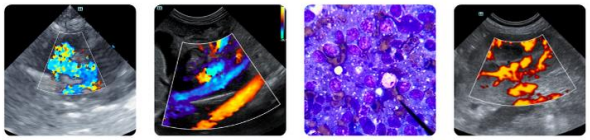

PATIENT

Maverick Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

5 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kellie Pesola

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Kellie Pesola

INVOICE

10742

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Hypothyroid, managed with medication

Abnormal PE/Chem/CBC/UA Results: ALP 571 Amylase 4103 Lipase >1800

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized yet overtly normal in size position and shape. The left adrenal gland measured 0.47 cm width at the caudal pole. The right adrenal gland measured 0.63 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.

Liver/ Gallbladder

The liver presented 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 and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size (likely given the presence of gastric ingesta) 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 contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow.

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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 formed feces in lumen.

Pancreas

The right pancreas was prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma. Mildly prominent pancreatic duct was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

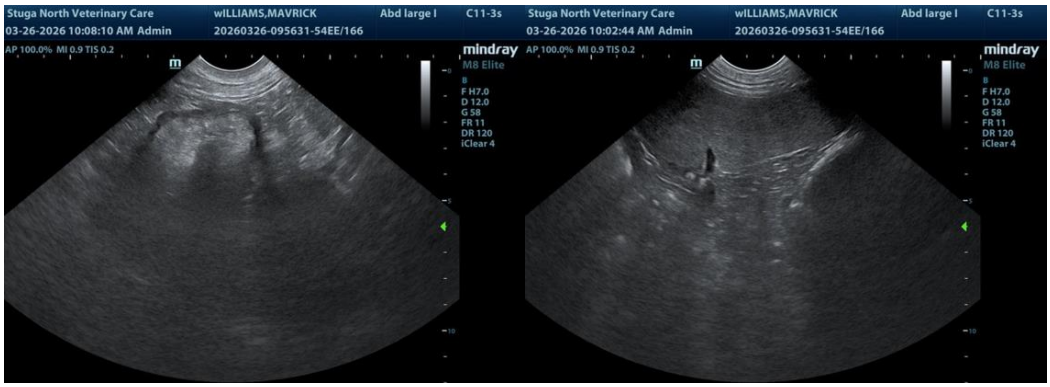
- Hepatopathy
- Normal gallbladder
- Prominent nonhomogeneous right pancreas
- Normal gastrointestinal tract with gastric ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to possible mixed pattern chronic to chronic active pancreatitis may be suspected if concurrent gastrointestinal signs or cranial abdomen / subxiphoid discomfort on palpation.

The liver is consistent with benign criteria with considerations including reactive, vacuolar, metabolic, or less likely inflammatory hepatopathy.

Empirical therapy for chronic to chronic active pancreatitis with concurrent hepatosupportive medications is recommended if clinically indicated.



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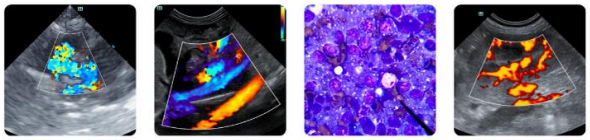

