



**PATIENT**

Desi Epps

**PRESENTING CLINICAL SIGNS**

Patient has not wanted to eat for 3 days. Vomiting bile and having diarrhea. Has history liver elevations and hypertension. Currently taking Ursodiol, Denamarin and Amlodipine.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labradoodle

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 cm in length.

**AGE**

13yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**WEIGHT**

27

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the cranial pole and 0.75 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in the cranial pole and 0.89 cm width in the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited subjective mild enlargement with symmetrical capsule contour and generalized mild parenchymal heterogeneity. Intermittent variably sized hyperechoic mildly shadowing nodules were present, an example measuring 0.86 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Ukachi Ugorji DVM

**Liver/Gallbladder**

**HOSPITAL NAME**

Craig Road Animal  
Hospital

The liver exhibited generalized to variable enlargement with capsule asymmetry and generalized moderate non-homogenous regionally nodular parenchyma. Moderate coarse echotexture was present. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic sediment. The gallbladder wall was mild to uniformly thickened measuring 0.30 cm in width. The cystic and common bile ducts were normal.

**REFERRING VET**

Ukachi Ugorji DVM

**Gastrointestinal**

**INVOICE**

14602

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.

**DATE**

08/14/2023



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The small intestine presented generalized intact variably thickened wall layering with subjective increased mucosa echogenicity. Segmental variable to moderate ileus exhibited by retained anechoic fluid and mild non-specific non-shadowing ingesta was present. No signs of obstruction, mural pathology or foreign material.

**SPECIES**

Canine

Intact mildly prominent visible colon wall layers were present with soft to non-formed feces in lumen.

**Pancreas**

**BREED**

Labradoodle

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**Free Abdomen**

**SEX**

MN

Intermittent scant pocket of peritoneal free fluid was present.

Generalized perihepatic mild non-uniform hyperechoic omentum was present.

**AGE**

13yr

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged non-homogenous/nodular liver-vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis neoplasia or other hepatopathy possible.
- Non-distended gallbladder with mild thickened wall-potential cholecystitis.
- Mildly enlarged spleen with intermittent hyperechoic nodules-subjectively benign.
- Chronic active pancreatitis pattern.
- Generalized non-specific gastroenterocolopathy with gastric and segmental intestinal hypomotility.
- Mildly enlarged non-homogenous bilateral adrenal glands- nonspecific.
- Mild chronic renal changes.

**WEIGHT**

27

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatic +/- splenic FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas and assessment for occult intestinal disease as a contributing factor.

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Infiltrative hepatic and possible GI neoplasia is of concern although not definitive.

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The possibility of non-visualized partially obstructive to passing intestinal foreign body cannot be excluded although is thought less likely.

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Ukachi Ugorji DVM

A full thickness intestinal and hepatic core /surgical biopsy is likely required for a definitive diagnosis.

Empirically hepatic and GI support and therapy for pancreatitis with close clinical monitoring and potential recheck sonogram if progressive clinical signs would be reasonable.

