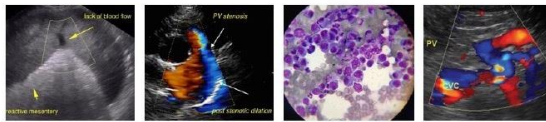


PATIENT	PRESENTING CLINICAL SIGNS
Rusty Grelecka	Routine screening prior to TPLO surgery revealed ALP 1135(23-212) and Lipase 4992(200-1800) Request abdominal ultrasound to work up prior to TPLO surgery. Has been on Gabapentin and Tramadol.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC - WNL Chem - elevated ALP and Lipase and the remainder WNL. Urinalysis WNL
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Potcake	Urinary System
SEX	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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
8 years	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 6.0 cm in length. The right kidney measured 6.8 cm in length.
WEIGHT	
22 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.65 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 0.82 cm width at the caudal pole. No evidence of adrenomegaly or tumors.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
New Hamburg VC	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 containing primarily anechoic gallbladder content with mild nondependent mildly echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Von Hausen	
INVOICE	
15285	
DATE	
10/27/22	



PATIENT

Gastrointestinal

Rusty Grelecka

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.

SPECIES

Canine

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.

BREED

Potcake

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Sonographically normal pancreas

WEIGHT

22 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Overall, the liver was nonspecific yet sonographically suggestive of vacuolar hepatopathy pattern with potential for mild non-clinical cholestasis or less likely inflammatory hepatopathy in conjunction with the presence of gallbladder debris.

IMAGING PERFORMED BY

Crystal Hill

Potential for low-grade pancreatitis could be present yet sonographically normal. Correlation with clinical history and clinical signs is suggested. A Spec cPL could be considered for further assessment.

HOSPITAL NAME

New Hamburg VC

No overt suspicion of underlying primary adrenal disease, given the lack of reported clinical signs.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No anesthetic contraindications are noted.

