



PATIENT

Dixie Bornman

SPECIES

Canine

BREED

Spaniel Mix

SEX

FS

AGE

8.5yr

WEIGHT

44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Campbell

INVOICE

13027ag

DATE

02/20/2023

PRESENTING CLINICAL SIGNS

Dixie is an eight year old, FS, Spaniel mix with a history of hypertension and elevated renal enzymes. She takes benazepril 10 mg PO SID chronically. Her latest lab results are attached to this study FYI. In December, her creatinine was 2.3. She eats K/D diet. Dixie had presented for routine BW in Dec 2022 elevated pancreas enzymes were found, but she wasn't having CS of illness checked cPL at this time to see if it corresponded to elevated enzymes cPL extremely high (>2000), but owner still not reporting clinical signs (she was not fasted) just had k/d dry and canned food in it with maybe some treats seems normal per owner, eating well like always, stool normal to soft, doesn't seem painful most proactive - abdominal U/S to see if there is anything to be irritating the pancreas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

Normal size and irregular margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Pinpoint dystrophic medullary mineral was present. 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 5.1 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 2.4 cm length.

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 with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing hyperechoic ingesta with no signs of ileus, obstruction or foreign material.

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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

Spaniel Mix

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

8.5yr

- Bilateral mild non-specific renal changes with areas of mild asymmetrical margination, possible cortical microinfarcts
- Gallbladder debris-not consistent with mucocele criteria
- Structurally normal GI tract with mild gastric ingesta
- Isoechoic to mildly heterogenous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or active pancreatitis present with potential considerations including minor benign remodeling owing to previous inflammatory episode or low-grade to chronic pancreatitis possible. The pancreatic appearance combined with elevated cPL is of unclear clinical significance, potential reactive cPL elevations owing to GI disease could be possible. A lower fat kidney diet with monitoring of UA as well as periodic UPC level if evidence of proteinuria may be considered. The gallbladder debris is considered incidental unless there is evidence of cholestasis.

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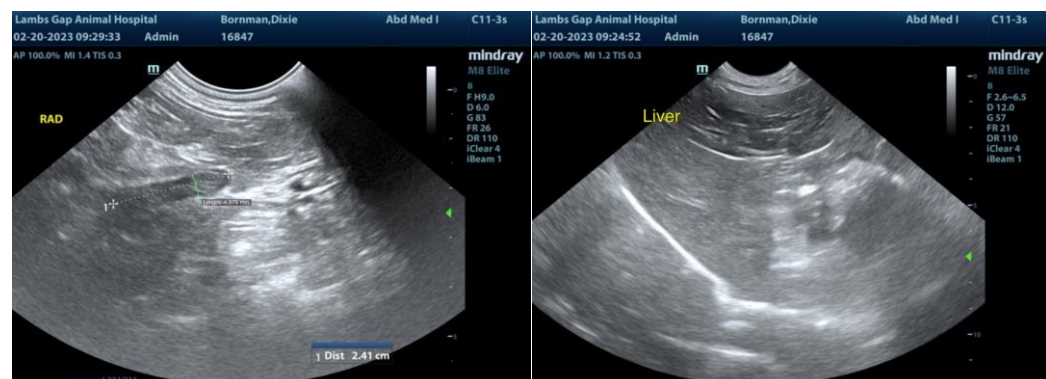
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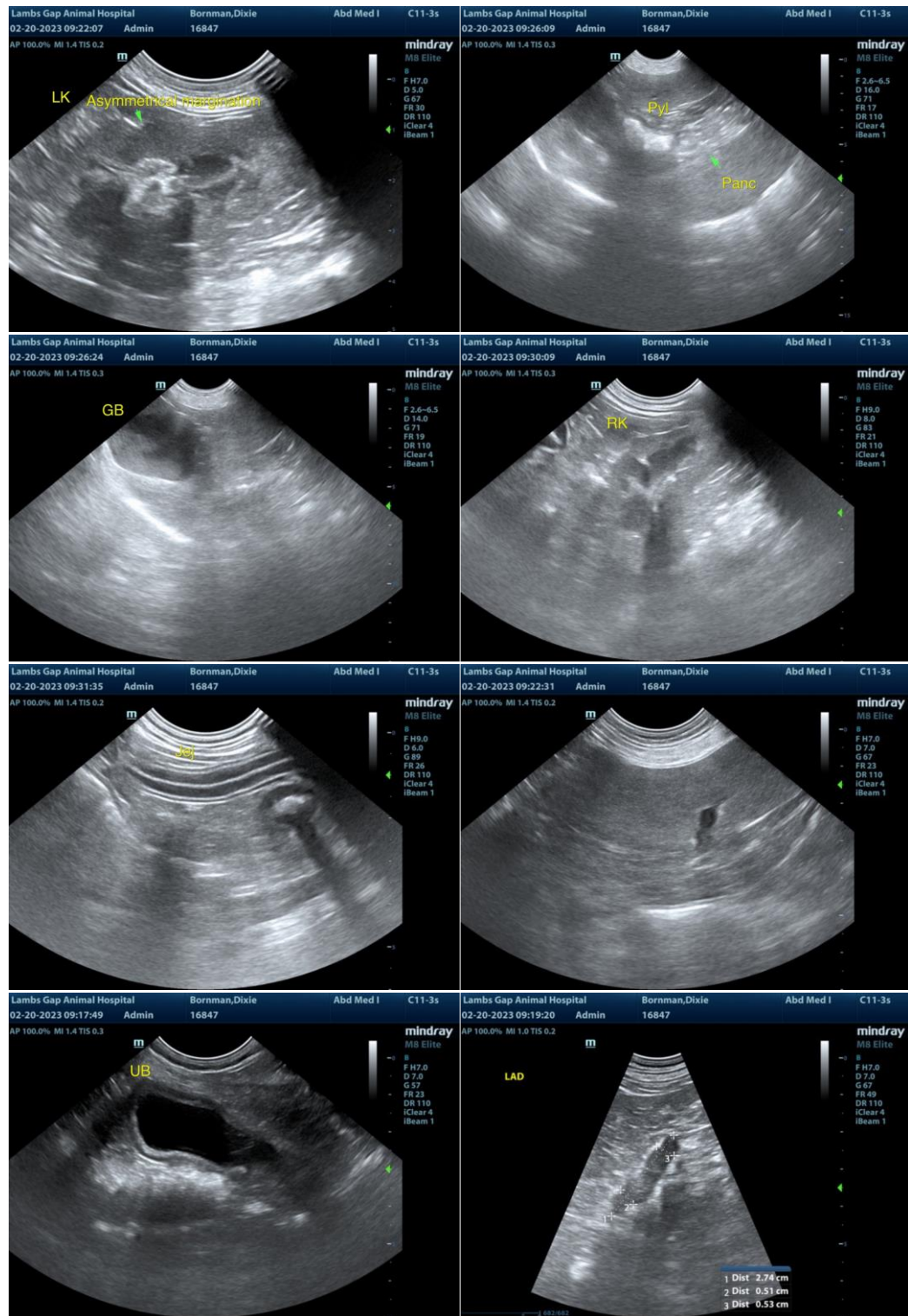
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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mac.daniel@sonopath.com

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