



PATIENT

Toby Cifrodelli

SPECIES

Canine

BREED

Yorkshire Terrier X

SEX

Neutered Male

AGE

14 Years

WEIGHT

14.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

45468

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Chronic/recurrent diarrhea for several years. Responds to treatment, but not resolving. Previous DVM noted hepatomegaly and elevated Alk. Phos. in 9/22 - not worked up via FNA, but was treated with Denamarin. Current med: Metronidazole 150 mgs BID and Provable supplement.

Abnormal PE/Chem/CBC/UA Results: 9/2022: elevated platelets 485, BUN 57, Alk. Phos. 1,276, trigs 198, lipase 513. U/A: 9/2022: proteinuria 2+ and USG 1.044.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. 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 is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.26 cm. The left kidney measures 4.07 cm. Small cortical cysts are noted in both kidneys.

Adrenal Glands

The right adrenal gland is normal in size (1.54 cm long x 0.57 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.59 cm long x 0.45 cm at the cranial pole and 0.71 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.

Gallbladder is subjectively mildly overdistended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of



PATIENT	obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
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Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Yorkshire Terrier X	
SEX	Pancreas 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.
Neutered Male	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images.
14 Years	
WEIGHT	There is no apparent lymphadenopathy noted in these images.
14.2 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Mild 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. Age related kidney changes with small bilateral cortical cysts
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kelly Vazquez	Given this patient's reported chronic diarrhea and signalment, recheck labs are recommended if not recently evaluated to further evaluate patient's protein levels/albumin.
HOSPITAL NAME	Additionally, especially if albumin is decreasing, a urine protein to creatinine ratio is recommended, given the previously reported proteinuria.
Midland Park VH	
REFERRING VET	A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
Dr. John Shokoff	Ultimately, pending results, especially if albumin is low, biopsies of the GI tract could be obtained to definitively diagnose and therefore manage any infiltrative disease resulting in diarrhea.
INVOICE	
45468	In the meantime, empirical deworming with a 5-day course of Panacur is recommended. A probiotic such as Visbiome or Provable is recommended as is cobalamin supplementation (unless cobalamin level is evaluated, and supplementation is not warranted based on results).
DATE	
2/23/23	Additionally, a transition in diet based on trial and error response, beginning potentially with a hydrolyzed protein diet and understanding that some patients respond better to one brand versus another (so several trials are sometimes necessary), or potentially a bland easy to digest or low-fat diet may be a better option, especially if this patient has trending low albumin.



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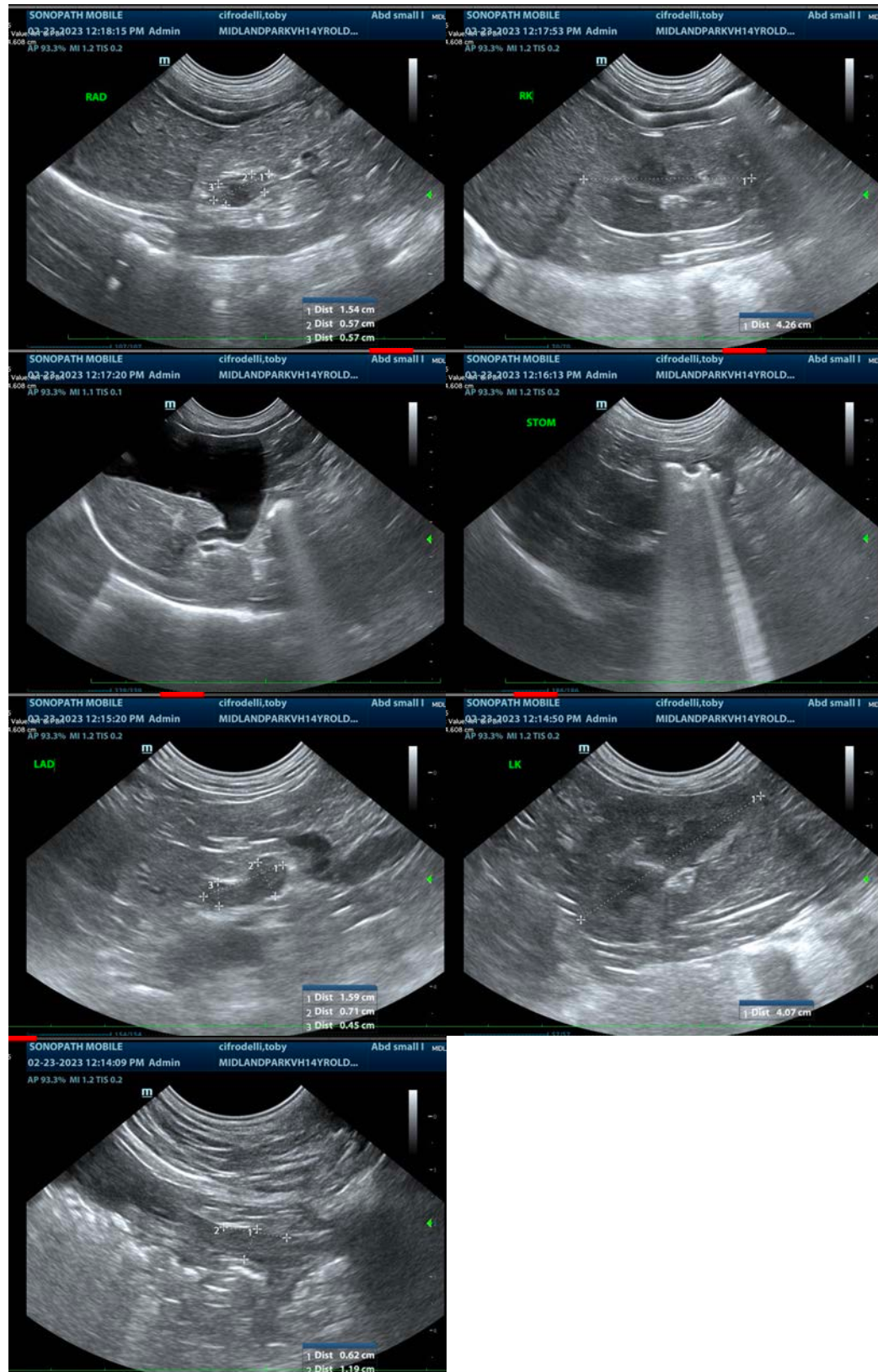
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@sonopath.com

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