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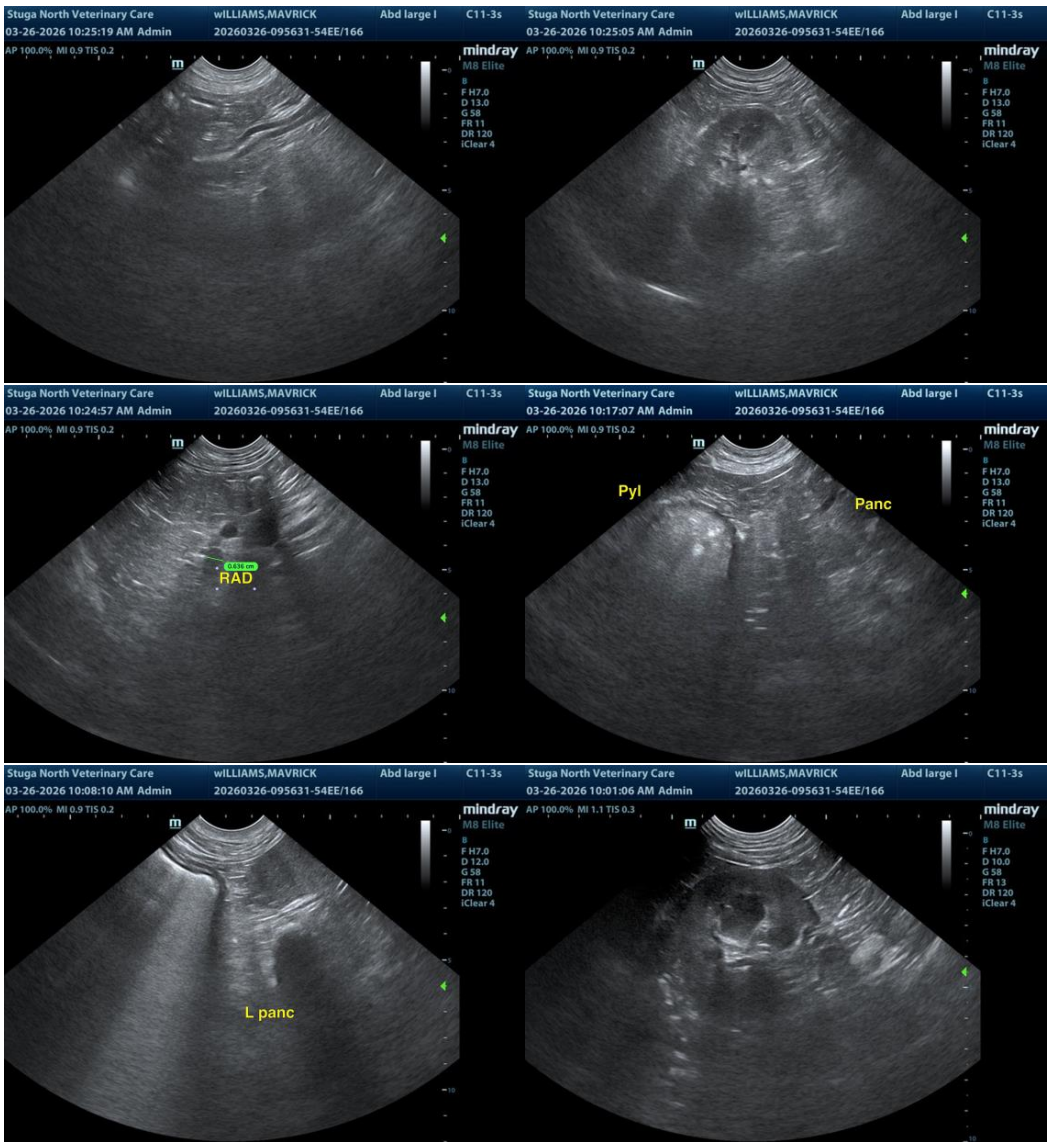

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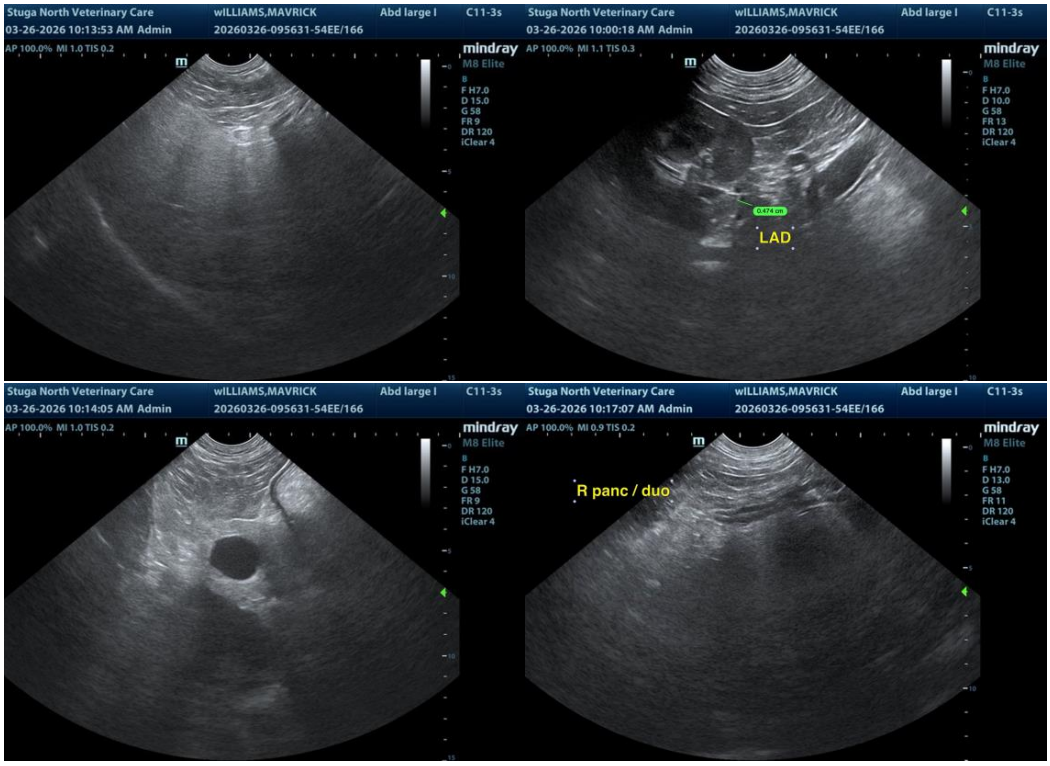

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com