

**PATIENT**

Champo Duber

**SPECIES**

Canine

**BREED**

Lhaso Apso

**SEX**

MN

**AGE**

11 yrs

**WEIGHT**

23.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr. Kimball

**INVOICE**

14751

**DATE**

8/26/22

**PRESENTING CLINICAL SIGNS**

Intermittent vomiting, anorexia and lethargy. Stools often soft. Long history of carpus valgus and reaction to NSAIDs with elevated liver enzymes. Not currently taking NSAIDs and liver values normal as of July 2022

Abnormal PE/Chem/CBC/UA Results: Current Medications 100mg gabapentin PO q12h, 24mg Cerenia PO q24h, Dasequin, Omega 3 fatty acids

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

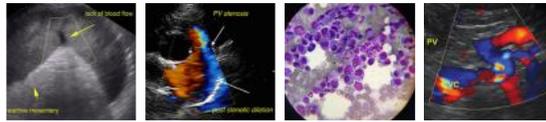
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.58 cm width at the caudal pole.

**Spleen**

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.

**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 in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact yet mildly prominent wall thickening owing to mildly prominent yet variable gastric mucosa layer. Minor retained anechoic fluid was present in the antrum and pylorus with no evidence of mechanical pyloric outflow obstruction. The gastric body wall width measured 0.46 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper to mid duodenal ileus was present. No evidence of small intestinal obstructive pattern. The duodenum wall width measured 0.42 cm.

**SEX**

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

MN

***Pancreas***

**AGE**

11 yrs

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.

**WEIGHT**

***Free Abdomen***

23.5 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

**ULTRASONOGRAPHIC FINDINGS**

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

- Mild gastroduodenitis pattern
- Sonographically unremarkable liver
- Mild age-related kidneys

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sara Hansen

Empirical therapy for gastroduodenitis and assessment of clinical response would be reasonable and should prove beneficial. Sonographic reassessment of the upper gastrointestinal tract may be considered if evidence of persistent to progressive vomiting, inappetence, or other GI signs.

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Further assessment of more generalized gastroenteropathy may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addison's Disease if persistent / progressive gastrointestinal signs despite supportive care.

