



**PATIENT**

Neeko Brar

**SPECIES**

Canine

**BREED**

Bichon Shi X

**SEX**

Neutered Male

**AGE**

8

**WEIGHT**

9.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Prairie Winds VC

**REFERRING VET**

Dr. Patel

**INVOICE**

21355

**DATE**

3/1/23

**PRESENTING CLINICAL SIGNS**

History: Nonclinical abnormal blood work on pre dental work up. Concern for any anesthetic risks  
Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP Lipase and cPL Mild elevation of postprandial bile acids

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the residual prostate appeared normal and free of pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.7 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 0.39 cm width at the caudal pole and 0.33 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 0.41 cm width at the caudal pole and 0.46 cm width at the cranial 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**

The liver was mildly enlarged in size. 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 vascular volume was normal without no evidence of a portosystemic shunt.

The gallbladder was non distended in size with mild nonorganized nondependent debris with concurrent anechoic gallbladder content. No evidence of gallbladder inflammatory criteria. 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 was empty 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.

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***Pancreas***

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

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***Free Abdomen***

A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.1 cm x 0.45 cm. This is considered incidental and not consistent with inflammatory or neoplastic criteria.

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**ULTRASONOGRAPHIC FINDINGS**

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- Low-grade benign hepatopathy- nonspecific, suggestive of vacuolar hepatopathy pattern, potential for low-grade inflammatory hepatopathy, i.e., cholangiohepatitis, is possible given the concurrent presence of gallbladder debris

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- Gallbladder debris (non-mucocele)
- Heterogenous to mildly remodeled pancreas- age-related variant, benign remodeling owing to previous inflammation, low-grade/chronic pancreatitis are possible

- Early age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further assessment of the liver may include screening hepatic FNA cytology, primarily to assess for evidence of inflammation. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. No evidence of extrahepatic or intrahepatic shunt. No overt anesthetic contraindications if evidence of adequate hepatic function, i.e., normal albumin, glucose, cholesterol and BUN levels. A bland novel protein or hydrolyzed diet trial could be considered, if clinical signs consistent with chronic pancreatitis arise, with continued monitoring of ALP levels.

