



PATIENT	PRESENTING CLINICAL SIGNS
Savage Maybank	Abnormal lab-work values: ALP (458) and ALT (266) elevated
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.
BREED	The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
Australian Shepherd	The left kidney is normal in size (5.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.
SEX	The right kidney is normal in size (6.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.
Male Neutered	Adrenal Glands The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
AGE	The right adrenal gland is normal in size (0.73 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
11/05/2014	Spleen The spleen is normal in size (1.25 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
WEIGHT	Liver The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.
48.1	
INTERPRETED BY	
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	
IMAGING PERFORMED BY	
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HOSPITAL NAME	
Saddleback Mobile Vet	
REFERRING VET	
Dr Kelli Klein	
INVOICE	Gastrointestinal The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic- mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.
23008	
DATE	
5-14-26	



PATIENT

Savage Maybank

masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Australian Shepherd

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Male Neutered

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

AGE

11/05/2014

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Gallbladder debris/sand, non-mucocele
- Minor bilateral nonspecific age-related renal changes

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(Sm Animal Internal Med)

*An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered.
- Alternatively, if a more conservative approach is desired, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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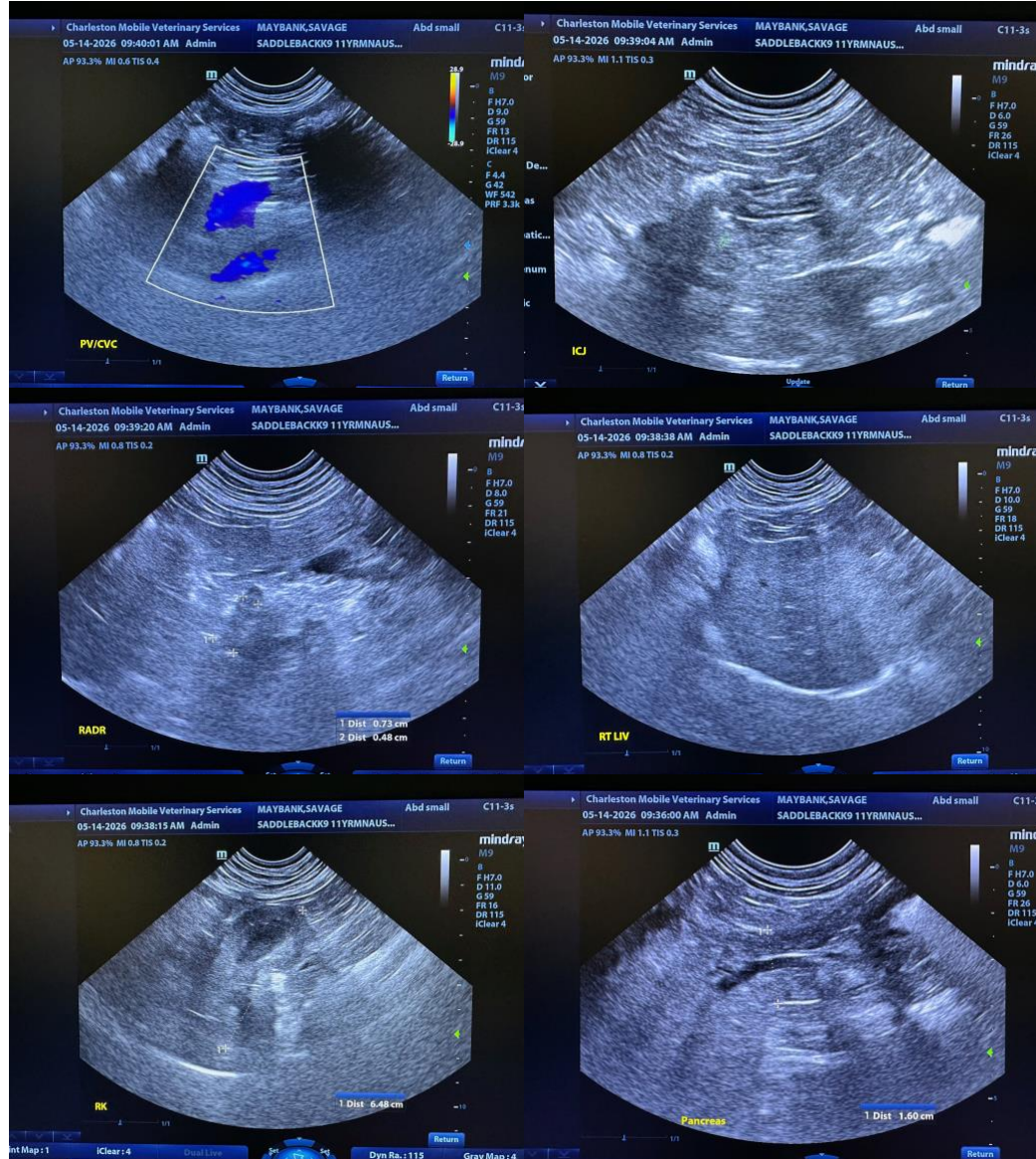
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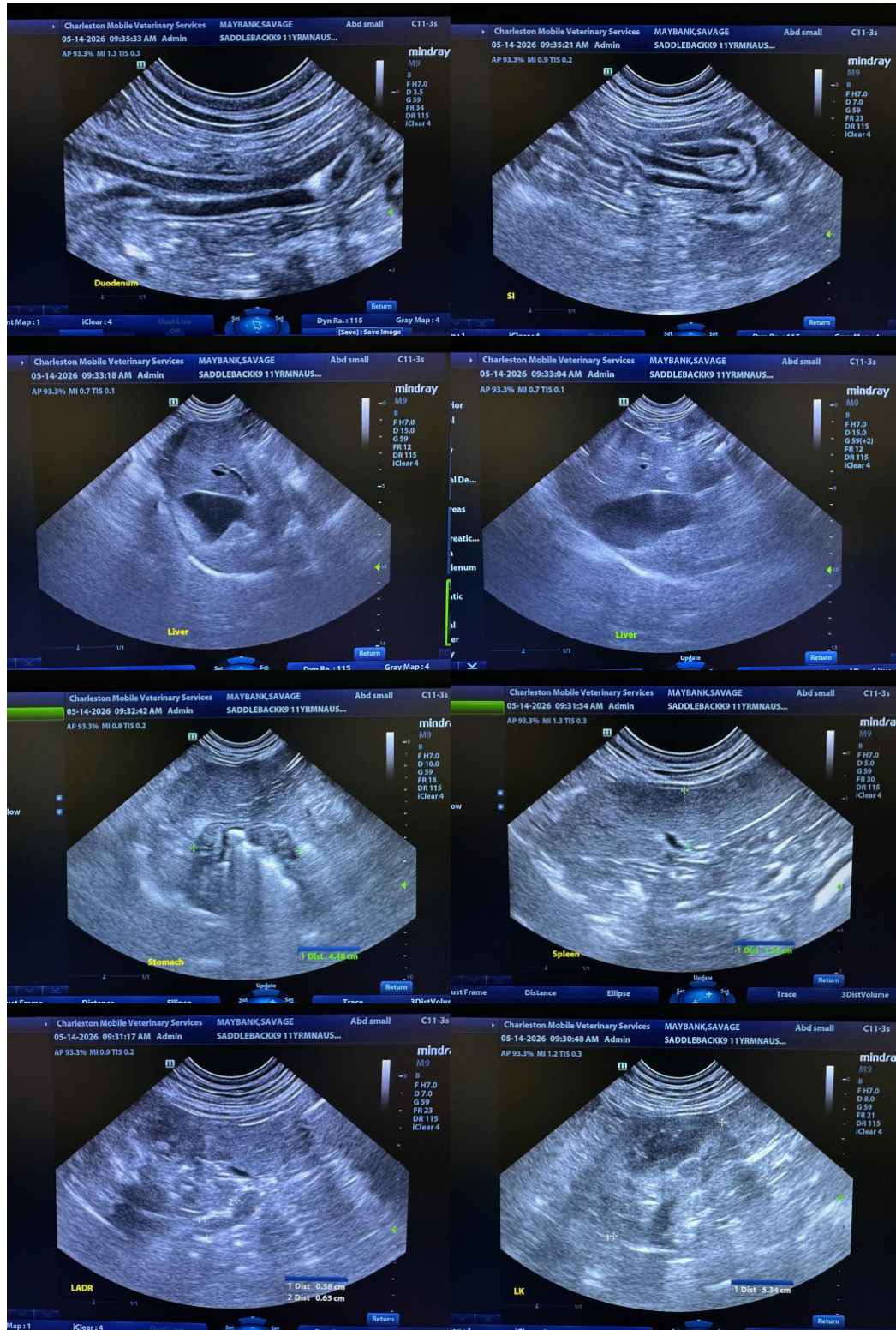
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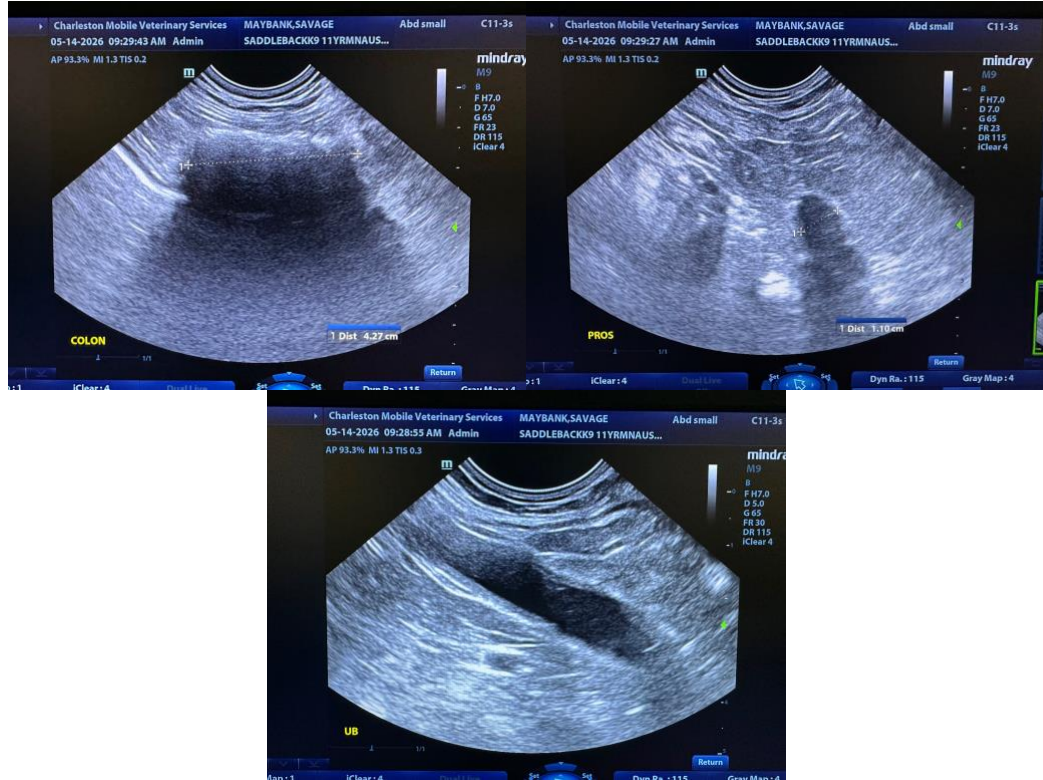
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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