



PATIENT	PRESENTING CLINICAL SIGNS
Pearl Deskin	Hx of eating grass and deer leg.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable Chem - elevated ALP - 373; Lipase = 2051 CPL - abnormal
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
GSP	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.
10	
WEIGHT	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 5.7 cm in length. The right kidney measured 6.5 cm in length.
70	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.49 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 0.46 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. A Waffle	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
Torch Lake VC	The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. A Waffle	
INVOICE	
13340	
DATE	Gastrointestinal
2/14/22	The stomach was nondistended containing a mild amount of retained anechoic fluid and mild chyme. The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall



PATIENT

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layering was maintained and distinct. No evidence of gastric foreign body. The ventral gastric body wall measured 0.68 cm width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of small intestinal mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall width measured 0.53 cm.

BREED

GSP

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

SEX

FS

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.

AGE

10

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

70

ULTRASONOGRAPHIC FINDINGS

- Mild vacuolar hepatopathy pattern
- Mild gastritis, sonographically unremarkable small bowel
- Overtly normal pancreas

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology was evident.

IMAGING PERFORMED BY

Dr. A Waffle

Mild gastritis pattern, suspected to be secondary to dietary indiscretion was present, yet without evidence of gastrointestinal foreign material or mechanical gastrointestinal obstruction. Potential for low-grade to chronic pancreatitis may be present yet sonographically normal. However, the elevated Lipase and cPL may be secondary or reactive to upper gastrointestinal inflammation.

HOSPITAL NAME

Torch Lake VC

Supportive care for gastritis or potential low-grade pancreatitis should prove beneficial. If persistent gastrointestinal signs, recheck sonogram to assess for progressive inflammatory gastrointestinal or pancreatic changes with potential for upper gastrointestinal endoscopy may be indicated.

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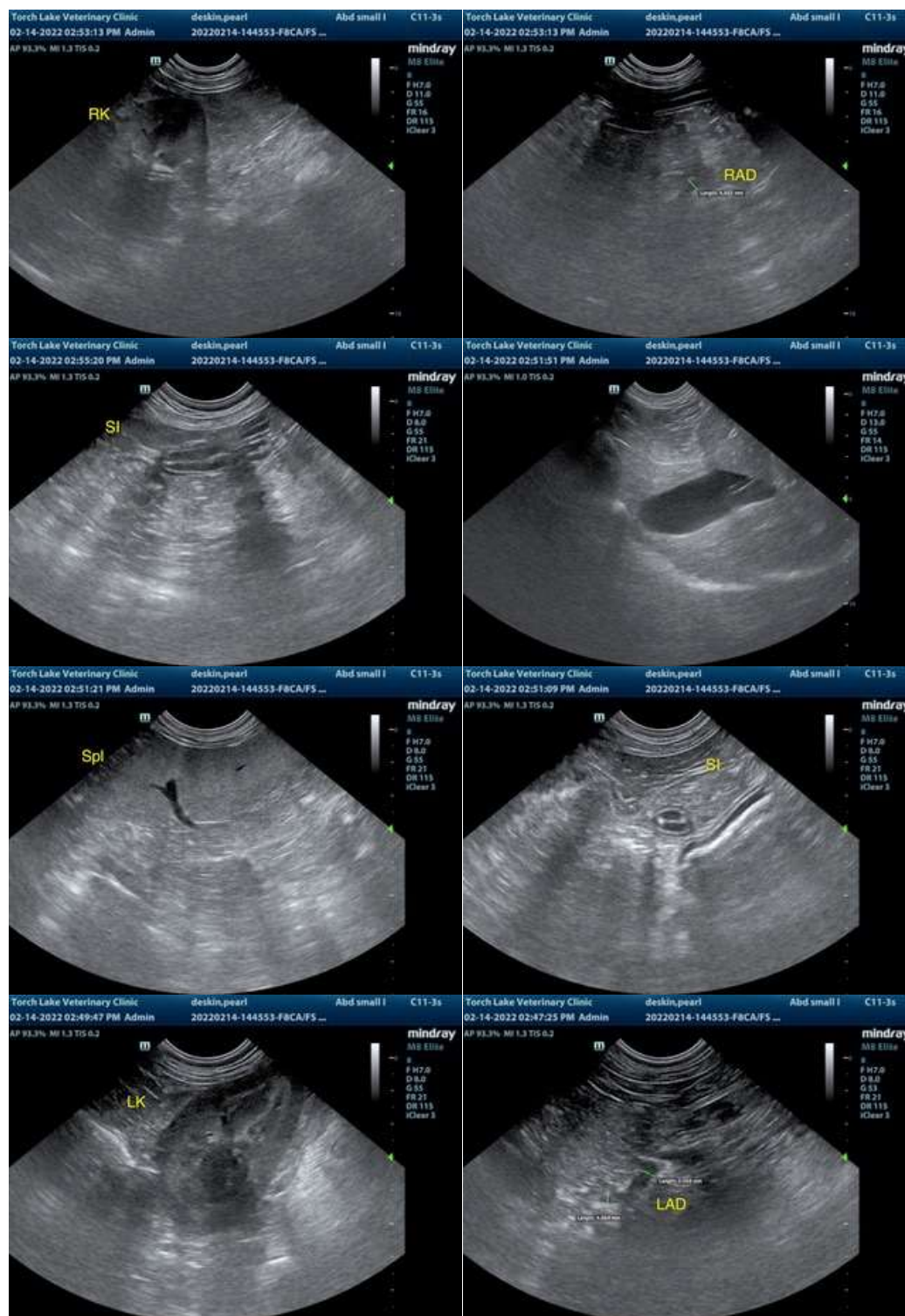
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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