



**PATIENT**

Ford Lambert

**SPECIES**

Canine

**BREED**

Kelpie

**SEX**

MN

**AGE**

8 years

**WEIGHT**

25 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Alastair Westcott

**HOSPITAL NAME**

Dr. Alastair Westcott,  
DVM

**REFERRING VET**

Dr. Alastair Westcott

**INVOICE**

16751

**DATE**

5/9/23

**PRESENTING CLINICAL SIGNS**

Clinically appears unremarkable with normal appetite, drinking levels, normal urination and defecation. No coughing or sneezing Elevated liver enzymes Ventral abdominal subQ mass/lipoma/fat - concern that this is due to herniation

Abnormal PE/Chem/CBC/UA Results: Moderate elevation in ALP Normal urinalysis with trace proteinuria

**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 was noted.

The residual prostate was free of pathology.

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 6.3 cm in length. The right kidney measured 6.6 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 3.2 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.50 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A hyperechoic perihilar nodule was present, consistent with benign myelolipoma. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**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 non-distended in size containing anechoic content with mild to moderate focally congealed to nondependent yet nonorganized variably hyperechoic gallbladder sludge. No evidence of gallbladder



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or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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

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**Free Abdomen**

A small umbilical hernia was present. A subcutaneous mass, consistent with fat echogenicity, was present in the ventral abdomen. No overt evidence of concurrent body wall defect associated with the subcutaneous mass. No overt lymphadenopathy or peritoneal effusion was present.

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A solitary, gastric / pancreaticoduodenal lymph node was present. The lymph node exhibited mildly nonhomogeneous parenchyma without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.4 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Benign hepatopathy
- Moderate congealed yet nonorganized gallbladder sludge - not consistent with mucocele criteria
- Mild heterogeneous pancreas - nonspecific
- Focal benign / reactive gastric / pancreaticoduodenal lymph node - incidental

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**Secondary Findings**

- Small umbilical hernia with concurrent subcutaneous lipoma
- Benign splenic myelolipoma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although nonspecific, the sonographic appearance of the liver was consistent with vacuolar hepatopathy pattern with potential for cholestasis or inflammatory hepatopathy i.e., cholangiohepatitis, given the presence of gallbladder sludge. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory cells.



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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No overt suspicion of primary adrenal disease, given the normal adrenal presentation and lack of clinical signs consistent with Cushing's Syndrome, i.e., PU/PD, polyphagia, etc.

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A spec cPL could be considered if previous or current clinical signs suggestive of chronic pancreatitis are noted.

