



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Averi Karadag	Episodes of abdominal discomfort with bowing. Previous radiographs showed mild gastric dilation otherwise unremarkable.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elevated liver values correlate with episodes. See bloodwork attached. Current Medications Previously on Denamarin. No current medication. Radiographic Findings See previous films and report attached.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Doberman Pinscher	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.
MN	
<b>AGE</b>	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 7.9 cm in length. The right kidney measured 7.9 cm in length.
9yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
81.3lb	The area of the residual prostate appeared normal and free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
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 0.52 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 2.7 cm length.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen exhibited possible borderline enlargement with 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. The cranial aspect of the spleen appeared to be folded medially.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
West Hills Animal Hospital	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Galze	
<b>INVOICE</b>	
13430ag	
<b>DATE</b>	
04/07/2023	



**PATIENT**

Averi Karadag

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

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal and possible upper jejunal non-shadowing luminal ingesta was present with no signs of ileus, obstruction or foreign material.

**BREED**

Doberman Pinscher

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

**SEX**

MN

**Pancreas**

The pancreas base and proximal right limb caudal to the pylorus exhibited possible focal to regional hyperechoic parenchyma. No evidence of peripheral inflammation. The remainder of the visualized pancreas was sonographically unremarkable.

**AGE**

9yr

**Free Abdomen**

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

**WEIGHT**

81.3lb

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific benign hepatopathy-potential non-specific inflammatory hepatopathy given the ALT elevation.
- Sonographically unremarkable gallbladder.
- Structurally unremarkable GI tract with gastric and upper intestinal ingesta/chyme.
- Possible focal/regional hyperechoic pancreatic parenchyma, area of pancreas base and proximal right limb-nonspecific, possible regional fibrosis or chronic pancreatitis.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Sara Hansen

The presence of gastric/upper intestinal ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric/upper intestinal hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

**HOSPITAL NAME**

West Hills Animal Hospital

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation is recommended which may allude to chronic pancreatic inflammation.

**REFERRING VET**

Dr. Galze

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further clarification.

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Empirically, a canned limited antigen or hydrolyzed diet trial with smaller more frequent feedings as well as gastroprotectants may prove beneficial. Hepatic and upper GI biopsies may be required for a definitive diagnosis if progressive hepatic enzyme elevations or if clinical concern for delayed gastric emptying.

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**SPECIES**

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Doberman Pinscher

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**WEIGHT**

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**HOSPITAL NAME**

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Hospital

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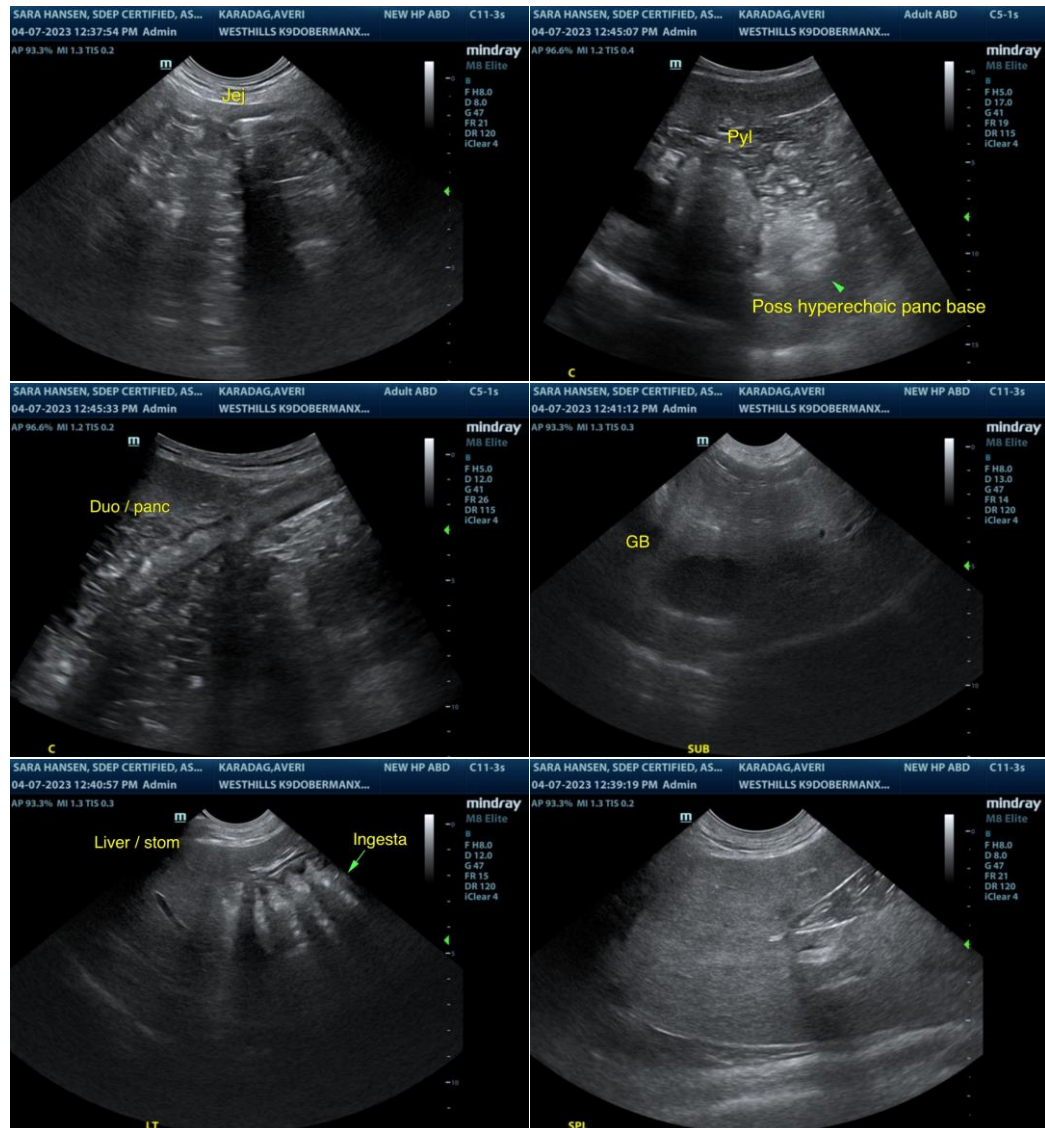
Dr. Galze

