



PATIENT

Pepper Faith

SPECIES

Canine

BREED

Boxer Mix

SEX

Female

AGE

8 years

WEIGHT

68.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

13506

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Currently on Deramaxx 35mg daily for joint pain and inflammation. No history of disease but last bloodwork showed an increased SDMA and Alk Phos. Remaining left eye (lost one due to traumatic injury as a pup) has been having increased inflammation and a small growth associated with cutaneous eyelid. Recently grew 3 additional raised hairless masses on left side of chest and abdomen. No other evidence of disease. Normal appetite and water intake

Unremarkable CBC, Chemistry Panel- BUHN 20, Creatine 1.3, SDMA 15, ALP 176, Lipase 835, Cholesterol 380, Urine specific gravity- 1.037, Negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 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 6.7 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized, yet without overt pathology subjectively measuring 0.54 cm width at the caudal pole. The right adrenal gland was not definitively visualized without overt evidence of pathology In the area of the right adrenal gland.

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. The cystic and common bile ducts were normal.

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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable abdomen

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68.0 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology was noted. The minor ALP elevation may indicate minor to early vacuolar hepatic changes without sonographic evidence of cholestasis. No evidence of intra-abdominal neoplastic criteria was present if the raised cutaneous to subcutaneous masses are confirmed pathological or neoplastic.

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Continued monitoring of ALP and SDMA levels is suggested.

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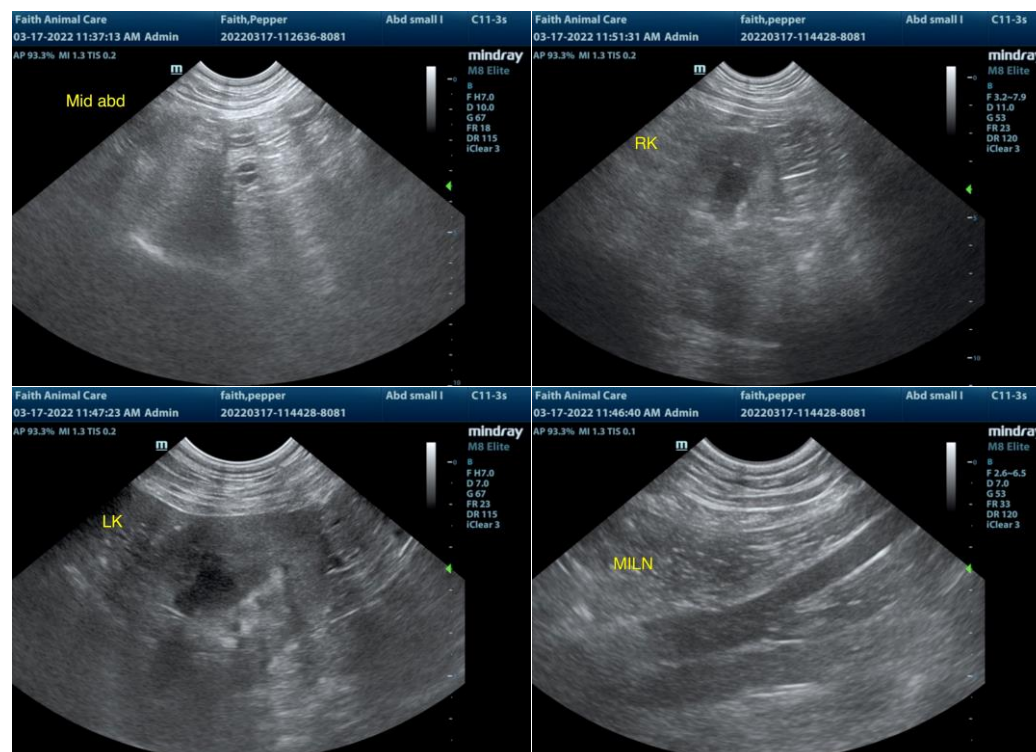
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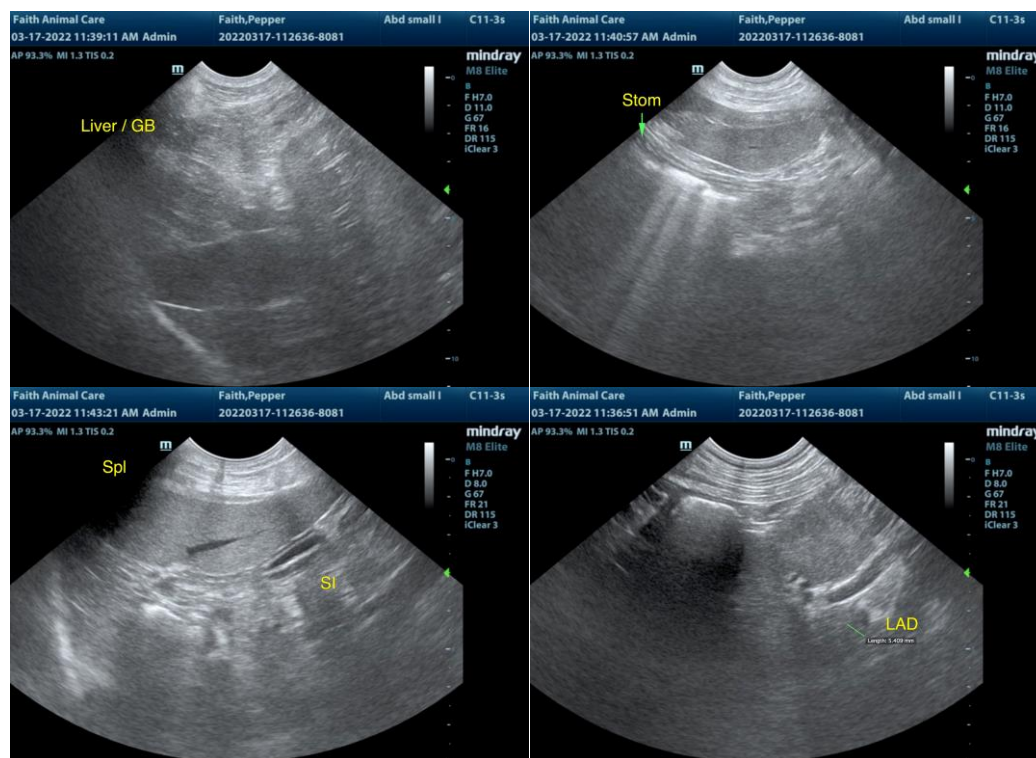
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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