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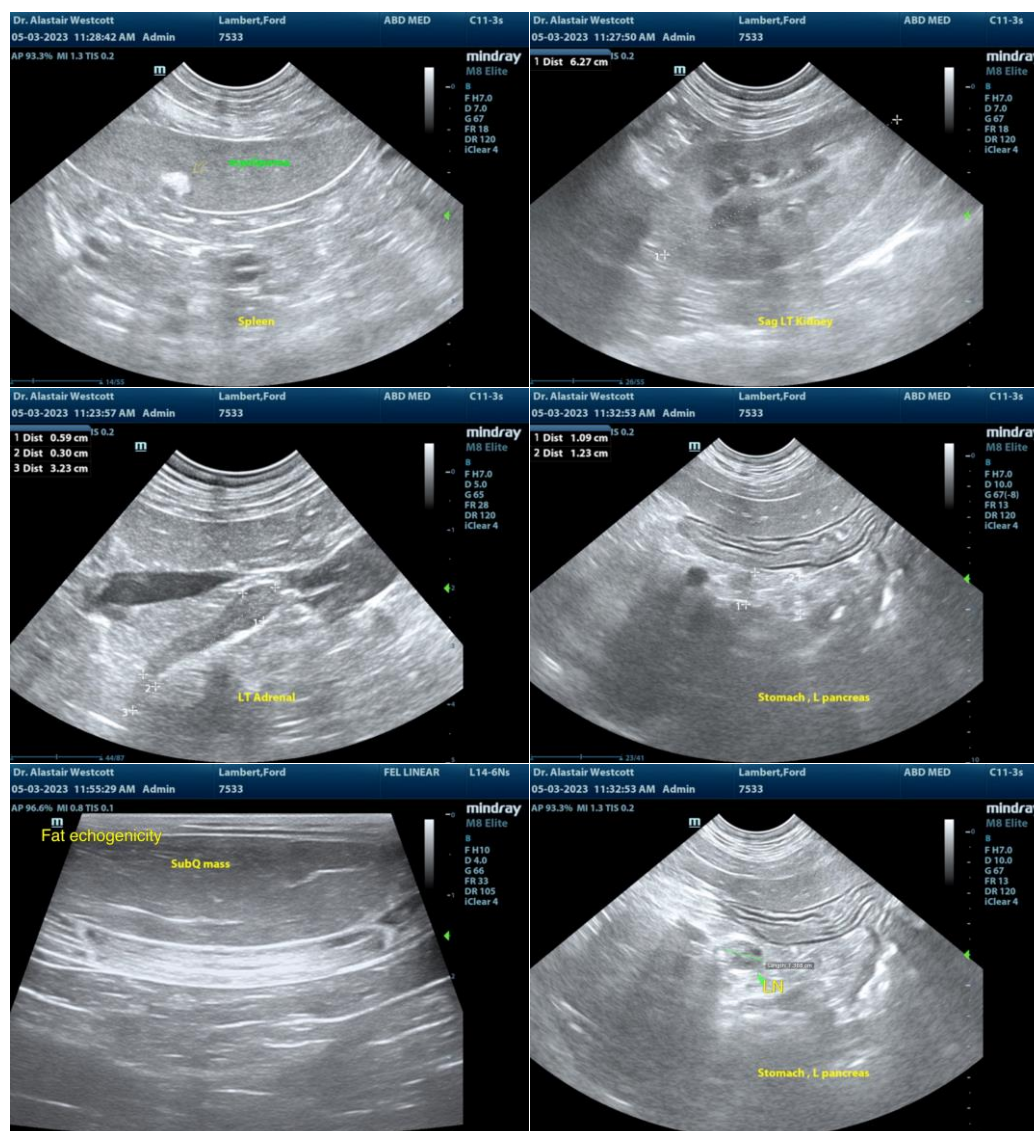
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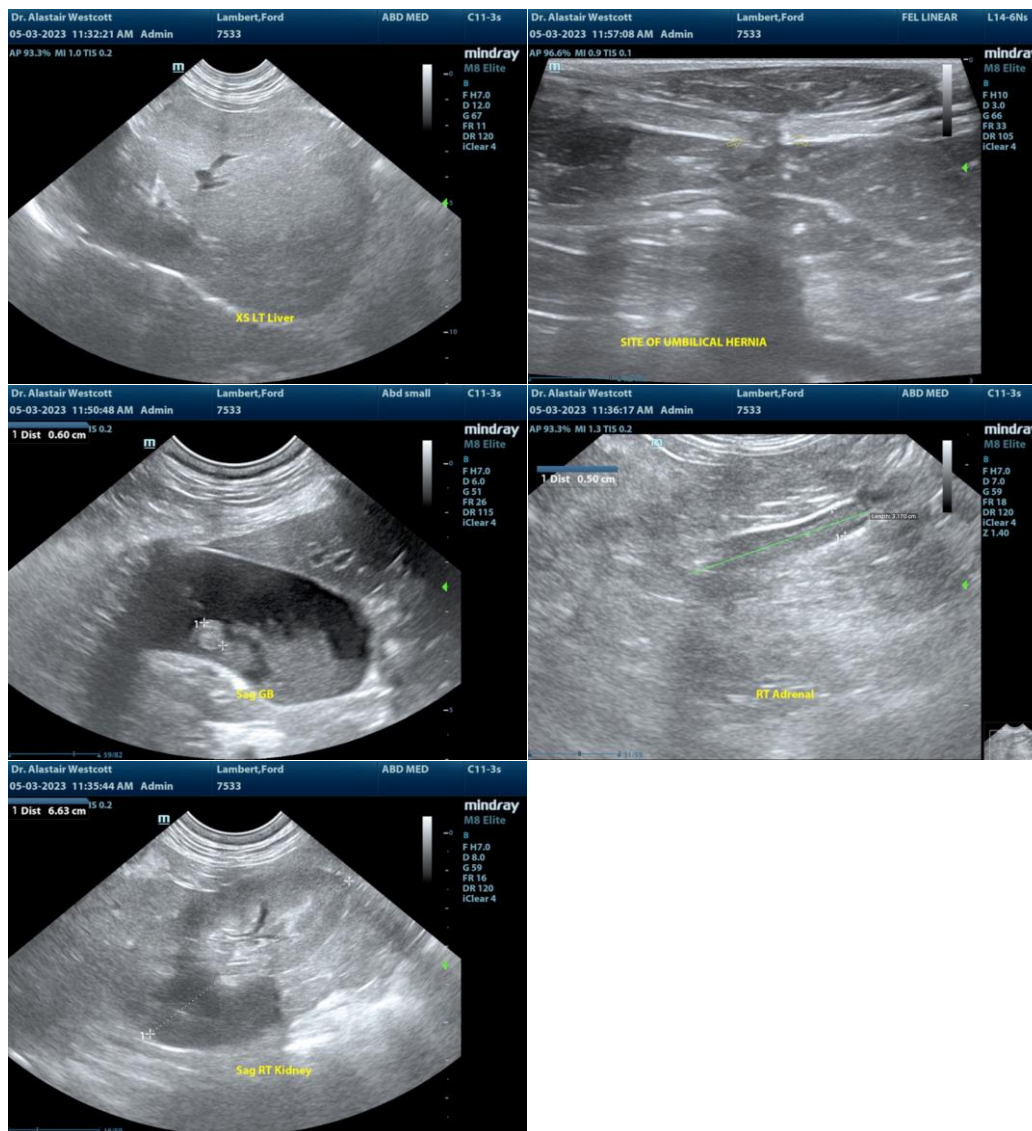
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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