



PATIENT

Pepper Desmarais

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

8 Years

WEIGHT

47.4 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Brooke Cory

HOSPITAL NAME

Cold Lake Veterinary
Clinic

REFERRING VET

Dr. Brooke Cory

INVOICE

75345

DATE

5/21/26

PRESENTING CLINICAL SIGNS

8 year old border collie who presented today for lethargy. Has a history in 2022 of severe acute hepatitis of unknown cause with secondary immune mediated platelet destruction that initially presented with lethargy as well but progressed to inappetance and jaundice within a few days. Bloodwork today shows only ALT elevation and otherwise CBC, Chemistry and Pancreatic Lipase WNL. Temp 38.4 and aside from mild abdominal pain, normal physical exam. Is still E/D/U/D normally.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT (571 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The sublumbar lymph nodes were identified and measured to be normal in size measuring 2.1 cm x 0.41 cm and 1.5 cm x 0.46 cm in size.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 6.03 cm. Right kidney measures 6.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left measures 2.22 cm x 0.42 cm x 0.45 cm. Right measures 1.89 cm x 0.67 cm x 0.65 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.



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Pancreas

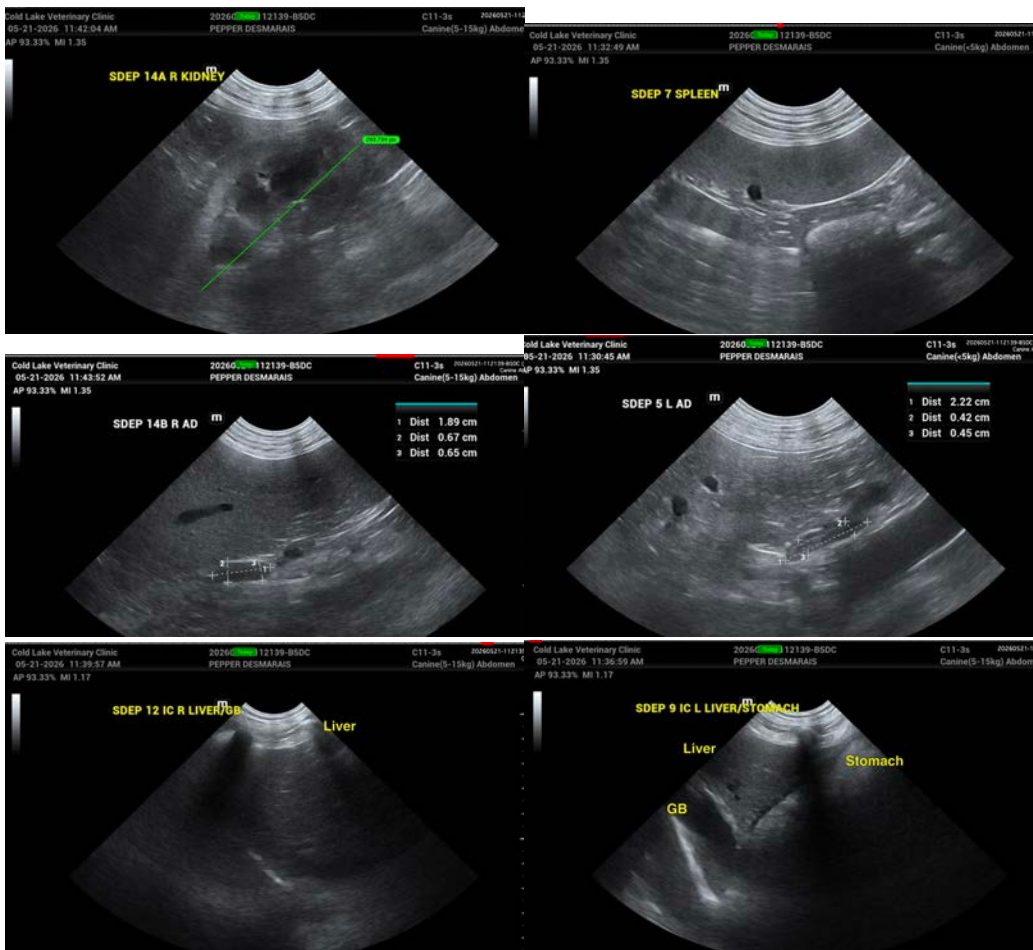
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a normal abdomen with no evidence of discrete masses, nodules, or enlarged lymph nodes. Since this patient presented with an elevated ALT of 571 it is recommended to begin supportive care with Denamarin and to treat symptomatically, with careful monitoring of the liver enzymes. If this patient continues to have an elevated ALT, then a liver biopsy with histopathology and copper quantification should be considered.





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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com