



PATIENT PRESENTING CLINICAL SIGNS

Astro Swanson

Patient has a persistent elevation in ALP with increasing pancreatic lipase levels. In the fall patient was started on new herbal supplements to support digestion (Yi Guan Jian, and adding in Si Miao San)- These have not changed the ALP (slightly higher, still functionally at the same level), and the Lipase has increased. Labwork samples have been lipemic even with fasting P is on Denamarin Advanced since Nov 2021 Food sensitivity (nutrascan) is pending for potential diet related sensitives
Abnormal PE/Chem/CBC/UA Results: 1/4/22 superchem showed Mild ALP elevation 263, prev. 241, prev. 236, n<131 Moderate PSLipase elevation 661, prev. 247, prev. 193, n<140 Mild Amylase elevation 1426, prev. normal, normal <1125

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

5 years

WEIGHT

77.8 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

Left kidney is normal in size (7.07 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.17 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (0.54 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.5 cm at cranial pole and 1.93 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

IMAGING PERFORMED BY

Carly Pate

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Frickle

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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DATE

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PATIENT

Gastrointestinal

Astro Swanson

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

SPECIES

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Canine

Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SEX

Neutered male

Free Abdomen

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Lymph nodes are normal with no observed enlargement.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

Unremarkable abdomen/no visible pathology in these images.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

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There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

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Given this patient's reported lipemia and mildly progressive pancreatic enzymes a trial with a low fat diet followed by monitoring of those values can be considered. Other diagnostic recommendations include a gastrointestinal function panel including a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further overall assessment of the gastrointestinal tract.

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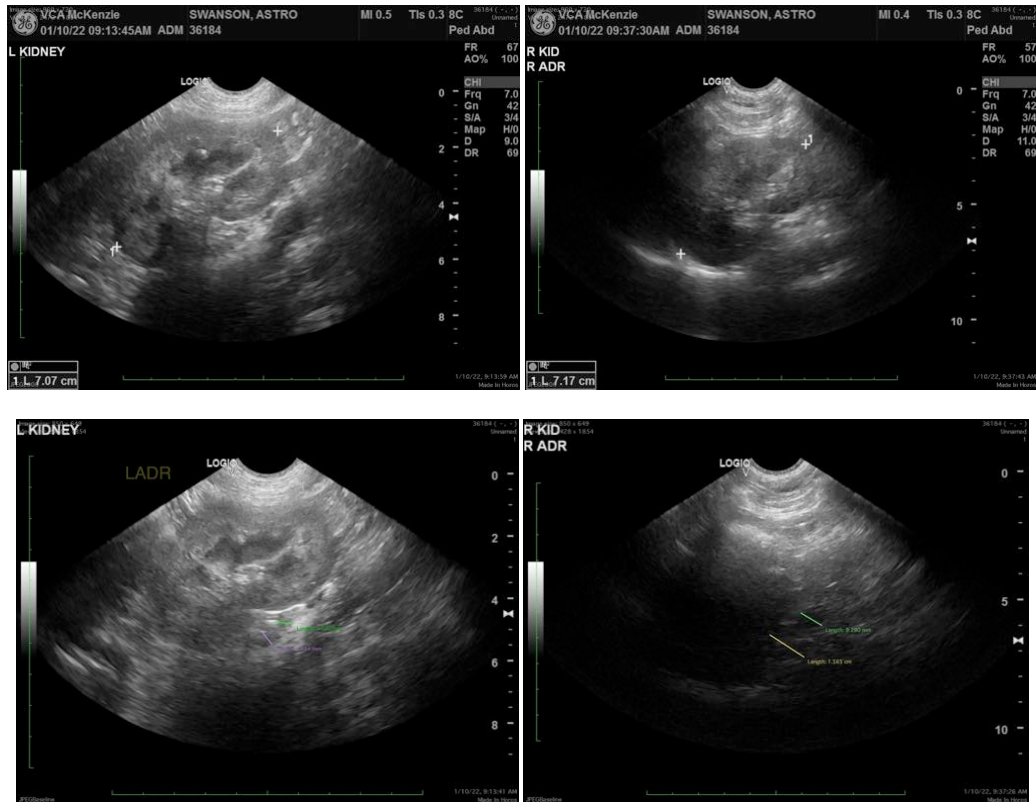
Neutered male

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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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

REFERRING VET

Dr. Frickle

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