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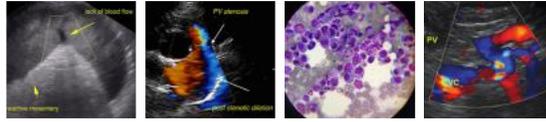
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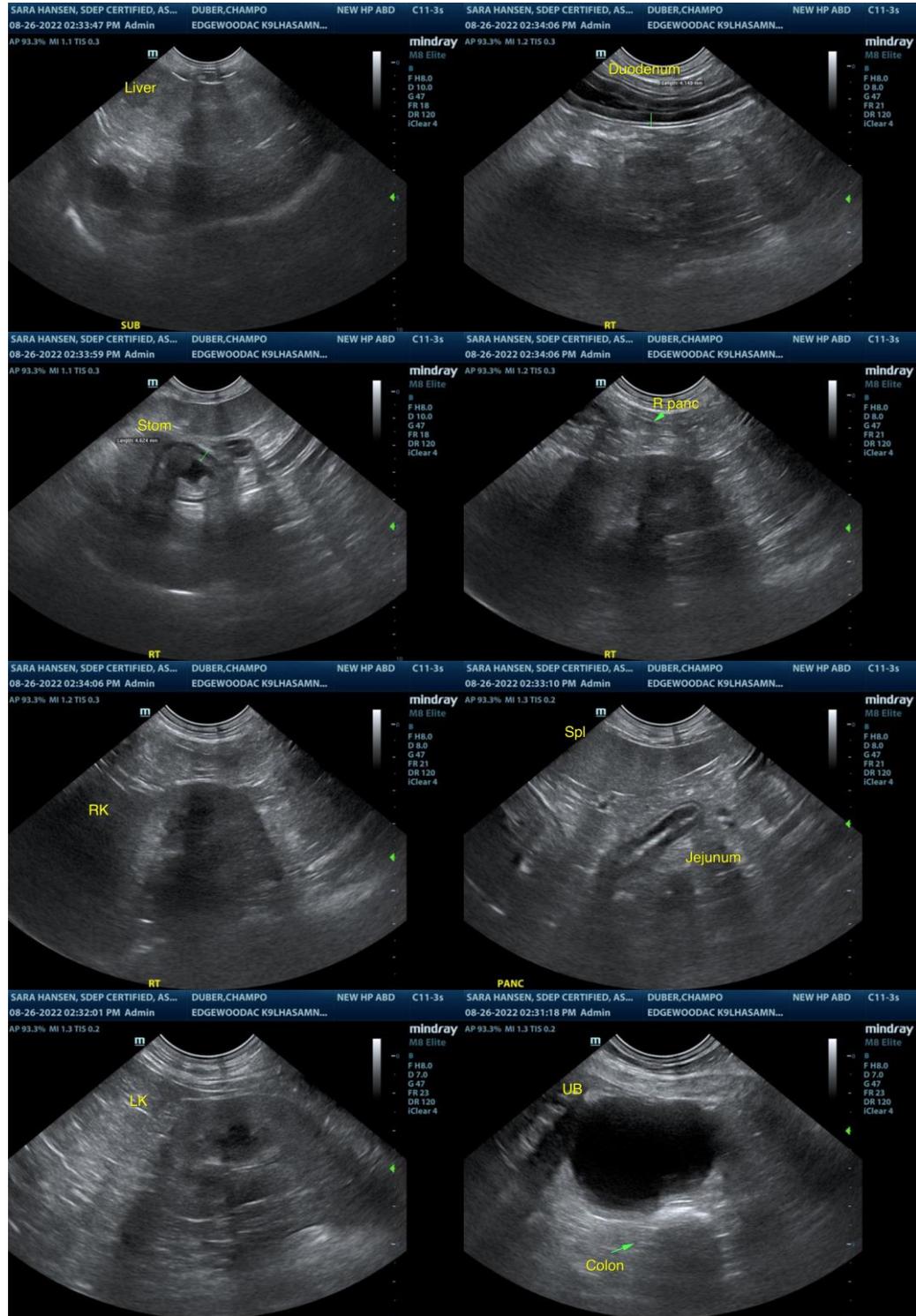
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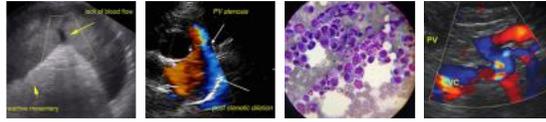
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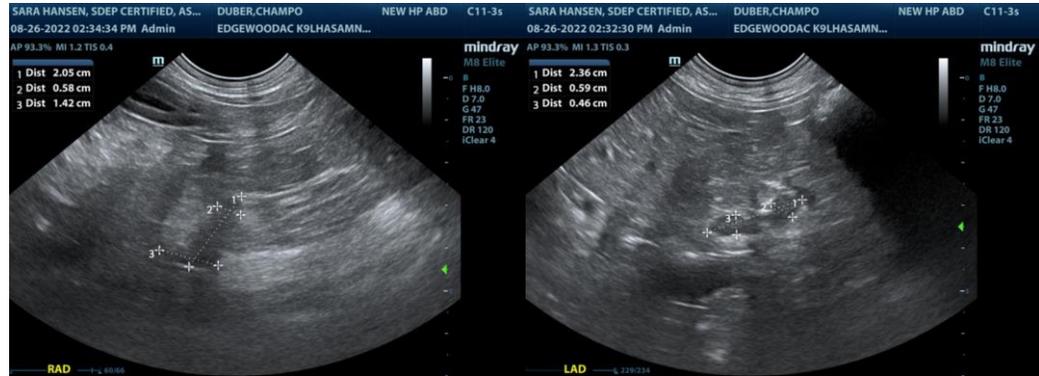
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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