REFERRING VET

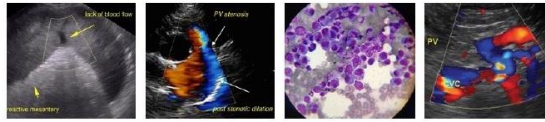
Dr. Von Hausen

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DATE

10/27/22



PATIENT

Rusty Grelecka

SPECIES

Canine

BREED

Potcake

SEX

FS

AGE

8 years

WEIGHT

22 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

New Hamburg VC

REFERRING VET

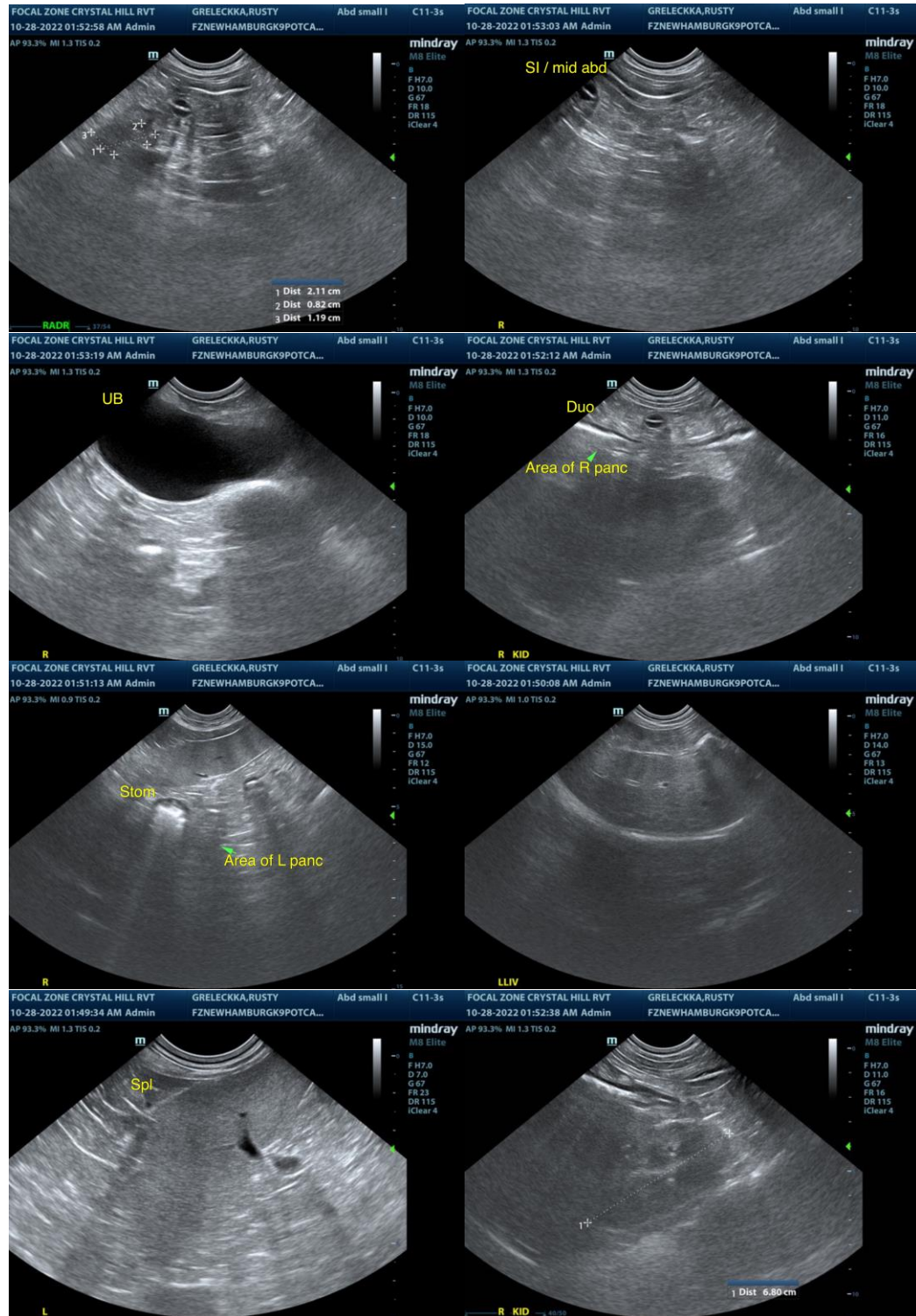
Dr. Von Hausen

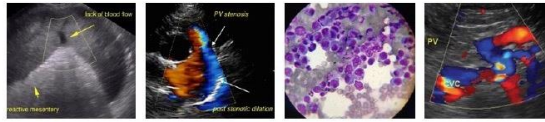
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PATIENT

Rusty Grelecka

SPECIES

Canine

BREED

Potcake

SEX

FS

AGE

8 years

WEIGHT

22 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

New Hamburg VC

REFERRING VET

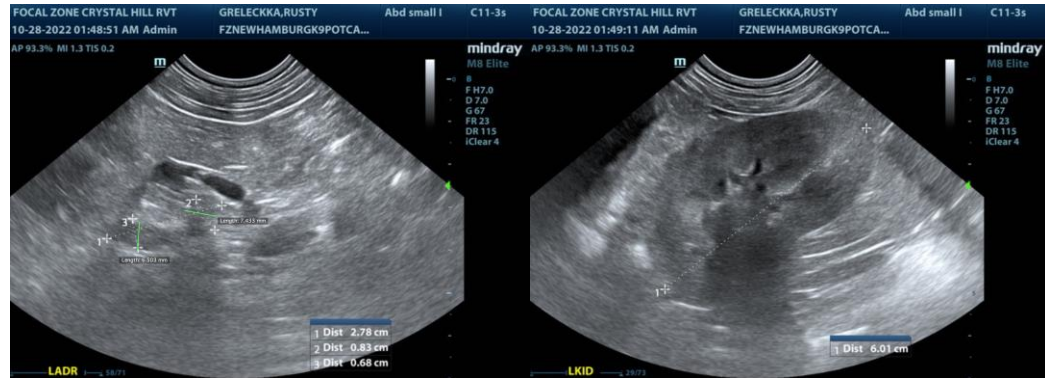
Dr. Von Hausen

INVOICE

15285

DATE

10/27/22



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