



PATIENT

Brozo Gonzalez

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

35361

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Severe chronic weight loss Recent episode of hematuria
Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/9; dental disease CBC/chem: AMY 1438, K 3.6
Abdominal radiographs = loss of serosal detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is almost empty. Therefore, full accurate assessment of the wall is difficult. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The cranial pole of the right kidney is normal. The whole kidney measures 4.0 cm. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. There are small cortical cysts in the cortex of the cranial pole. The architecture of the entire caudal pole of the right kidney has been replaced by a 2.0 cm anechoic, thin, walled off structure with internal septations and echogenic debris.

The left kidney is normal in size (3.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. In the caudal pole of the kidney, there is a 0.6 cm x 1.0 cm anechoic, thin walled structure with internal septations and echogenic debris.

Adrenal Glands

The caudal pole of the right adrenal gland is normal and measured 0.50 cm. The cranial pole could not be well visualized in these images.

The left adrenal gland is normal in size (0.50 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

Neutered Male

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

Free Abdomen

15 Years

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

4.8 Pounds

- Bilateral non-obstructive nephrolithiasis and bilateral cortical cysts with lesions on the caudal pole of both kidneys that are not completely anechoic and contain septations and echogenic contents. Therefore, rule out for the lesions on the caudal poles of both kidneys include complicated cysts, hematomas, abscesses, or even infiltrative neoplasia.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommendations include urinalysis (if not already evaluated) with a urine culture if indicated based on urinalysis results. If there is protein in the urine, but the sediment is otherwise quiet, then a urine protein/creatinine ratio is also recommended due to patient's weight loss. A fine needle aspirate of the caudal pole lesions of both kidneys is recommended for both cytology and culture if patient's coagulation status is appropriate.

REFERRING VET

Dr. Cristina Polit

Given this patient's weight loss, if the appetite is poor, then recommendations include trying to increase the appetite with antiemetics, appetite stimulants, etc. If this patient's weight loss is in the face of a good appetite, then a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended to further assess gastrointestinal function. If not already evaluated, 3-view thoracic radiographs to further assess cardiopulmonary status as well as to look for any evidence of any metastatic disease are also recommended.

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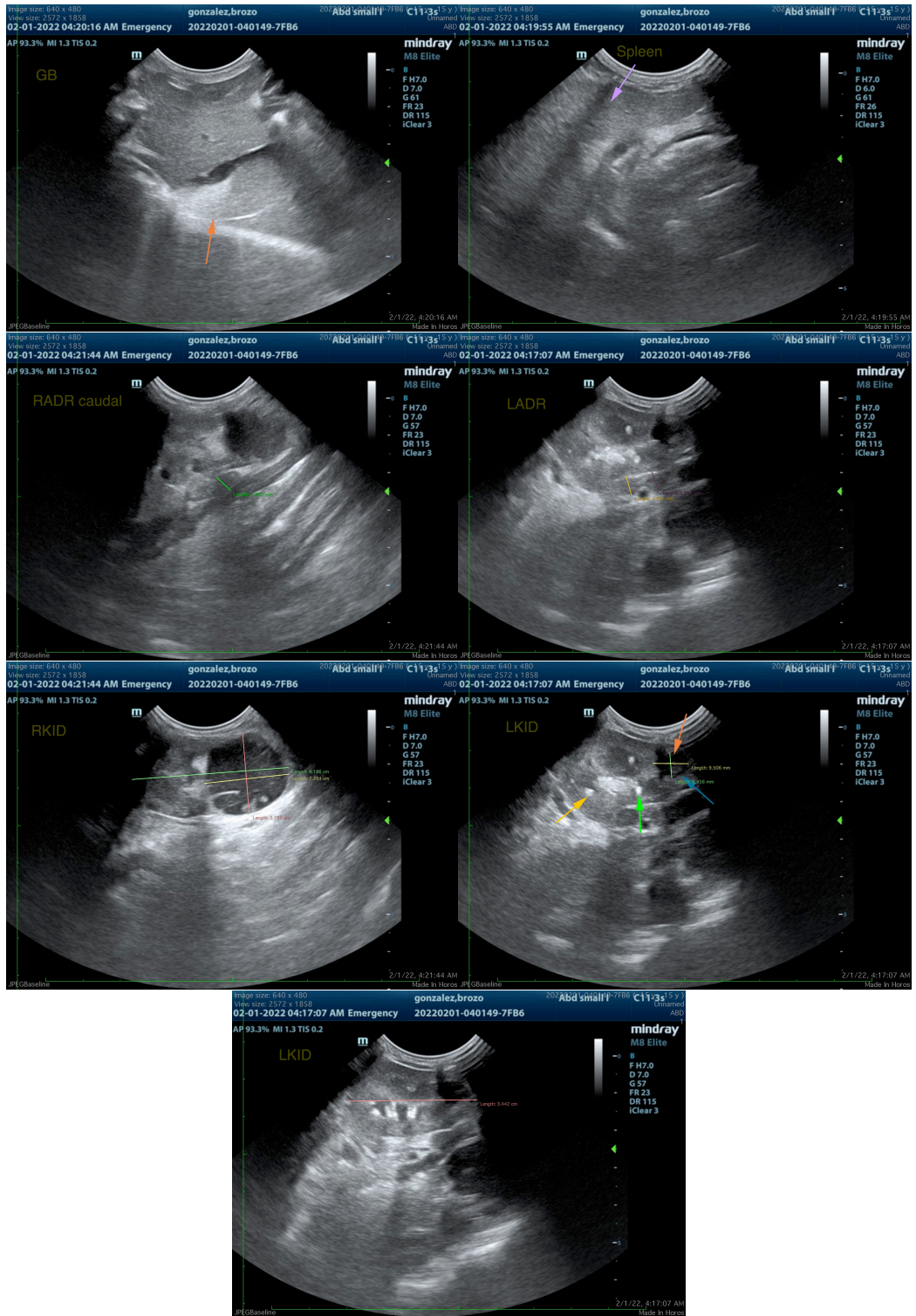
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

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