



**PATIENT**

Valkyrie Cusson

**PRESENTING CLINICAL SIGNS**

Increased Spec CPL. Increased lipase. Soft stools. Other labs are normal. Still eating. No vomiting.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

Min Pin

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

**SEX**

FS

**AGE**

4yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

**WEIGHT**

5.6kg

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**

Dave Stasiuk

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**HOSPITAL NAME**

Glamorgan Animal  
Clinic

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild luminal gas with no signs of ileus, obstruction or foreign material.

**REFERRING VET**

Glamorgan Animal  
Clinic

**INVOICE**

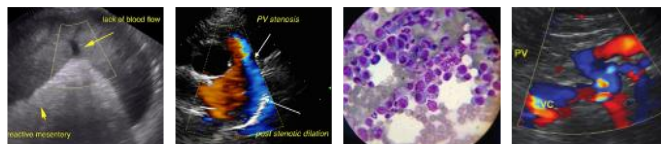
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Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.

**Pancreas**

**DATE**

01/24/2023



## PATIENT

Valkyrie Cusson

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## SPECIES

Canine

### Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

Min Pin

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

## SEX

FS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract and pancreas may not correlate with reported clinical signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, emerging inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. Pancreatitis may be suspected if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Assessment of cobalamin and folate levels suggested if progressive soft stool or evidence of weight loss is noted.

## AGE

4yr

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Provable or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

## WEIGHT

5.6kg

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## IMAGING PERFORMED BY

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## HOSPITAL NAME

Glamorgan Animal  
Clinic

## REFERRING VET

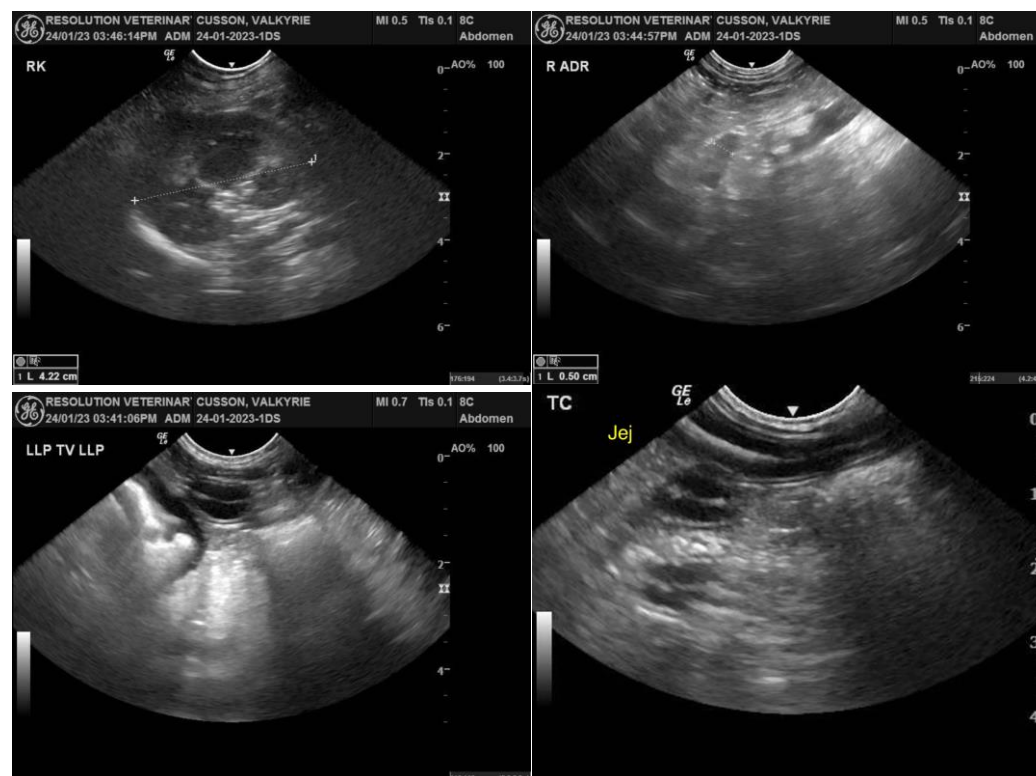
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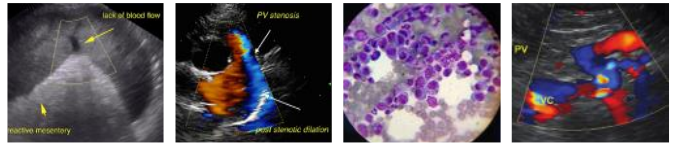
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**SPECIES**

Canine

**BREED**

Min Pin

**SEX**

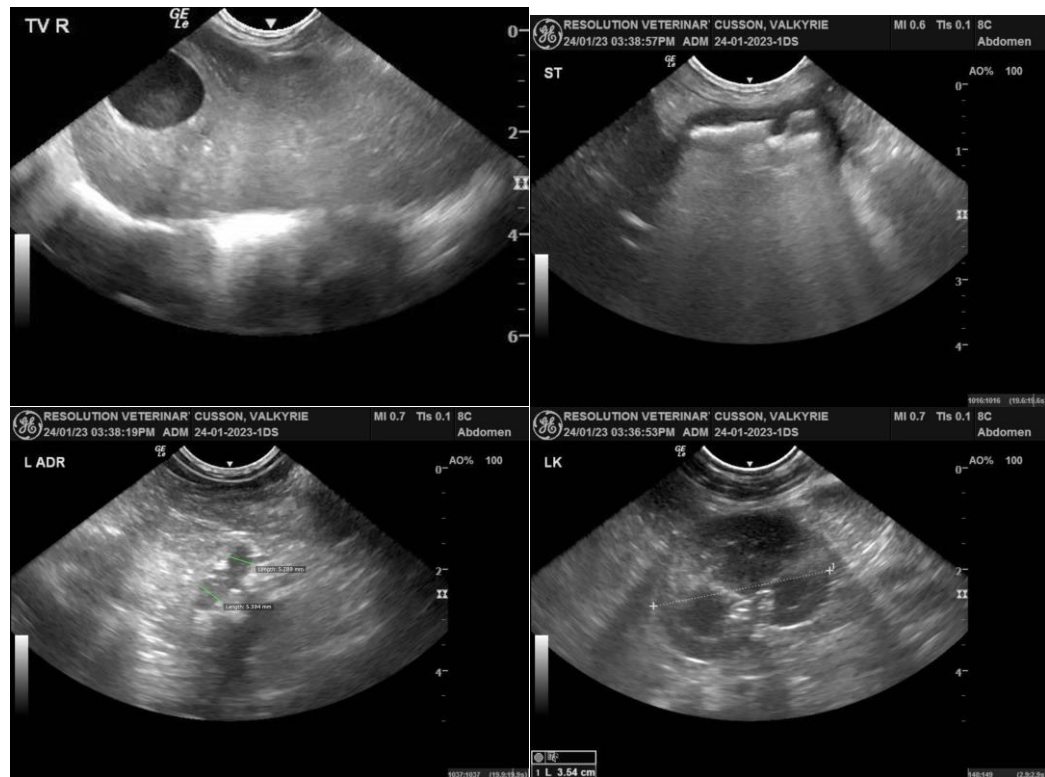
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**AGE**

4yr

**WEIGHT**

5.6kg



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.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Dave Stasiuk

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**HOSPITAL NAME**

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**REFERRING VET**

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