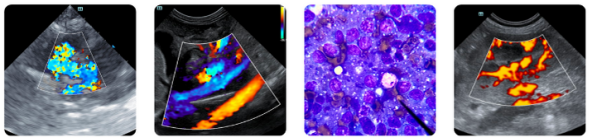


PATIENT

Gizmo Gaviller

SPECIES

Canine

BREED

Papillon

SEX

Male Neutered

AGE

8 yrs 5 mos 4 weeks

WEIGHT

5.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jilll Rankin

HOSPITAL NAME

Woodlands Veterinary Hospital and Animal Dental Centre

REFERRING VET

Dr. Pat Gaviller

INVOICE

12793

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Lab findings of bilirubinuria and elevated bile acids, in the context of chronic borderline proteinuria and a recent, resolving episode of acute gastroenteritis. Primary concern involves recent hepatobiliary and renal findings. A urinalysis revealed a new finding of 2+ bilirubin, which prompted further investigation. A subsequent senior panel showed a single post-prandial bile acid level of 54, while all liver enzymes remained normal. Concurrent blood work also showed the SDMA had recently increased to 15, after being stable at 9 for several years. The patient has a history of borderline proteinuria, with a urine protein: creatinine ratio of 0.6 a year ago and 0.5 on recent testing. Due to frequent travel to Ontario, Lepto testing (PCR and antibody) was performed and was negative. Results for Protein C and C-reactive protein are currently pending. Separately, Gizmo experienced an acute, self-limiting GI upset. The issue began last Thursday after consuming an excessive amount of liver treats. Clin signs, included D+ and V+, started on Sat. V+ Monday AM but has not vomited since receiving a Cerenia injection on Monday night. Appetite was decreased on Sat and the day before the consultation but has since returned to 100% normal. Stool is currently soft, which is attributed to a temporary diet of canned gastrointestinal high-fiber food, a food that has historically caused soft stools for him. Receiving sucralfate for the past two days, and energy level is now back to normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

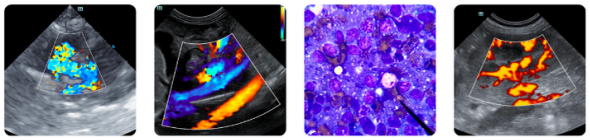
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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.



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Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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 mild, congealed, echogenic, nonmineralized primarily peripheral biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of 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. Duodenum wall measured 0.43 cm and jejunum wall measured 0.23 cm.

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

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver
- Non-peripheral, congealed, possibly adhered gallbladder debris
- Sonographically unremarkable gastrointetsinal tract with mild, non-shadowing gastric ingest
- Normal area of pancreas
- Semi-formed to soft fecal matter in colon
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology present, resolving nonspecific gastroenteritis or potential low-grade pancreatitis, both of which may present sonographically normal, possible. No evidence of hepatic pathology or intrahepatic/extrahepatic macroscopic shunt. Hepato-supportive medications and empirical therapy for non-obstructive cholestasis may prove beneficial. Low-grade hepatic parenchymal disease or possible non-clinical portal hypoplasia/microvascular dysplasia given mildly elevated post prandial bile acid level or if persistent elevated bile acid profile, possible.

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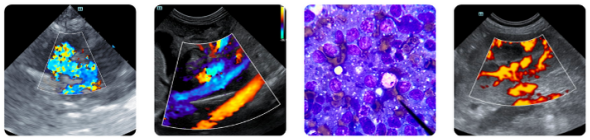

