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Clinical Sonography & Telecytology
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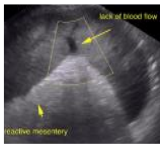
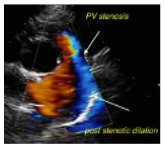
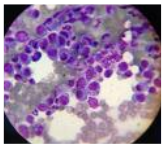
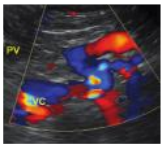

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Meelo Evangelopoulos

**SPECIES**
Canine

**BREED**
Labradoodle

**SEX**
F/S

**AGE**
10 years

**WEIGHT**
30 kg

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

**IMAGING PERFORMED BY**
Dave Stasiuk RDMS, RDCS

**HOSPITAL NAME**
Resolution Vet Ultrasound LTD

**REFERRING VET**
Dr. Kevin MacAulay

**INVOICE**
16580

**DATE**
7/28/22

## PRESENTING CLINICAL SIGNS

Mildly elevated Spec CPL, Lipase, ALP and Total billirubin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of  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 area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.1 cm in length. The right kidney measured 7.1 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 0.61 cm width at the caudal pole.

No overt pathology in the area of the right adrenal gland, although not definitively visualized, owing to patient conformation.

### *Spleen*

The spleen exhibited mild enlargement. Finely textured and homogenous parenchyma noted 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. No masses or nodules 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 with anechoic content with moderate nondependent mildly hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation.  The common bile duct was sonographically normal without evidence of posthepatic stasis or obstructive criteria.

### *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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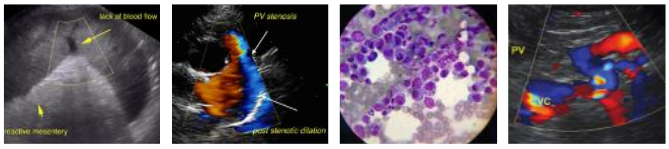

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

### *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.

### *Free Abdomen*

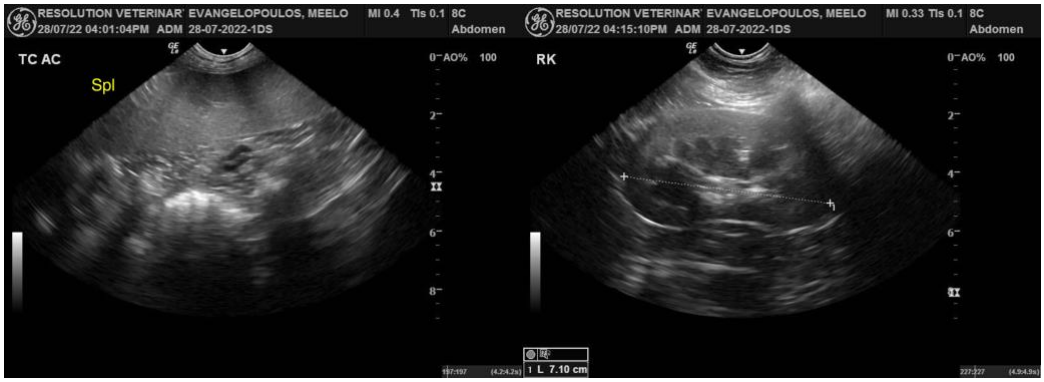
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild vacuolar hepatopathy pattern- benign
- Moderate gallbladder debris (non-mucocele)
- Heterogeneous pancreas- age-related pancreatic changes, remodeling owing to previous inflammation or low grade to chronic pancreatitis is possible. No evidence of active pancreatitis or neoplastic criteria
- Mild age-related kidneys
- Mild splenomegaly- subjectively benign, likely patient variant, incidental hyperplasia, hematopoiesis, splenitis or some degree of minor splenomegaly owing to sedation likely

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low grade to chronic pancreatitis may be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation. Hepatosupportive medications, including Denamarin and Ursodiol, given the nonobstructive cholestasis and presence of gallbladder debris would be reasonable with continued monitoring of ALP and total bilirubin levels.



