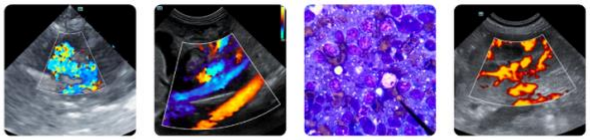

PATIENT

Cody Bumpus

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

9 Years 8 Months

WEIGHT

45.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds LVT

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Dr. Emilie Dours

INVOICE

14857

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Slight liver elevation, elevated triglycerides and cholesterol, and neutrophilia noted on senior wellness bloodwork. Asymptomatic

Abnormal PE/Chem/CBC/UA Results: ALT - 163 Chol - 420 Triglyc- 1354 NEU - 18

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen.

The prostate is normal measuring 6.8 mm with symmetrical uniform echogenicity.

Left kidney appears normal in size. Its size cannot be fully evaluated on this exam, however it appears normal.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 6.8 mm

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 6.3 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Stomach contains a mild amount of hypoechoic fluid and partially digested food. No pyloric outflow tract obstruction is seen. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. There are two hyperechoic shadowing objects within the stomach that do not appear to be obstructive, most likely due to dietary indiscretion.

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Pancreas

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.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

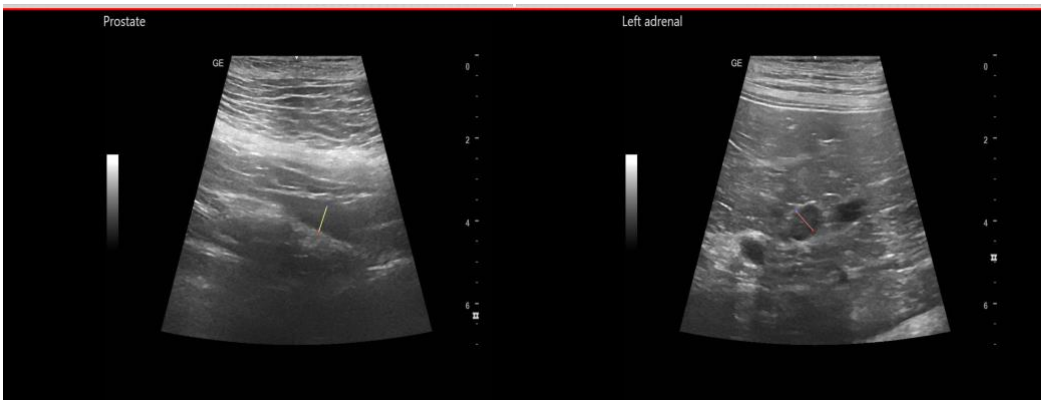
- Gastric contents consistent with partially digested food and shadowing structures.
- Gallbladder debris.
- Pancreatic remodeling likely owing to reported hypertriglyceridemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the stomach contents is identified on this ultrasound. Since patient is not showing any clinical signs, this is most likely not highly clinically significant at this time. If patient shows any signs of vomiting or decreased appetite, consider reevaluation of stomach via imaging.

The gastric structures may be rock/ bone. They appear that they should pass through the patient's GI tract without complication, but if the patient shows any signs of vomiting or decreased appetite then re-evaluate these findings via imaging to determine if any kind of obstructive GI process is occurring. However, no high concerns at this time for an obstruction.

The patient does have moderate to marked hypertriglyceridemia that is unlikely to be due to being not fasted. Given that the triglycerides were found to be 1,354 milligrams per deciliter, the patient most likely has clinically significant hypertriglyceridemia. I recommend switching patient to ultra-low-fat diet, re-checking triglycerides in 10 days to verify resolution (of this problem, and recommend lifelong ultra-low-fat diet such as Hills ID low-fat, or Royal Canin GI low-fat.



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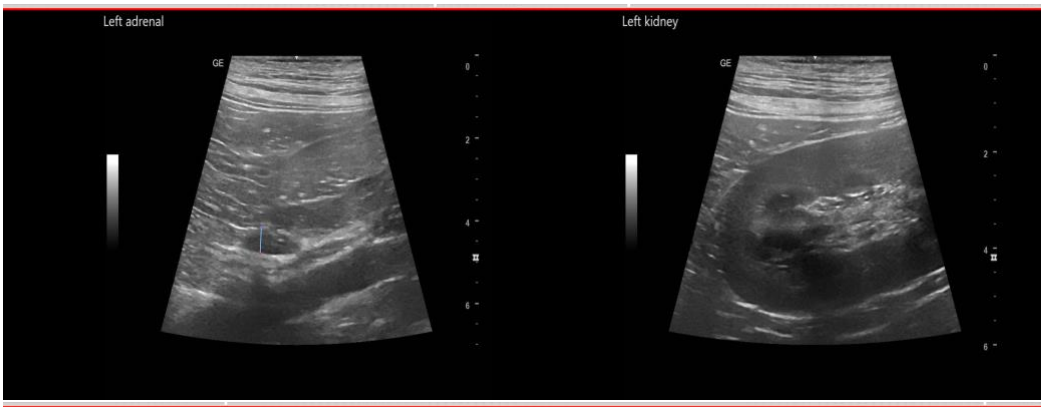

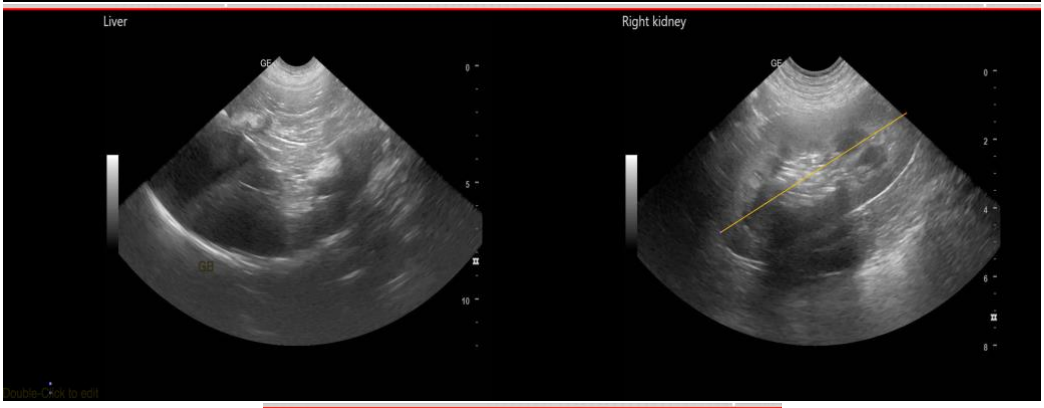

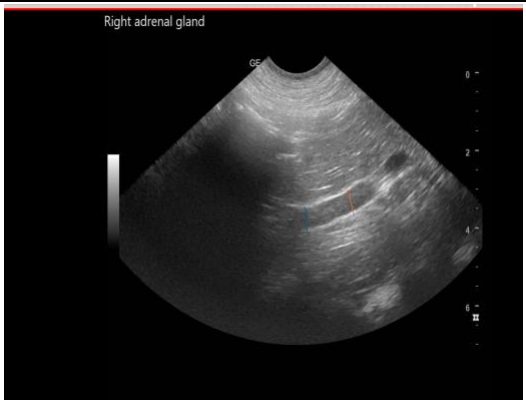

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com