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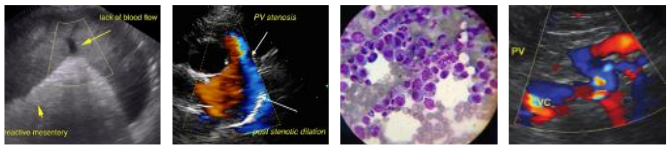


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Leela Richards

**SPECIES**
Canine

**BREED**
Labrador Retriever X

**SEX**
FS

**AGE**
12yr

**WEIGHT**
61lb

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

**IMAGING PERFORMED BY**
Dr. Todd

**HOSPITAL NAME**
Lambs Gap Animal Hospital

**REFERRING VET**
Dr. Kinney

**INVOICE**
11693ag

**DATE**
09/26/2022

## PRESENTING CLINICAL SIGNS

Leela is a 12 year old female spayed lab who has a consistant hx of increasing cPL-see below values July 2022 575 August 2022 655 September 17, 2022 1181 Some hx of GI upset (initial elevated cPL was found incidentally) but this has improved per owner Did get into trash early August 2022 On benazepril for proteinuria Clinically doing well AUS recommended due to progressively increasing cPL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

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 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 6.4 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland exhibited a mild prominent caudal pole with subtle heterogeneous parenchyma. The left adrenal gland measured 0.93 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole and 3.3 cm length.

### *Spleen*

The spleen exhibited mild parenchyma heterogeneity including indistinct areas of hyperechoic parenchyma adjacent to the hilus likely consistent with mild to emerging benign myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

### *Liver*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 mild non-dependent debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. T

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

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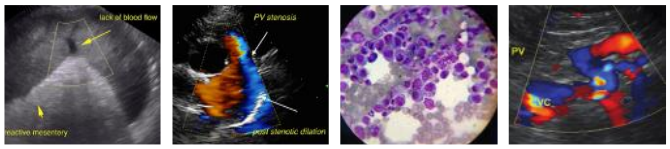

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### *Pancreas*

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

### Primary

- Mild heterogeneous pancreas
- Sonographically unremarkable gastrointestinal tract with mild gastric and intestinal ingesta/chyme
- Mild hepatic parenchyma remodeling
- Minor gallbladder debris
- Benign splenic changes
- Mild chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen without evidence of overt visceral pathology. NO evidence of active pancreatitis was observed although low grade to chronic pancreatitis may present sonographically normal. Potential for low grade chronic inflammatory enteropathy as a contributing factor to the increasing CPL could be considered if recurrent GI signs. No evidence of intra-abdominal neoplastic criteria was observed. Empirically a bland or novel protein diet with continued monitoring of CPL levels would be reasonable.

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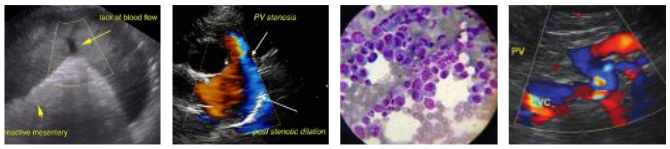