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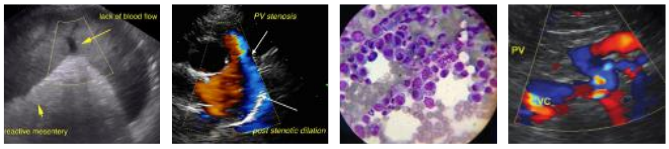

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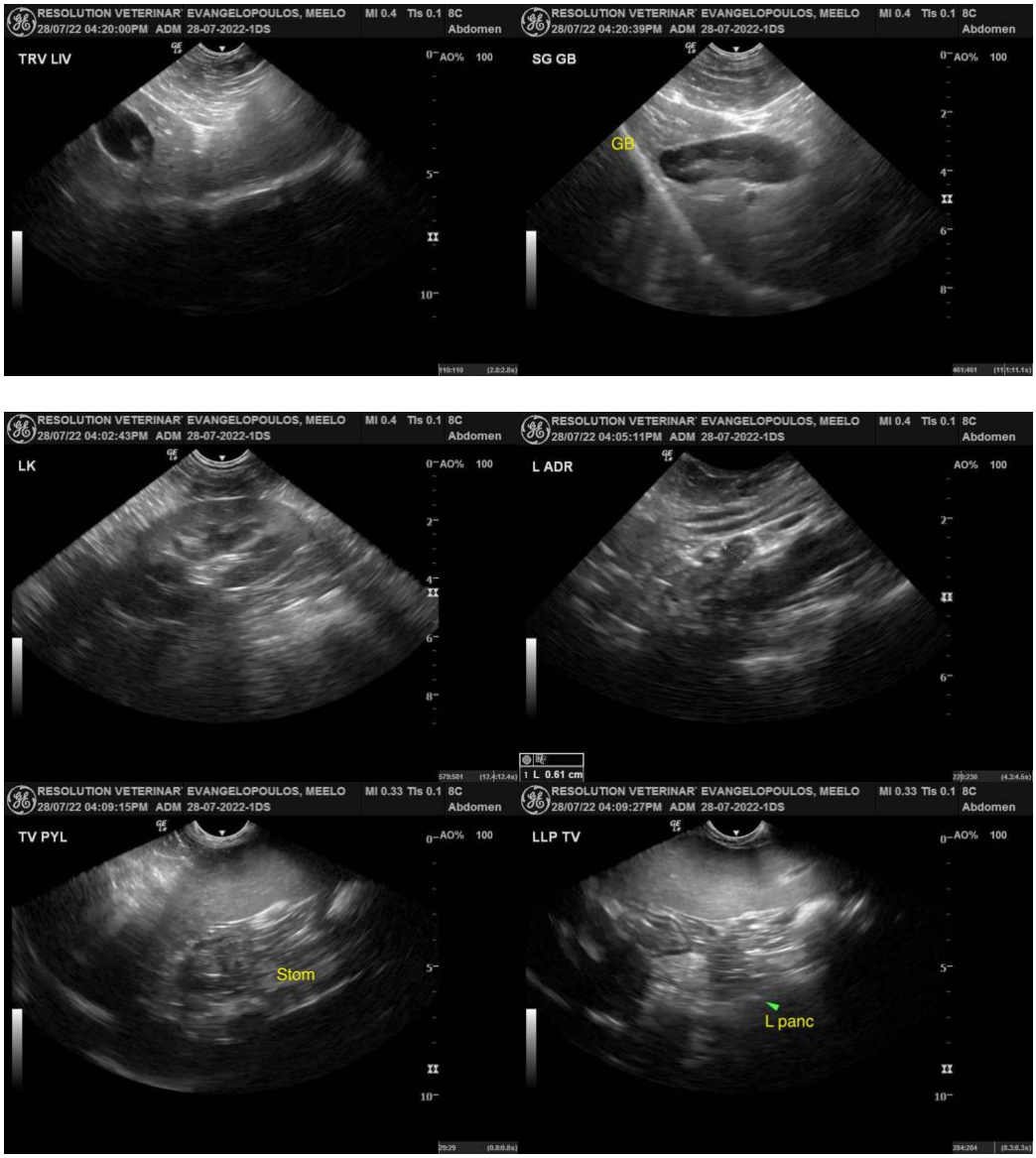


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**