



**PATIENT**

Connie Hampe

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

12 years

**WEIGHT**

61.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Aurora Richards, DVM

**INVOICE**

15223

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Patient presented with GI signs (diarrhea and vomiting). Patient is on a raw diet for her whole life (client will not change). Ran GI profile, elevated cPL 795 r/o pancreatitis vs. neoplasia. Current medications: Probiotics, Fiber addition to diet.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.1 cm in length.

**Adrenal Glands**

Mild parenchyma heterogeneity and mild capsule asymmetry was present in the bilateral adrenal glands without suspicion for overt neoplasia. The left adrenal gland was borderline prominent in size based on caudal pole width in light of body weight measuring 0.82 cm width in the cranial pole and 0.83 cm width in the caudal pole. The right adrenal gland was normal in size measuring 0.74 cm width in the cranial pole and 0.78 cm width in the caudal pole. Potential for minor adenomatous adrenal change is possible. No evidence of adrenal neoplastic criteria was noted.

**Spleen**

The spleen was folded, which is not indicative of underlying splenic pathology and likely a normal patient variant. 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.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Spherical well-demarcated, nonhomogeneous to cystic mass was present in the mid-liver measuring approximately 5.8 cm in diameter. The mass did not distort the hepatic capsule. The gallbladder was non-distended in size containing mild non-dependent, mild echogenic



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gallbladder debris primary in the caudal lumen and gallbladder neck. The common bile ducts was normal.

***Gastrointestinal***

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate, variably echogenic, ingesta/chyme exhibiting areas of progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.41 cm.

**BREED**

Boxer Mix

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.65 cm width. The jejunum wall measured 0.47 cm width.

**SEX**

FS

The colon walls presented intact yet mildly prominent wall layering with mildly thickened to echogenic submucosa. Subjective formed to mildly shadowing fecal matter was present in the colon at the time of the ultrasound. The descending colon wall width measured 0.25 cm.

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***Pancreas***

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 were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatic parenchymal remodeling with central intraparenchymal nonhomogeneous to cystic hepatic mass - nonspecific, suspect potential for benign cystic biliary adenoma based on sonographic appearance, neoplasia such as biliary cyst adenocarcinoma or similar cannot be definitively excluded
- Mild gallbladder debris (non mucocele)
- Sonographically unremarkable pancreas
- Bilateral mild age-related renal and adrenal changes
- Mild gastroenterocolitis pattern with gastric ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA cytology of the cystic liver mass could be considered for further assessment. However, given this presentation, cytology may potentially be unrewarding. Sonographic monitoring would be a more conservative approach.

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No overt evidence of gastrointestinal neoplastic criteria or active pancreatitis. Dietary intolerance / food hypersensitivity, low-grade inflammatory bowel or pancreatitis, both of which may present as sonographically normal, infectious gastroenterocolitis, are all potentials. Ideally, hydrolyzed diet trial

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with potential long-term dietary therapy, continued probiotics, broad spectrum deworming even if fecal testing is negative i.e. Panacur 50 mg/kg SID for at least 5 consecutive days, and as needed gastrointestinal support with an assessment of clinical response is recommended.