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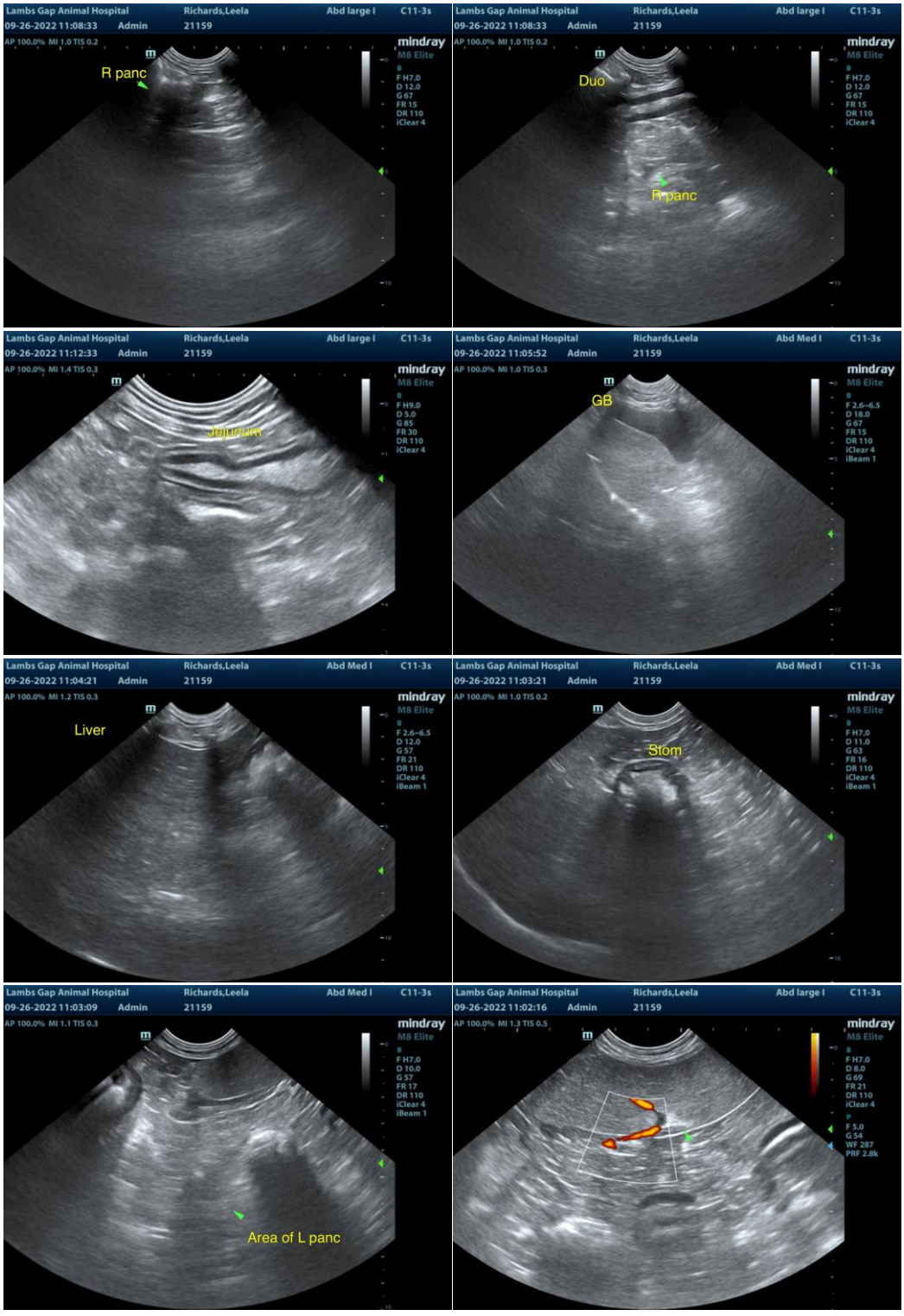

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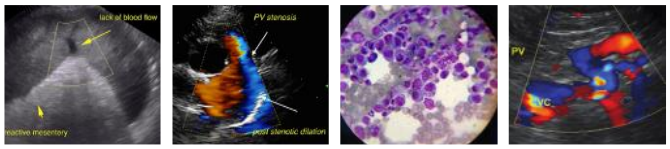

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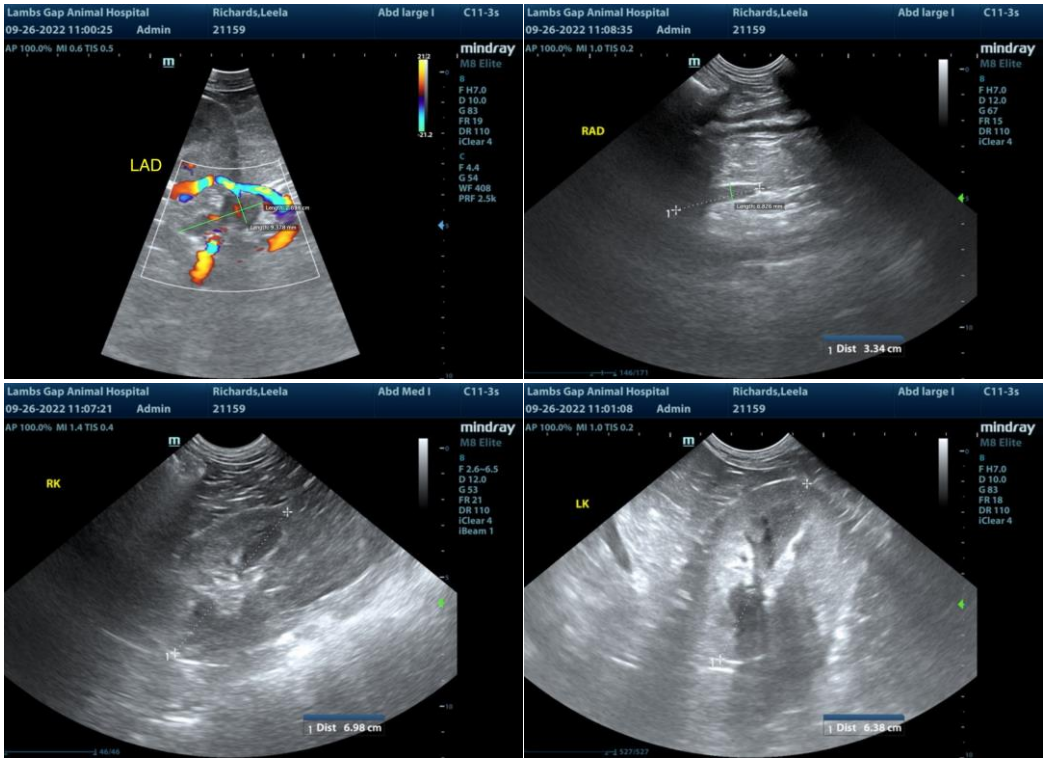


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**