



PATIENT

Bryna Stenkamp

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

7 Years 6 Months

WEIGHT

60 Pounds

INTERPRETED BY

Dr. Leon Anderson

IMAGING PERFORMED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

35568

DATE

2/9/22

PRESENTING CLINICAL SIGNS

No GI history. Chronic lameness. On chronic Galliprant.
Abnormal PE/Chem/CBC/UA Results: PE: Pain on right coxofemoral extension, D4 right front held in extension. 2 skin nodules noted. UA: SG 1.043, pH 7.0 CBC, Total T4, Free T4, Heartworm 4Dx all normal Chem: Trig 242 mg/dL, Amylase 2459 U/L, Lipase >1800 U/L, Spec cPL 1901 ug/L No fecal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The caudal pole of the right adrenal gland is normal in size and measures 0.52 cm thick. The cranial pole is not well visualized in these images for a discrete measurement, but the region was evaluated without evident pathology.

The left adrenal gland is normal in size (2.73 cm long x 0.71 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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No pancreatic pathology is visible. The left limb of the pancreas is normal. The right limb of the pancreas is difficult to fully visualize in these images.

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Free Abdomen

There is no evidence of peritoneal effusion.

A medial iliac lymph node is prominent and hypoechoic, measuring 3.0 cm long x 0.70 cm thick.

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ULTRASONOGRAPHIC FINDINGS

- Mild reactive medial iliac lymphadenopathy versus normal patient variant
- Otherwise, unremarkable abdomen without evidence of pancreatic pathology in these images.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of clinical signs and lack of visible pathology, recommendations include monitoring and reassessing values. Immediate intervention could be pursued in the form of a low-fat diet with monitoring of values, with recheck imaging recommended if clinical signs develop.

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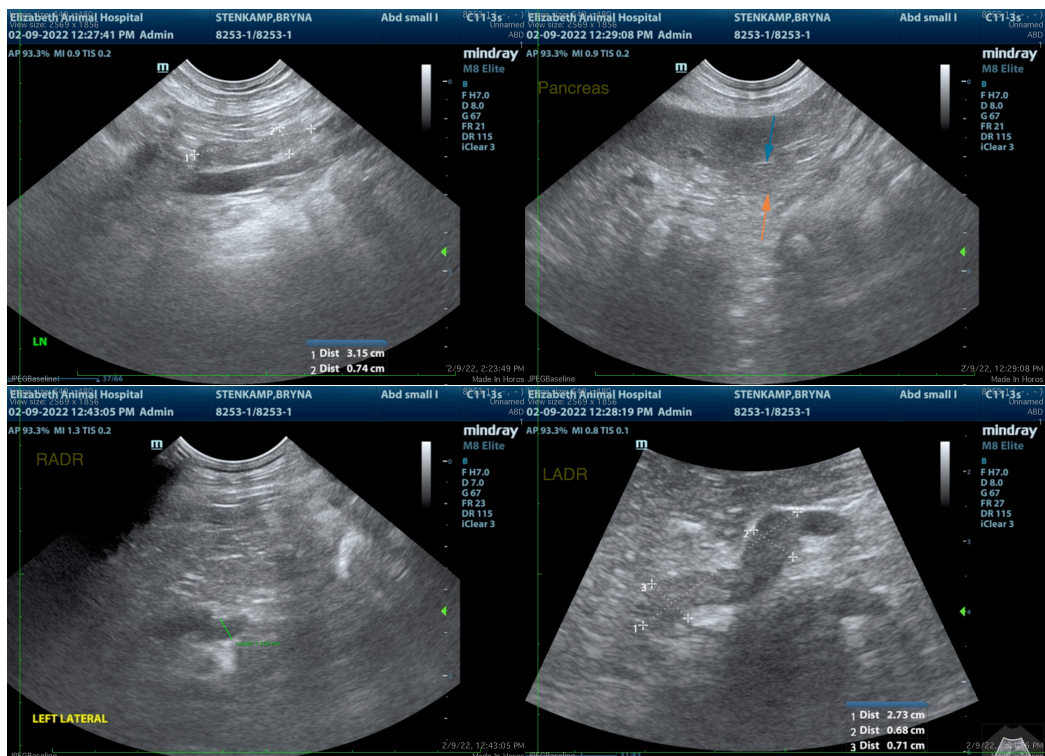
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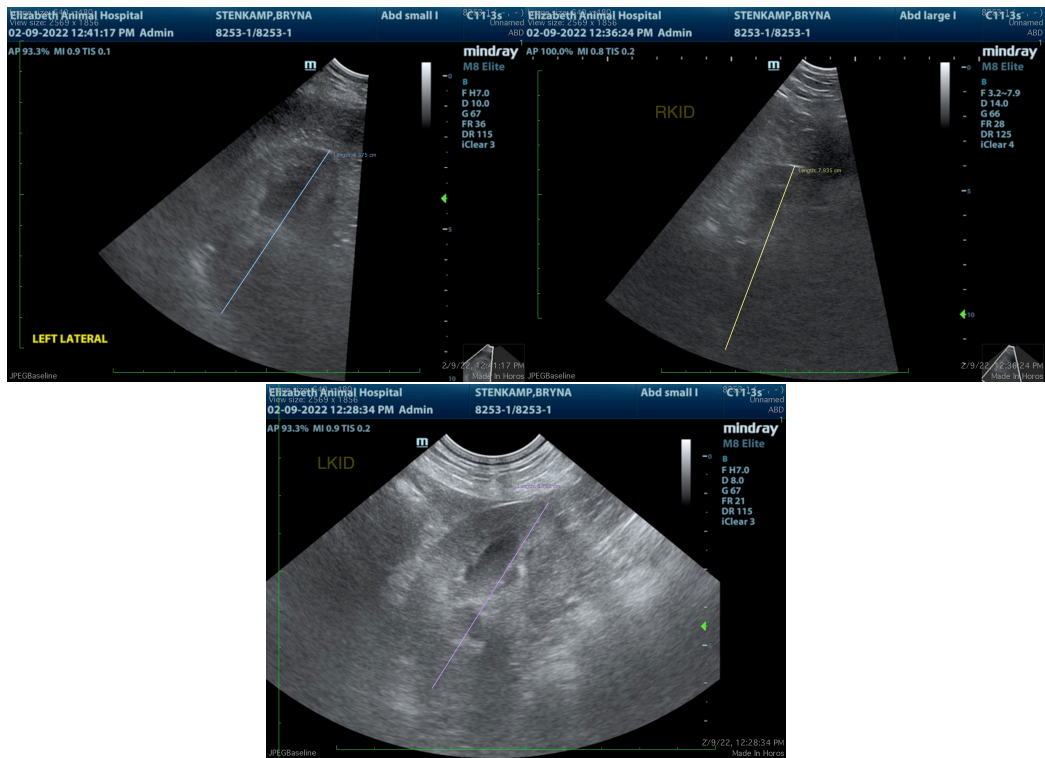
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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