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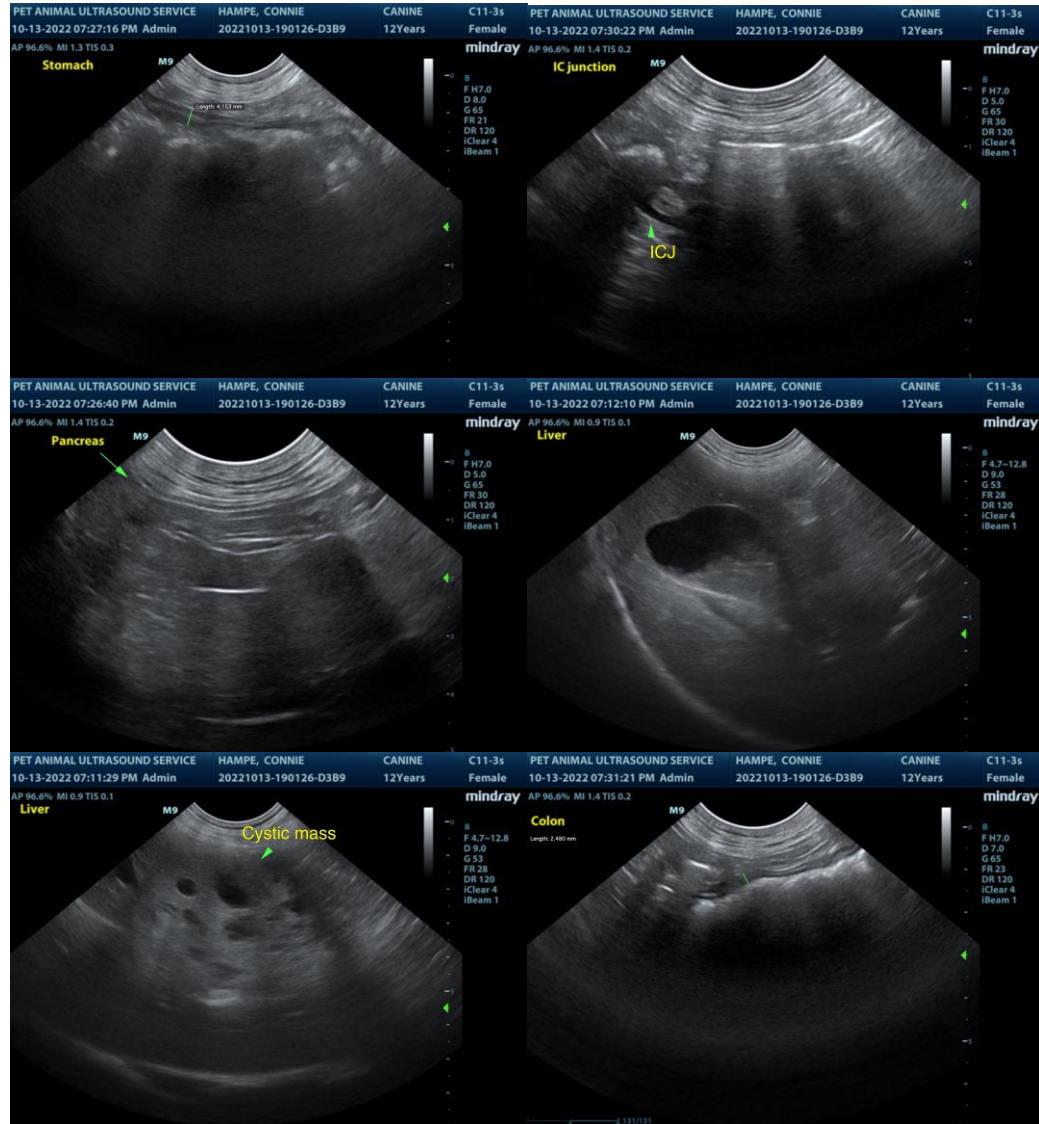
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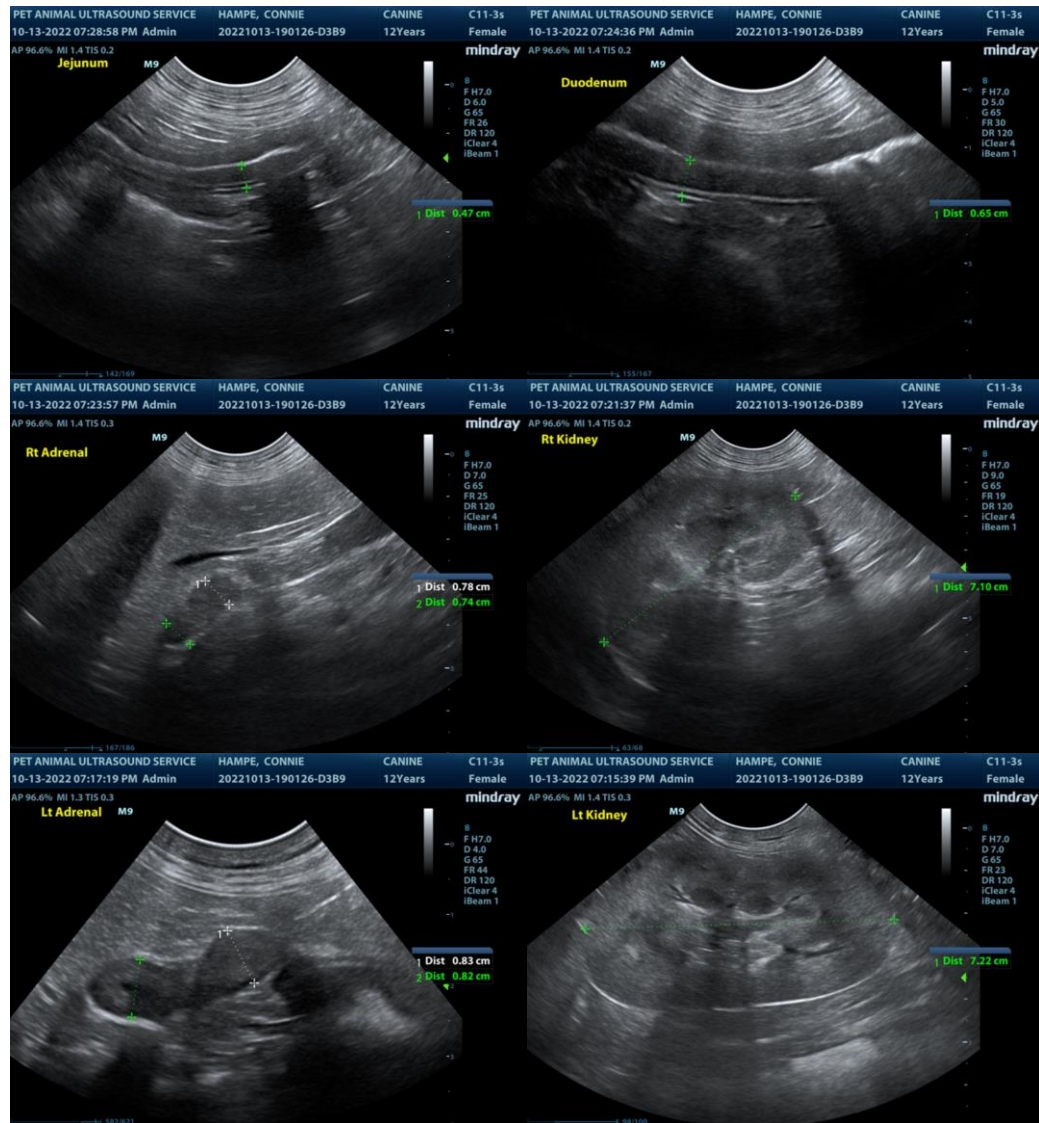
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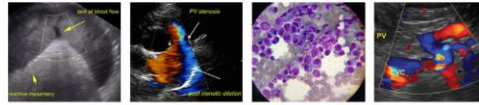
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
 info@SonoPath.com



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