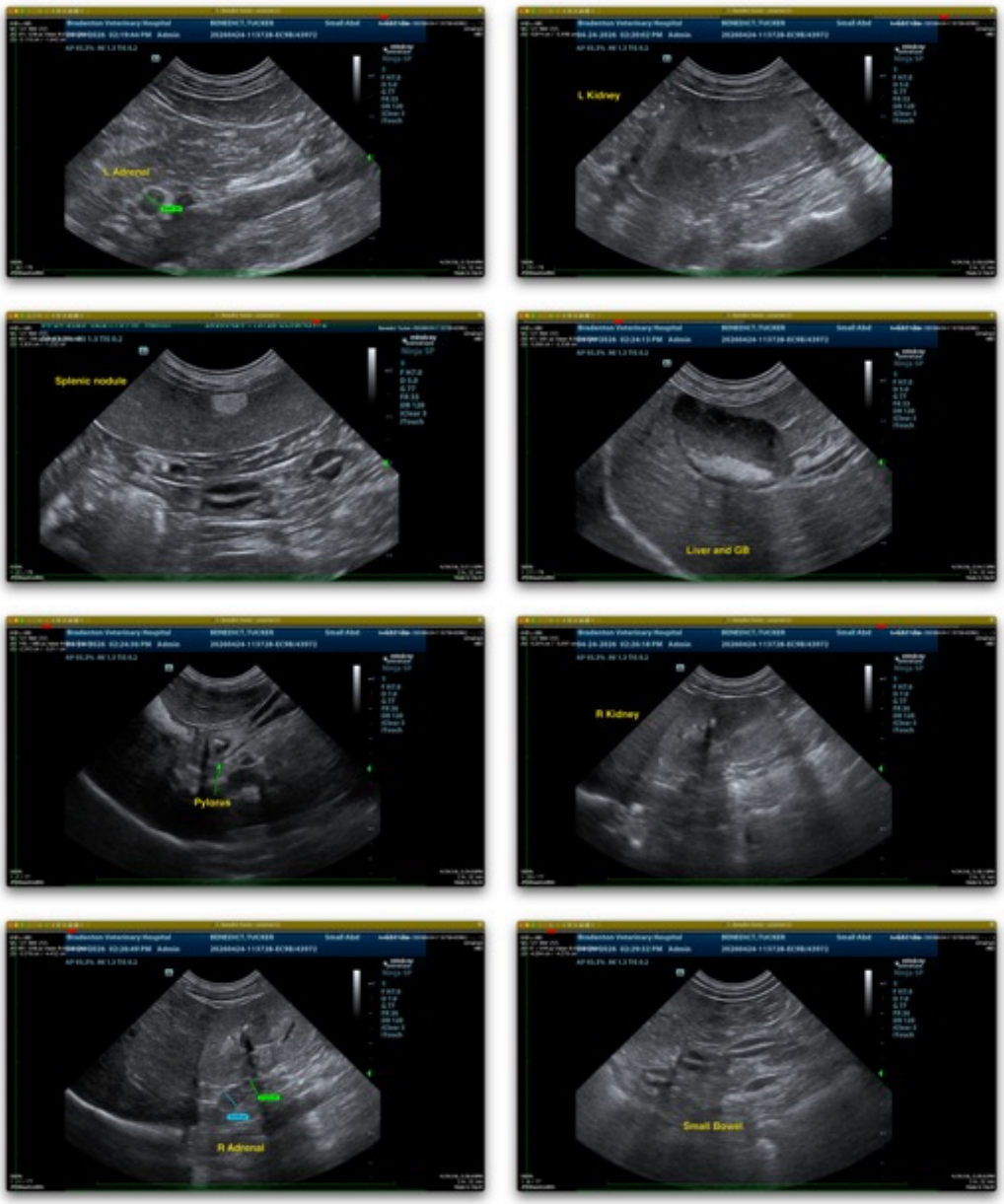

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com