



PATIENT PRESENTING CLINICAL SIGNS

Cookie Oh Clinically ok, ALP 1204, chol. 325. Current meds: Galliprant for OA, Denamarin (2 weeks).
Abnormal PE/Chem/CBC/UA Results: ALP 1204, chol. 325, BUN36.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkshire Terrier

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). Multiple calculi exhibited distal acoustic shadowing is/are present along the gravity dependent inner wall of the lumen urinary bladder. One calculus measured 0.5 cm in diameter.

SEX

Neutered male

The prostate was normal for a neutered dog.

AGE

12 years

Left kidney is normal in size (3.55 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

13.5 lbs

Right kidney is normal in size (4.7 cm) 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 echogenicity and mild loss of corticomedullary distinction. Several cortical cysts are noted. The largest cyst measured 1.2 cm on the cranial pole. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (1.69 cm long x 0.49 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.4 cm long x 0.82 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Ng

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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PATIENT

Gastrointestinal

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Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

SPECIES

Canine

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

BREED

Yorkshire Terrier

Colon is normal in wall thickness (< 0.2 cm) and layering.

SEX

Neutered male

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

AGE

12 years

Free Abdomen

Lymph nodes are normal with no observed enlargement.

WEIGHT

13.5 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastritis – Microulceration cannot be ruled out.
- Urinary bladder cystic calculi.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes. Renal cortical cysts in the right kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

ALP – Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

Specifically for this patient if there are any gastrointestinal signs such as nausea or decreased appetite management of possible gastritis with antiemetics or gastroprotectants including Sucralfate may be warranted given the mild ultrasound changes. However, without gastrointestinal signs this is likely a



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normal patient variant. Urinalysis and culture are recommended due to the presence of the bladder stones to rule out infection or possible dissolvable infection based stones. If a urinary tract infection is not diagnosed recommendations include removal of the stones for stone analysis so that appropriate preventative measures can be taken.

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Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

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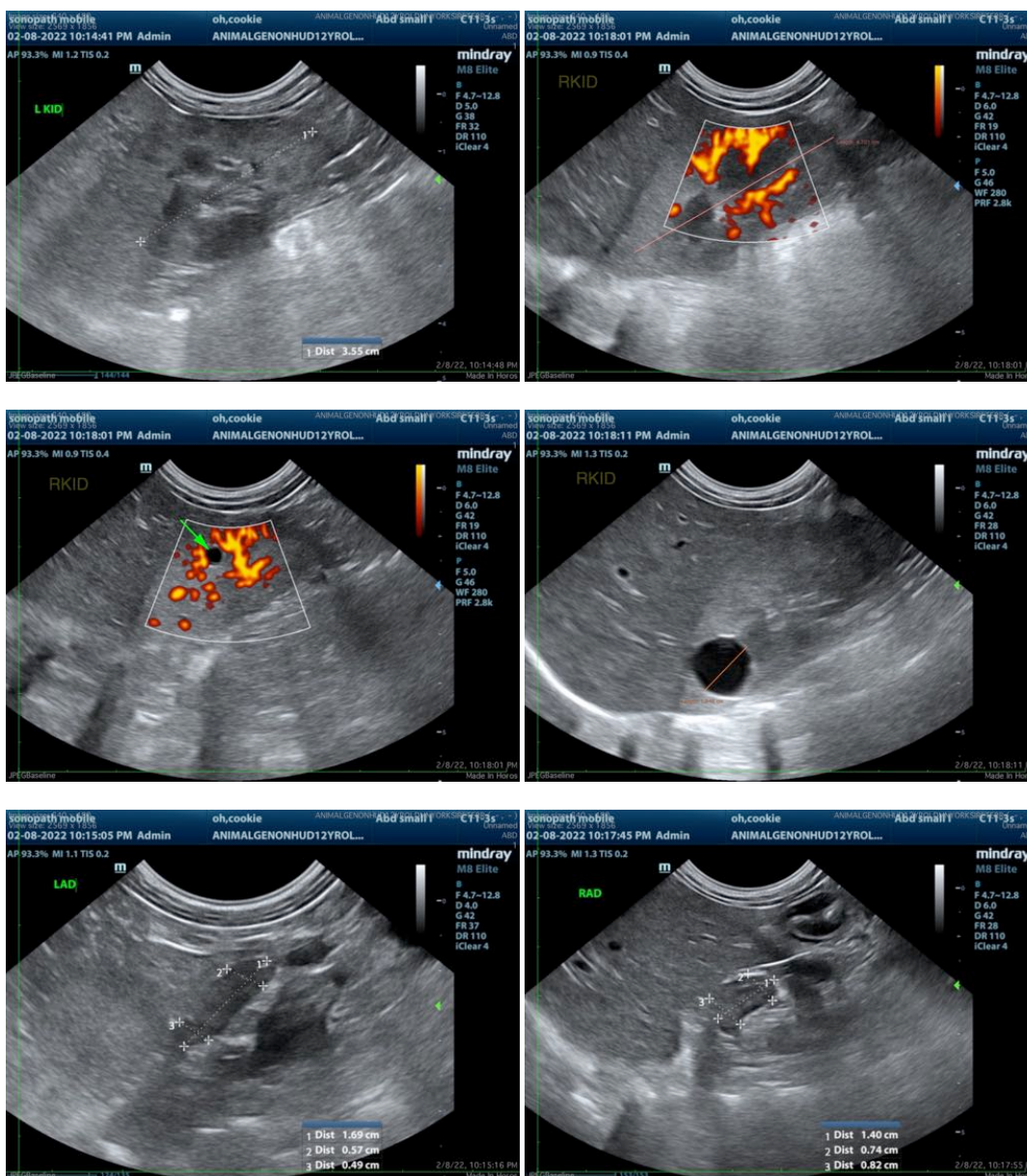
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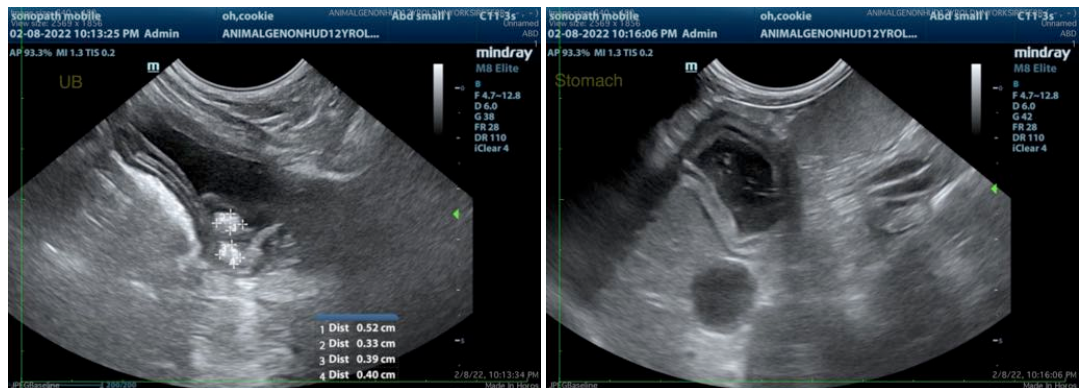
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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