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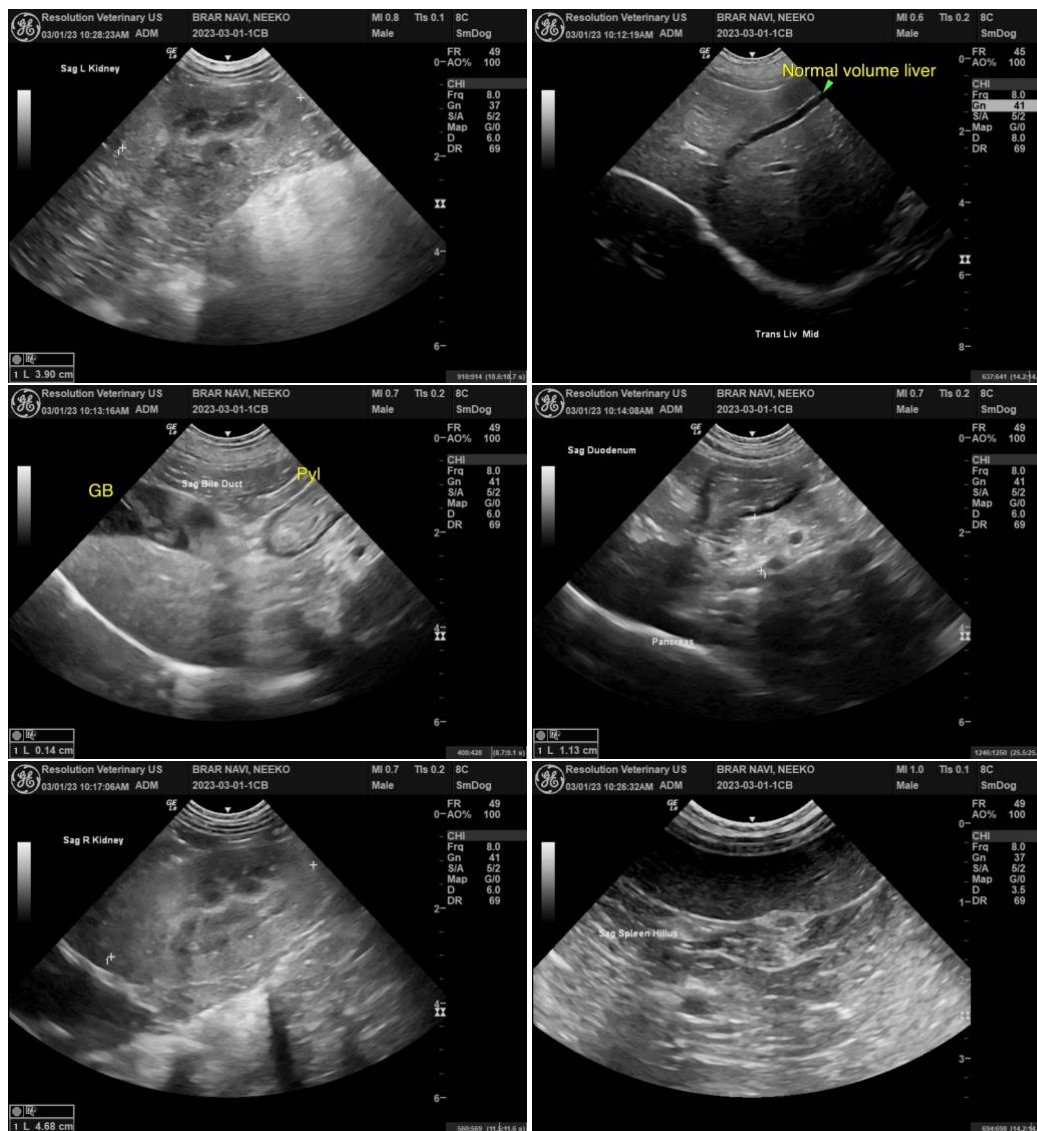
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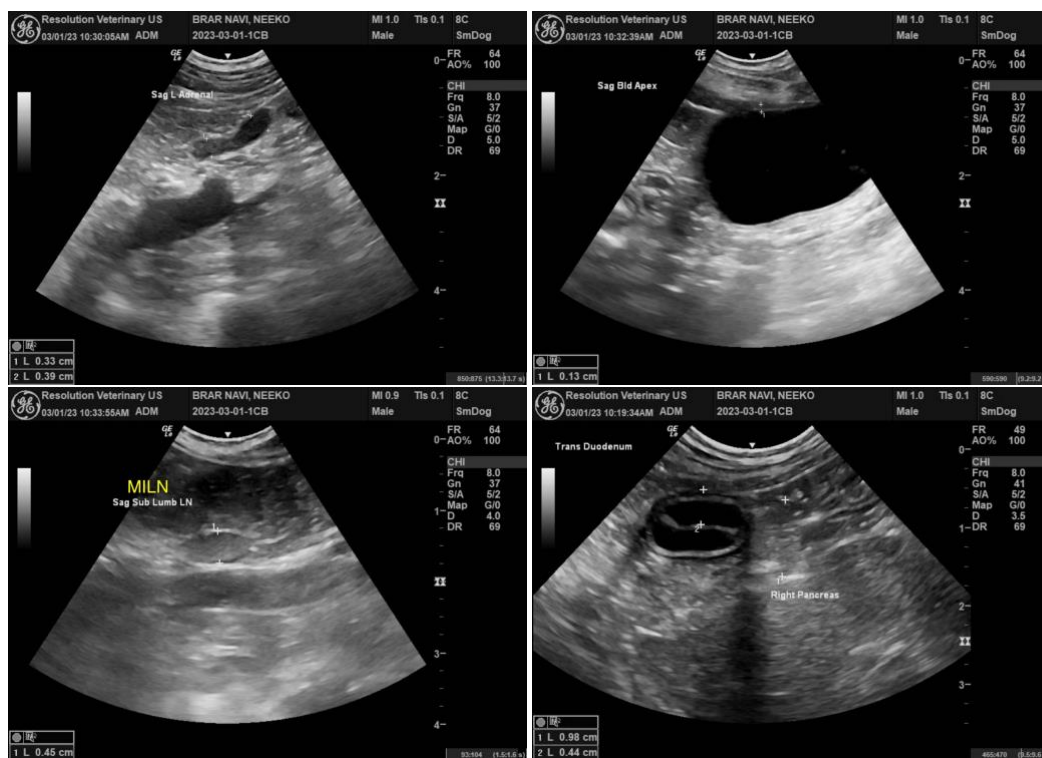
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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