

**PATIENT**

Lola Simpson

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

F/S

**AGE**

8 years

**WEIGHT**

56 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Sasa Karagic

**INVOICE**

12023ag

**DATE**

10/27/22

**PRESENTING CLINICAL SIGNS**

Mildly elevated ALT. Eating and drinking less. Lethargy. Has had pancreatitis in past.

**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 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 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 7.2 cm in length. The right kidney measured 7.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands exhibited borderline to mild subnormal size in light of patient size and body weight. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.46 cm width at the caudal pole.

**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.

**Liver/ Gallbladder**

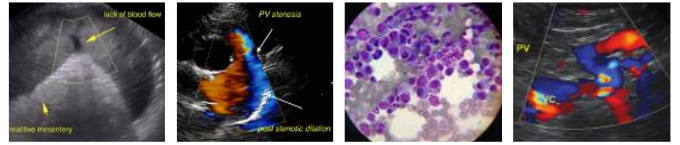
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin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

**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.

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.

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



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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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

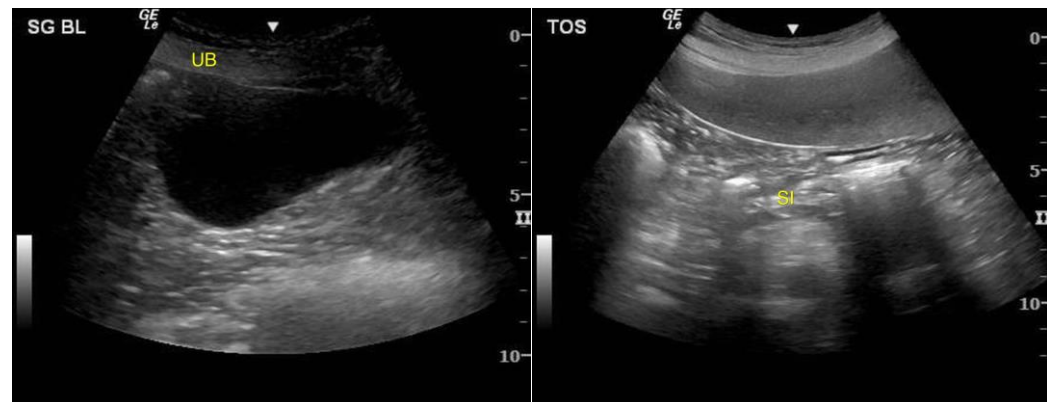
**Primary Findings**

- Low grade inflammatory hepatopathy pattern
- Sonographically unremarkable GI tract
- Subjective bilateral borderline to mild subnormal adrenal glands-nonspecific
- Sonographically unremarkable pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology, specifically hepatic parenchymal pathology as a definitive cause of the patient's clinical signs. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Hepatic sampling is required for further assessment yet given the mild ALT elevation continued monitoring with hepatosupportive medications would be reasonable. A resting cortisol level to rule out occult Addison's disease is warranted given the vague clinical signs and borderline subnormal bilateral adrenal gland size.

As needed GI supportive care is warranted. No overt evidence of active pancreatitis although low grade to chronic pancreatitis may present sonographically normal. A spec cPL could be considered for further assessment.





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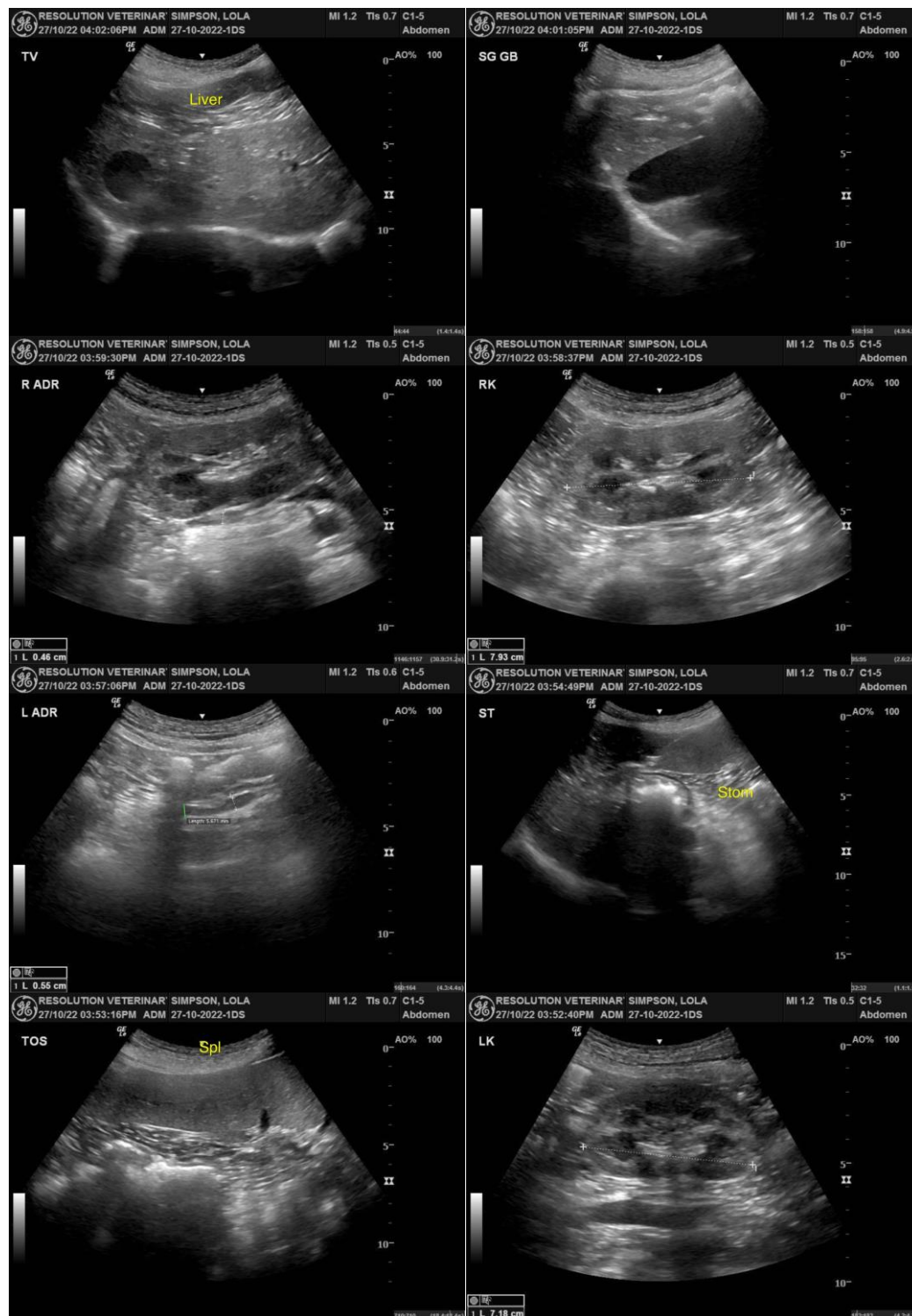
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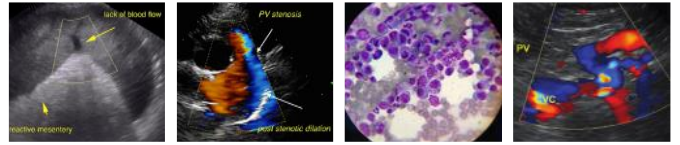
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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