



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Gracie King	Intermittent inappetance Elevated LE's Responded to Famotidine and Cerenia
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE; – NSF Chemistry; – ALT: 154 (18-121) – AST: 68 (16-55) – BUN: 46 (9-31) – LIPASE: 739 (9-31)
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
West Highland White	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
<b>SEX</b>	
FS	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and minor indistinct corticomedullary definition were present. 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 4.2 cm in length. The right kidney measured 4.1 cm in length.
<b>AGE</b>	
12yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
6.3kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 1.3 cm length. 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 1.3 cm length.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Patti Mayfield DVM	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. Normal vascular volume. Intermittent subtle non-disruptive hyperechoic nodules were present, an example measuring 0.63 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic lumen sediment. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Sunriver Veterinary Clinic	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	
Wendy Meredith DVM	
<b>INVOICE</b>	
14605ag	
<b>DATE</b>	
08/14/2023	



**PATIENT**

Gracie King

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.

**SPECIES**

Canine

**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 was evident.

**BREED**

West Highland White

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Low grade hepatopathy with intermittent benign intraparenchymal nodules-consistent with small lipogranulomas or nodular hyperplasia.
- Minor gallbladder sediment (non-mucocele).
- Mild age related renal changes.
- Sonographically unremarkable GI tract/pancreas.

**AGE**

12yr

**WEIGHT**

6.3kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment to assess for evidence of inflammatory criteria given the elevated ALT/AST. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade chronic pancreatitis which may appear sonographically normal is recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

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**SPECIES**

Canine

**BREED**

West Highland White

**SEX**

FS

**AGE**

12yr

**WEIGHT**

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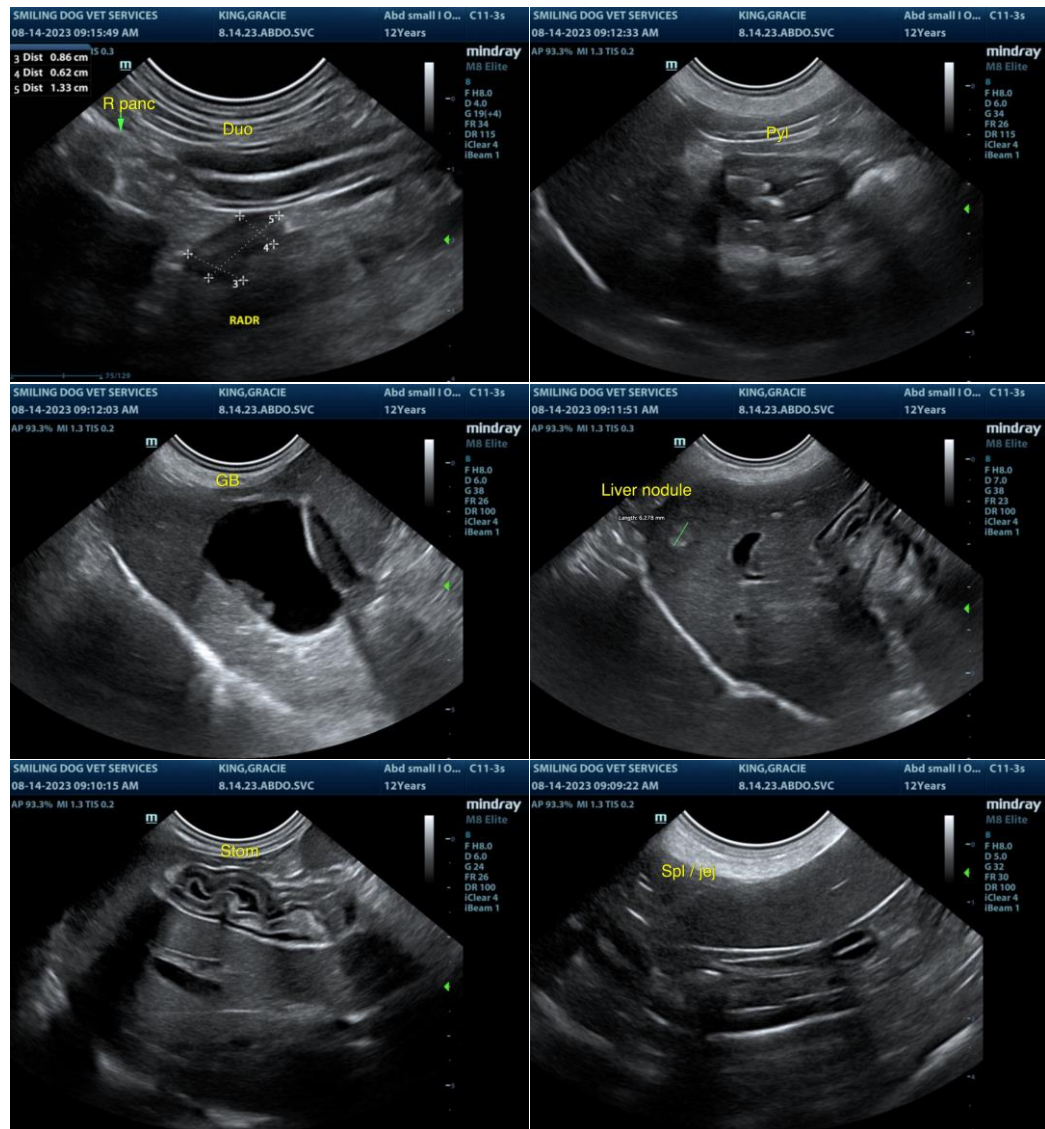
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**SPECIES**

