



**PATIENT**

Cooper Ata

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

26.6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes AC

**REFERRING VET**

Dr. Angela Chesanek

**INVOICE**

41484

**DATE**

9/21/22

**PRESENTING CLINICAL SIGNS**

Pet presented in August for annual exam and owner mentioned that pet has decreased appetite and found couple urine puddles in his bed. Pet is now walking around the house and urinating at the same time. History of elevated Amylase and PSL. Blood pressure was elevated today at 204, 181, 171  
Abnormal PE/Chem/CBC/UA Results: Amylase: 2613 PSL: 2966 UA: SG: 1.06 Protein: 1+ Urine culture, no growth

**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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.6 cm. The right kidney measures 4.4 cm.

**Adrenal Glands**

The areas of the adrenal glands are examined without evident pathology.

**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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The visible stomach wall is normal in thickness 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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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.



**PATIENT**

Cooper Ata

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

**Pancreas**

**SPECIES**

Canine

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

Labradoodle

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**SEX**

Neutered Male

**PRIMARY FINDINGS**

- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

**AGE**

13 Years

**SECONDARY FINDINGS**

- Age related kidney changes
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

**WEIGHT**

26.6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's hypertension, medical management such as Amlodipine is recommended to see if controlling blood pressure helps alleviate clinical signs. There is no evidence of active pancreatitis in these images, but it can't be definitively ruled out. Therefore, transition to a low-fat diet could be considered to see if that helps improve clinical signs.

**IMAGING PERFORMED BY**

Dr. Lynette Reyes

Additionally, given the reported incontinence, full neurologic evaluation is recommended to rule out underlying neuromuscular disease versus a structural urinary system disease contributing to the incontinence.

**HOSPITAL NAME**

Chain of Lakes AC

**REFERRING VET**

Dr. Angela Chesanek

**INVOICE**

41484

**DATE**

9/21/22





**PATIENT**

Cooper Ata

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

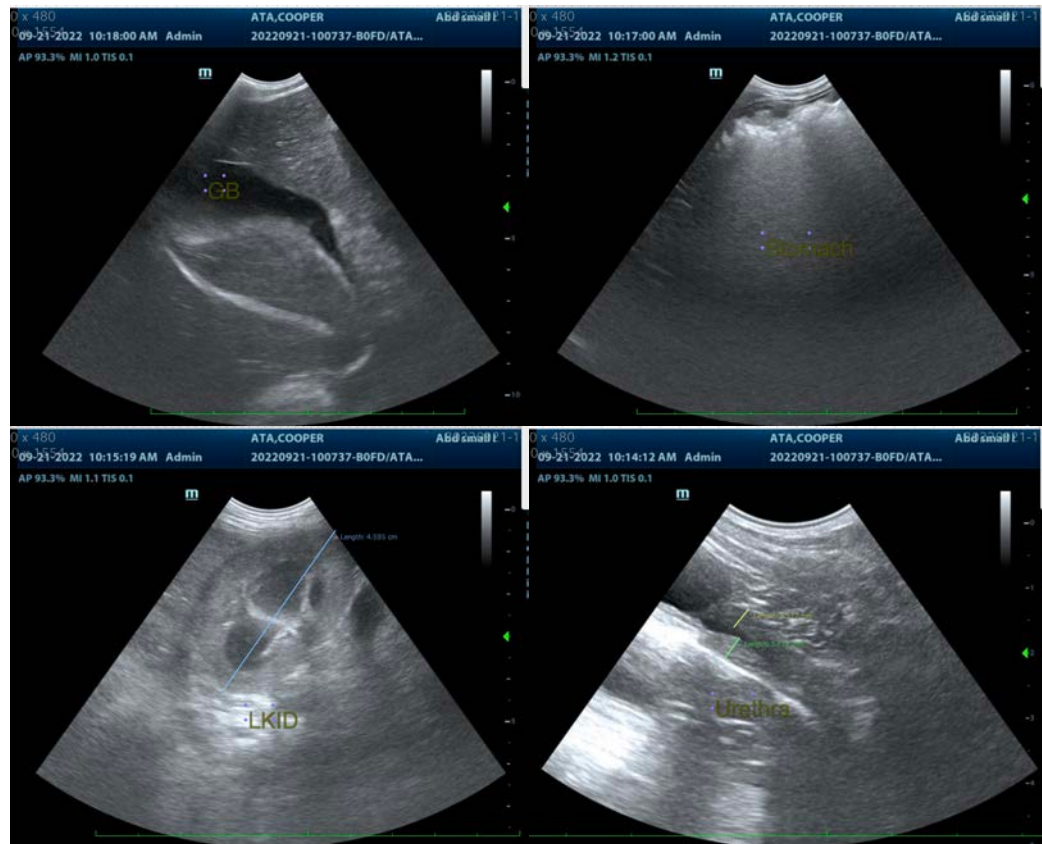
Neutered Male

**AGE**

13 Years

**WEIGHT**

26.6 Pounds



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes AC

**REFERRING VET**

Dr. Angela Chesanek

**INVOICE**

41484

**DATE**

9/21/22

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**  
Beth.Johnson@sonopath.com