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**REFERRING VET**

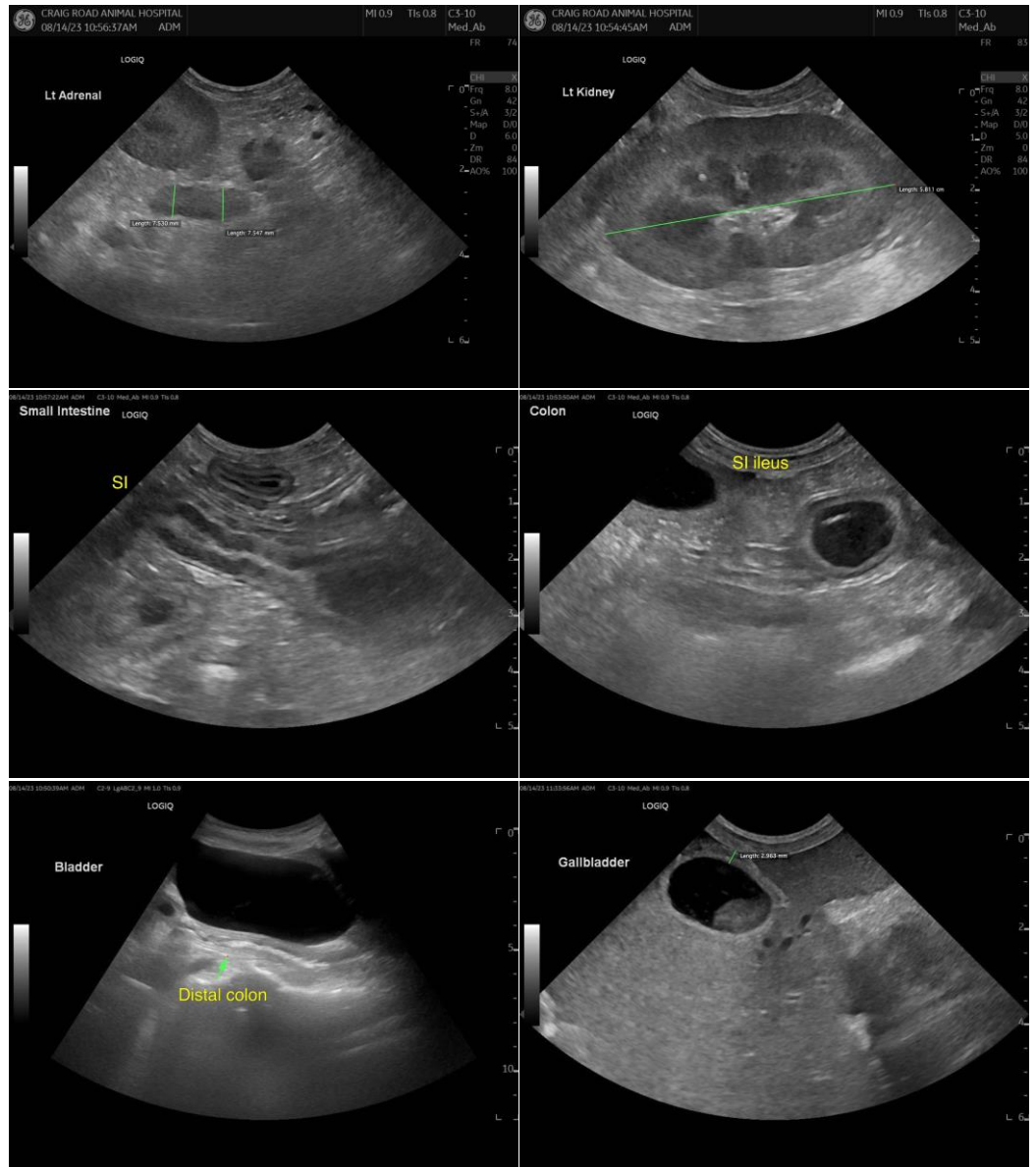
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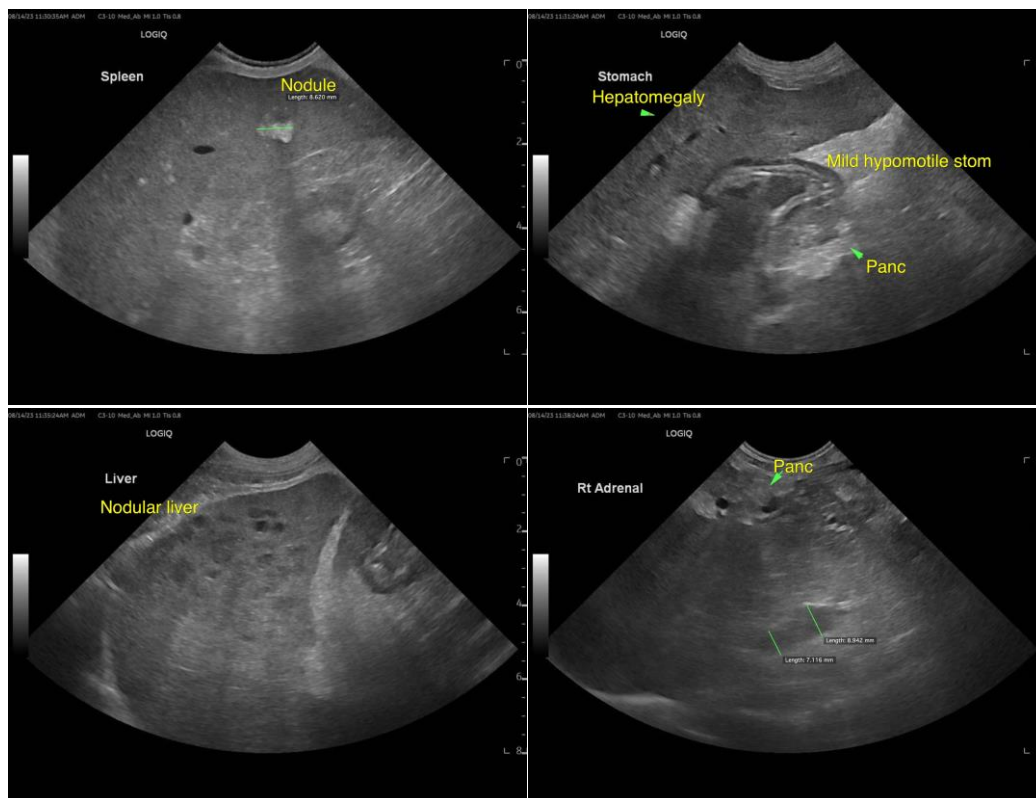
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)