



PATIENT	PRESENTING CLINICAL SIGNS
Lady Wood	ADR, lethargic, seems painful, not eating
SPECIES	Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings ALP high - 193 (0-140) WBC low 5.9 (6-17) , LYM low 0.5 (0.9-5), MONO low 0.2 (0.3-1.5), RBC low 5.32(5.5-8.5), PLT low 190 (200-500)
Canine	Canine snap lipase: abnormal *superchem and pt/ptt labwork pending * Current Medications cerenia, buprenex, and gabapentin Radiographic Findings none
BREED	
Shep Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.
AGE	
12 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
43 lbs.	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor loss of corticomedullary border demarcation was present with pinpoint areas of medullary mineral in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.1 cm in length.
INTERPRETED BY	Adrenal Glands
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 3.0 cm length x 0.73 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 2.9 cm length x 0.92 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Sara Hansen	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.
HOSPITAL NAME	Liver/ Gallbladder
West Salem AC	The liver exhibited subjective mild enlargement. 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 distended in size exhibiting normal gallbladder wall without evidence of thickening or inflammatory criteria. The gallbladder contained anechoic content with moderate,
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Dr. Crane	
INVOICE	
14744	
DATE	
8/1/23	



PATIENT

congealed yet non-organized, variably hyperechoic gallbladder sediment. There was no evidence of peripheral gallbladder inflammation. The common bile duct was normal.

Lady Wood

SPECIES

Gastrointestinal

Canine

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, retained ingesta, fluid, or foreign material.

BREED

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.

Shep Mix

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

SEX

Pancreas

FS

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.

AGE

12 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

43 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Mild hepatomegaly - subjectively benign
- Distended gallbladder with moderate congealed yet nonorganized gallbladder sediment - possible early noninflamed mucocele
- Sonographically unremarkable gastrointestinal tract / pancreas
- Normal spleen
- Minor age-related kidneys with pinpoint medullary mineral

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

IMAGING PERFORMED BY

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Overall, a definitive cause of the patient's clinical signs was not obvious. There was no evidence of structural gastrointestinal pathology or sonographic evidence of active pancreatitis. Low-grade to chronic pancreatitis may present as sonographically normal and may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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Without evidence of gallbladder inflammation, clinical signs associated with gallbladder disease are considered less likely. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial with sonographic reassessment of the gallbladder if progressive cholestasis.

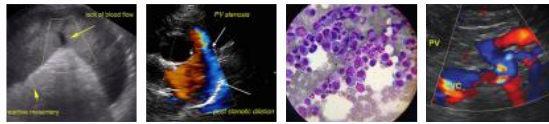
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Correlation with pending chemistry panel and clotting status is recommended. Thorough muscular / skeletal and neurologic examination, three view chest radiographs, and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult disease as potential contributing factors. Empirically, as-needed gastrointestinal support is recommended.



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SPECIES

Canine

BREED

Shep Mix

SEX

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HOSPITAL NAME

West Salem AC

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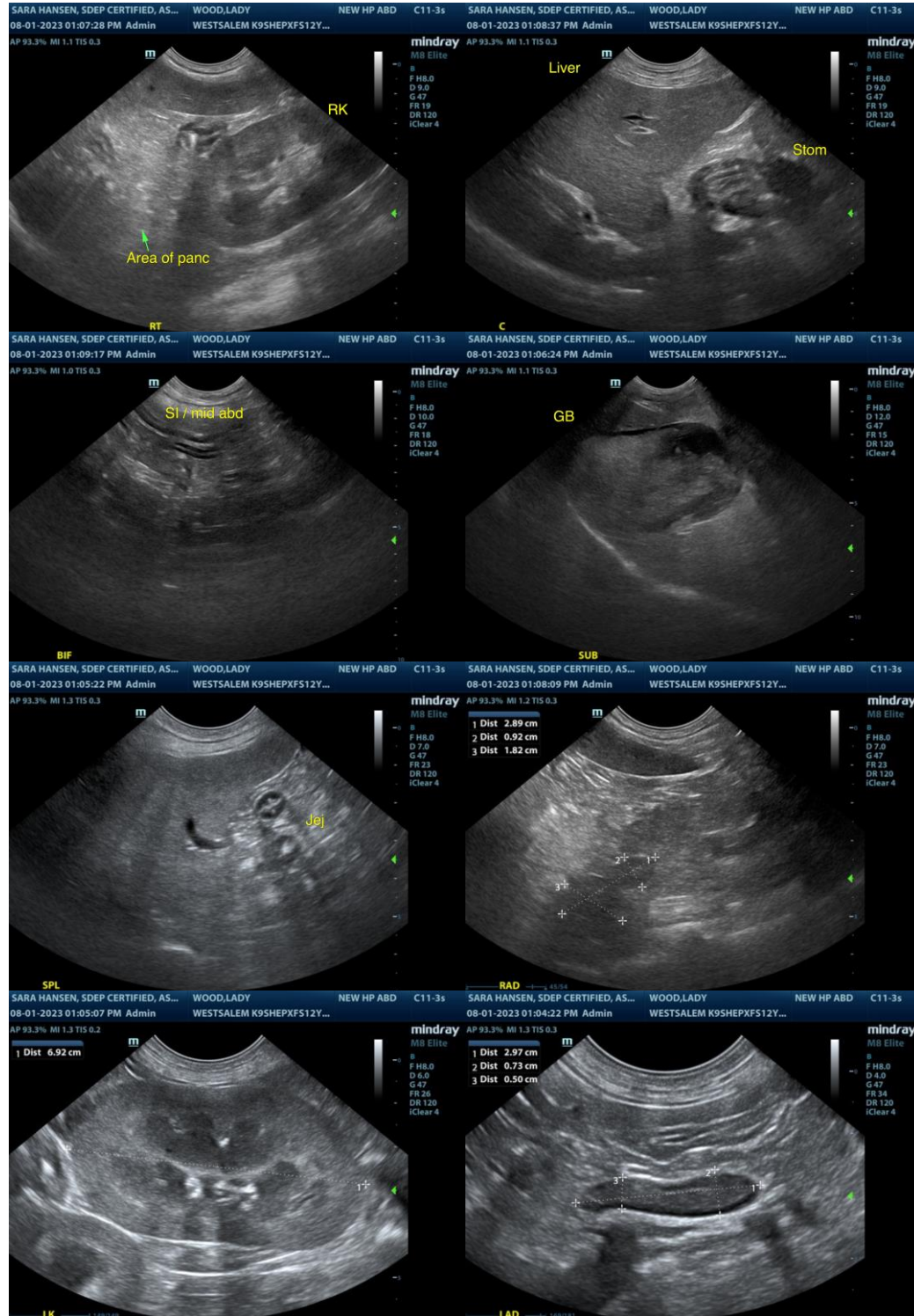
Dr. Crane

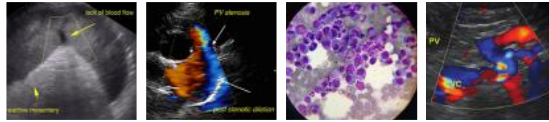
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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