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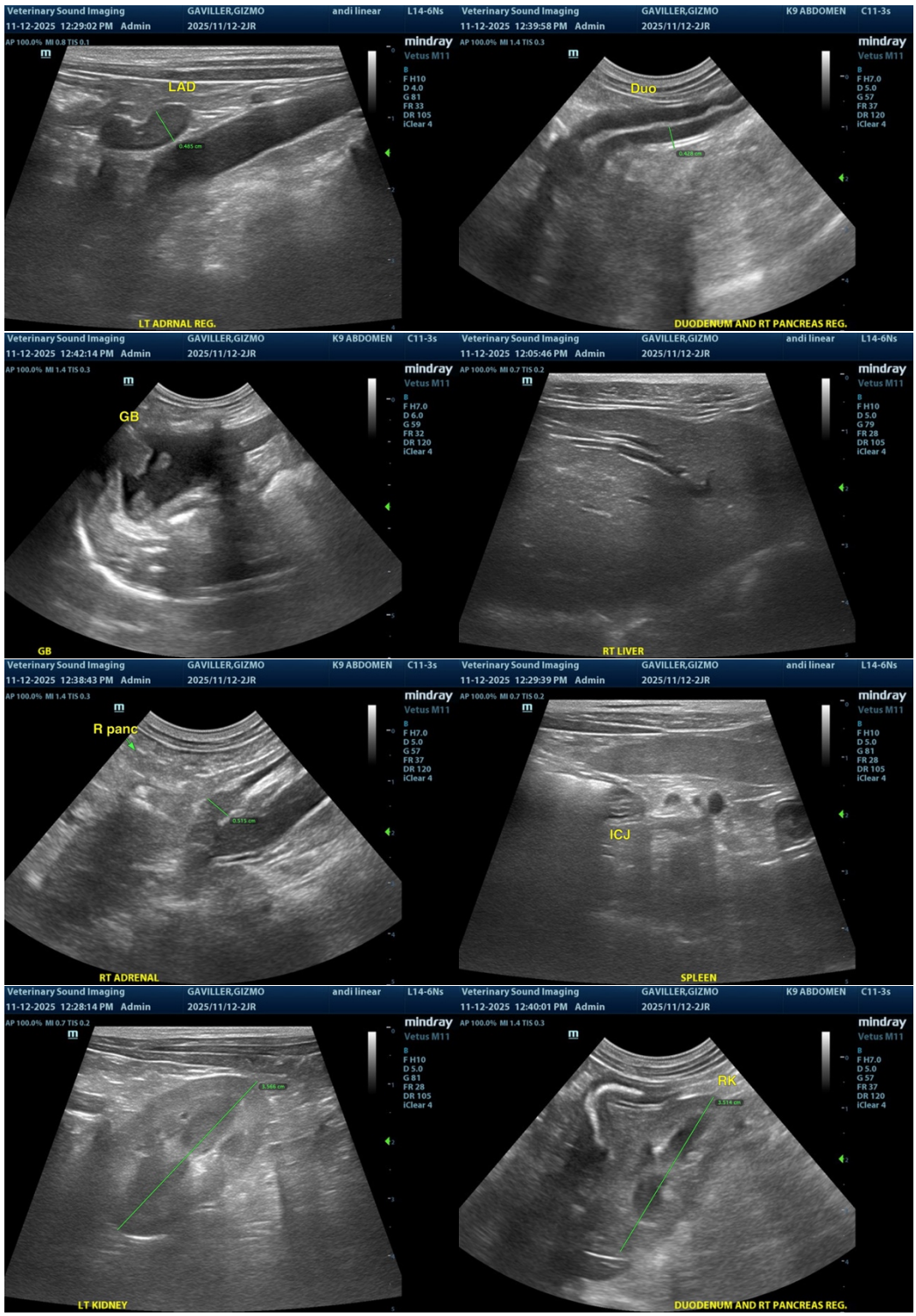

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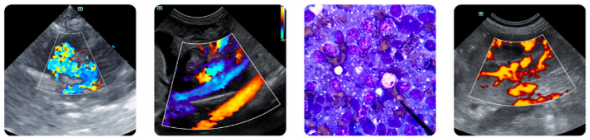

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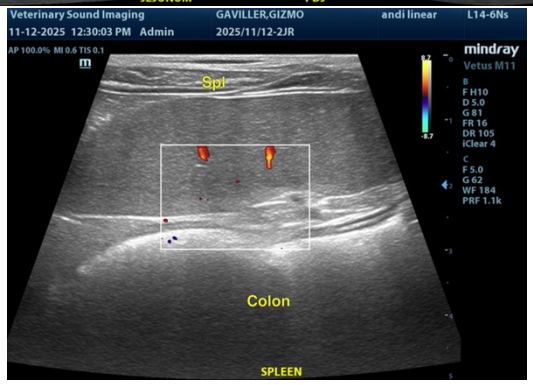

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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