



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Pepper Gorby	Patient is lethargic with a decreased appetite x 3 weeks.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC: PLT 72 CHEM; ALKP 486 U/A: SG 10.04, BLD 25 XRAY: Possible enlarged lymph nodes noted on cranial heart base.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Newfoundland Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
FS	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 5.7 cm in length. The right kidney measured 6.3 cm in length.
<b>AGE</b>	
8 years 2 months	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.55 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 0.62 cm width at the caudal pole and 0.49 cm width at the cranial pole.
45.8 lbs.	<b>Spleen</b>
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver/ Gallbladder</b>
<b>IMAGING PERFORMED BY</b>	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 containing anechoic content with mild congealed hyperechoic gallbladder sediment. No overt peripheral gallbladder inflammatory criteria were noted. The cystic and common bile ducts were normal.
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<b>DATE</b>	<b>Gastrointestinal</b>
7/20/23	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing, focally hypoechoic, lumen ingesta which was sonographically suggestive of food. No evidence of significant gastric distention with significant retained ingesta, fluid, or foreign material.



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Newfoundland Mix

**SEX**

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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 mechanical / metabolic ileus, obstruction, or foreign material.

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

**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.

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

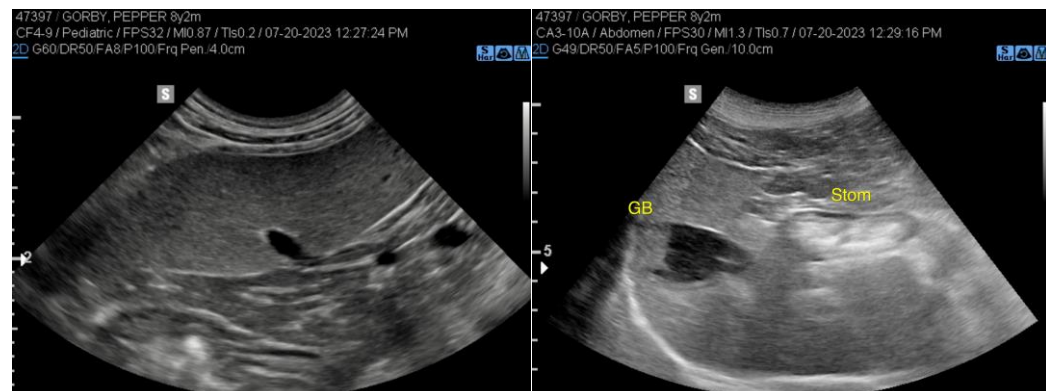
**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Sonographically normal liver - consistent with benign hepatopathy criteria
- Mild gallbladder sediment (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, there was no evidence of significant abdominal visceral pathology as an obvious cause of the patient's clinical signs. Mild vacuolar hepatopathy, nonobstructive cholestasis, inflammatory hepatopathy i.e., cholangiohepatitis, or other hepatopathy is possible. Occult infiltrative hepatic neoplasia is considered unlikely.

Assuming normal clotting status, FNA cytology of the liver could be considered primarily to assess for evidence of inflammatory criteria. Empirical as-needed gastrointestinal support is recommended.





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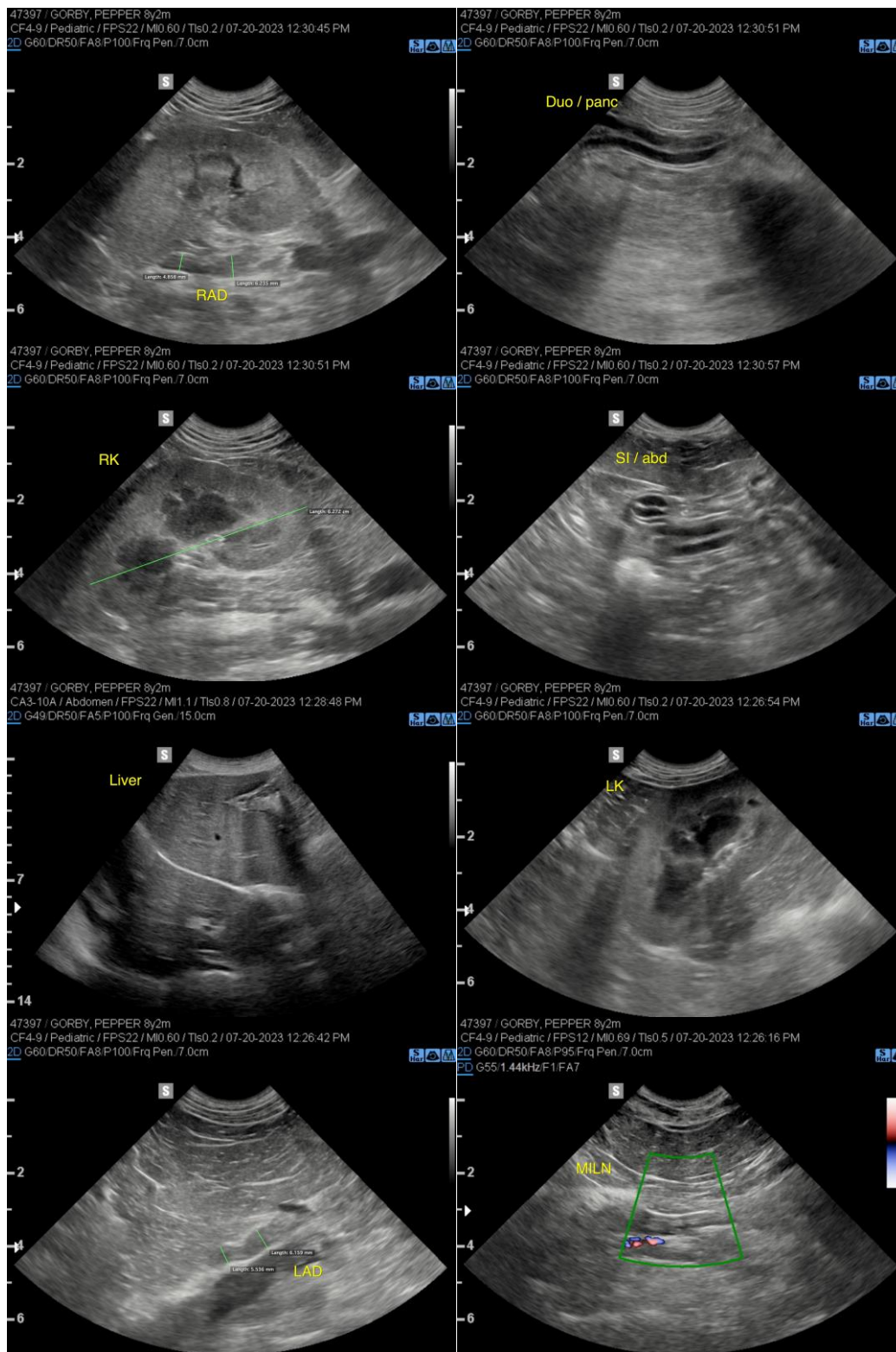
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Pepper Gorby

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.

**SPECIES**

Canine

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