Canine

**BREED**

West Highland White

**SEX**

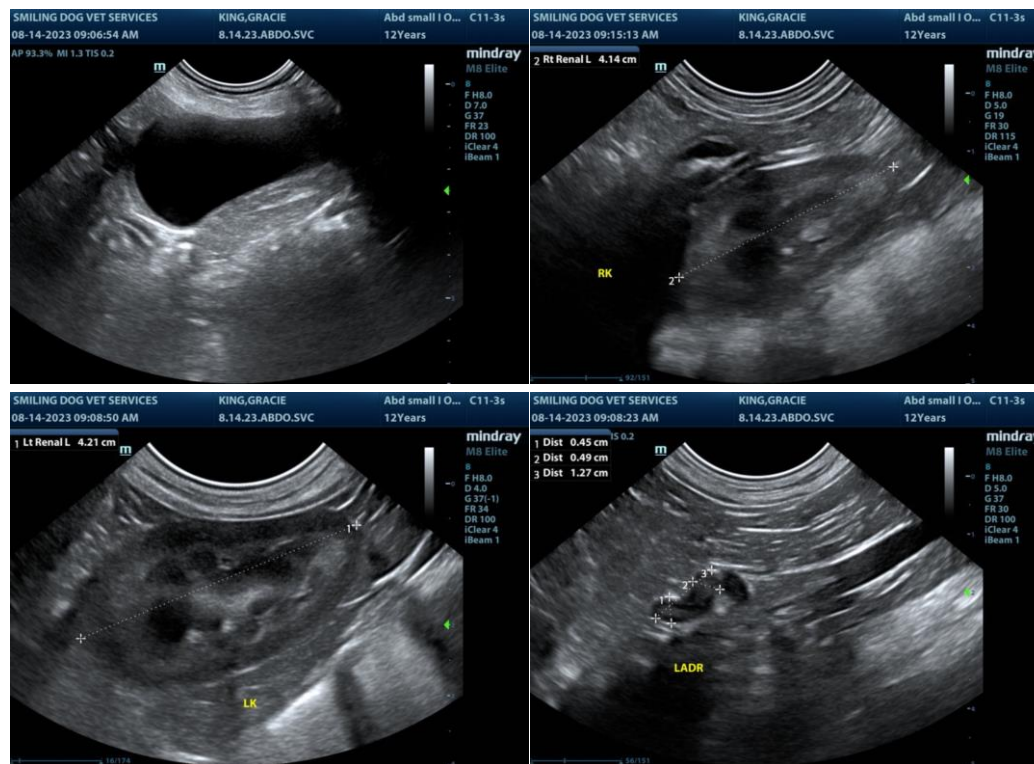
FS

**AGE**

12yr

**WEIGHT**

6.3kg



2.7

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Patti Mayfield DVM

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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