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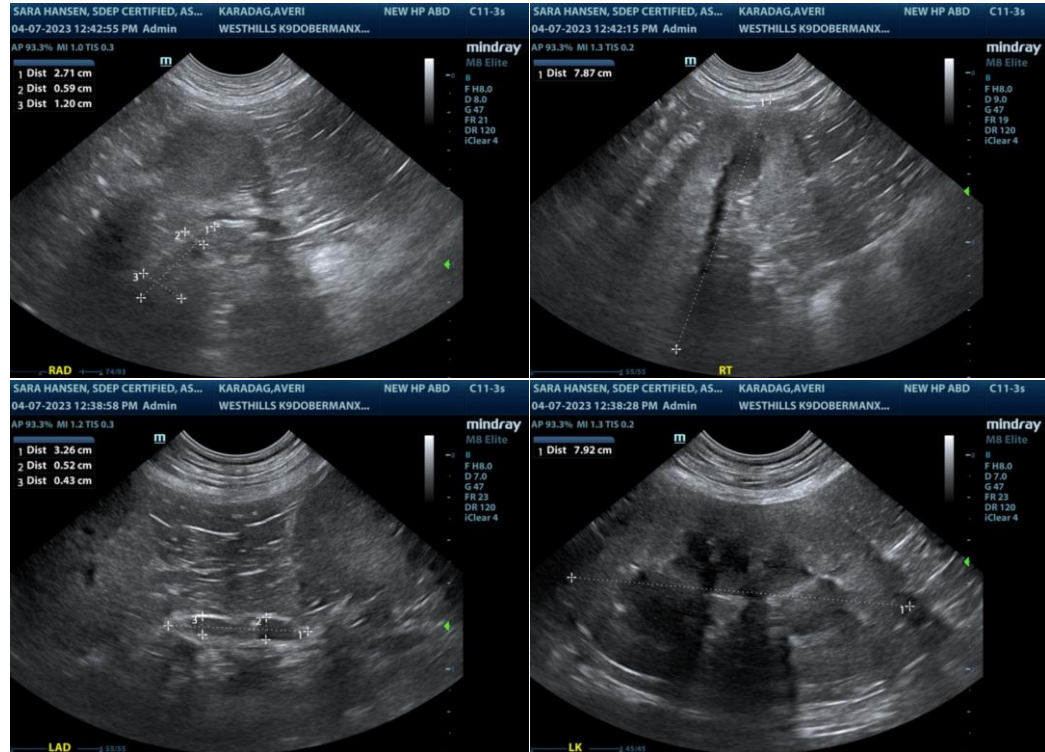
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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