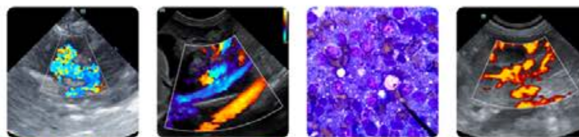
SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tucker Burkholder

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

New Holland Veterinary Hospital

INVOICE

75008

DATE

5/6/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate hepatomegaly with mass effect causing the stomach to deviate to the right and calculus in the urinary bladder. Presented to rDVM for 2 days of lethargy, hematuria, ADR and distended poss painful. abdomen Blood work shows elevated LES (ALT, AST), hypertriglyceridemia, Hyperproteinemia (elev Alb + Glob), elevated CK. Meds: Clavamox PO

Abnormal PE/Chem/CBC/UA Results: AXR: enlarged liver silhouette, on VD stomach is displaced to right, single stellate calculus in bladder lumen - CBC: Hct 52.8%, Plts 297-n, remainder NSF - T4: 1.1-low norm - Chem: Alb 4.1 H, Glob 4.2 H, TP 8.3 H, ALT 128 mild H, ALP- 129-n, AST 85- mild H, Chol 272-n, Gluc 89-n, Trig 1,234 H, CK 957 H, Gross lipemia requiring ultracentrifugation (Trig obtained prior to ultracentrifugation)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes observed. There is an approximately 1.2 cm in diameter round, mineral, irregularly shaped density in the mid bladder that could represent one large stone or a pile of smaller stones. In a separate view there appears to be at least two separate mineral densities/cystoliths measuring 1.0 cm in diameter and 0.60 cm in diameter. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

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 or infarcts observed. Left kidney measured 3.7 cm with trace pyelectasia noted. Right kidney measures 3.98 cm. Punctate non-obstructive nephroliths are noted in both kidneys.

Adrenal Glands

The right adrenal gland is normal in size (0.68 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

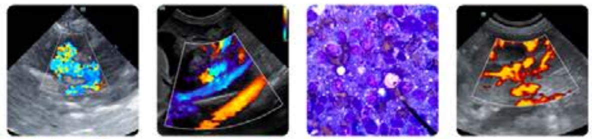
The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion



PATIENT
Tucker Burkholder

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
10 Years 3 Months

WEIGHT
4.3 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
New Holland
Veterinary Hospital

INVOICE
75008

DATE
5/6/26

Gallbladder is moderately distended with anechoic bile as well as 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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

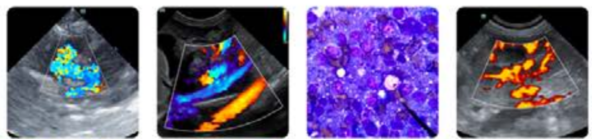
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- Urinary bladder cystoliths.

SECONDARY FINDINGS

- Moderate age related kidney changes with bilateral punctate non-obstructive nephroliths and trace pyelectasia in the left.



PATIENT

Tucker Burkholder

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

New Holland
Veterinary Hospital

INVOICE

75008

DATE

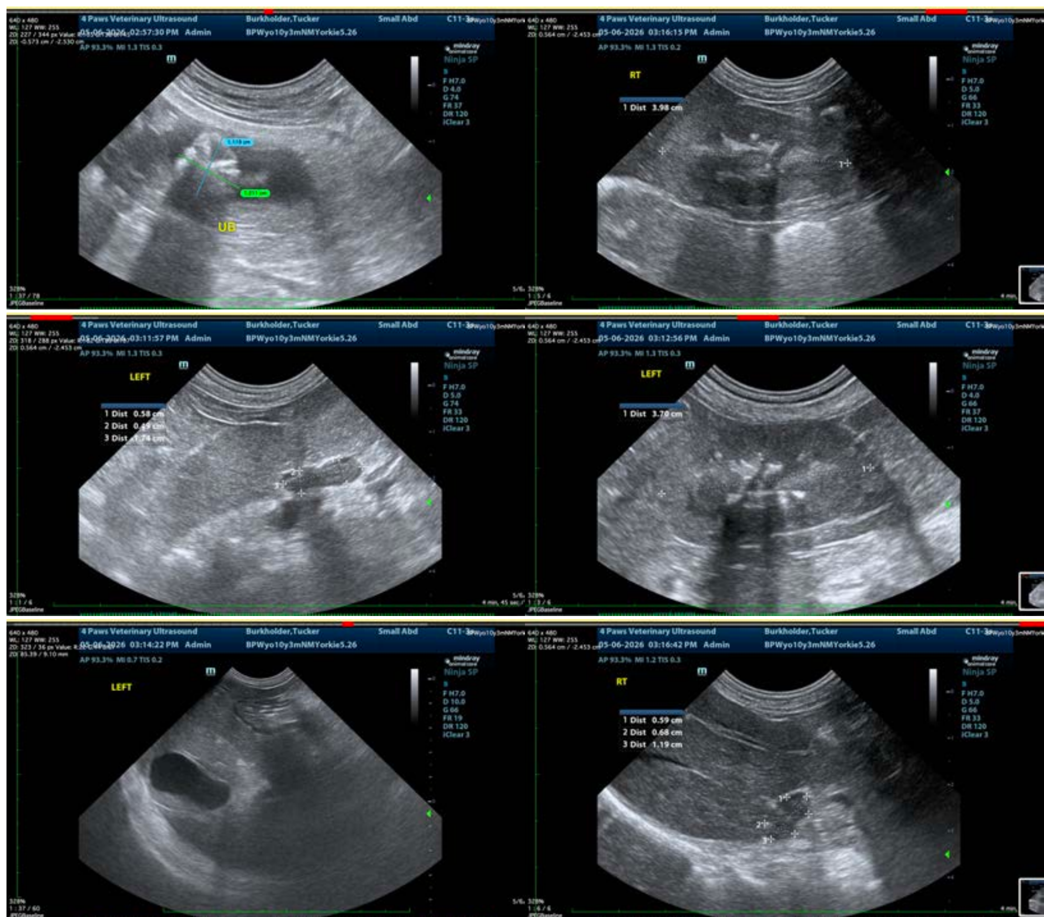
5/6/26

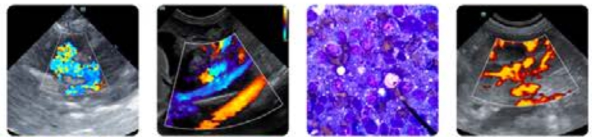
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible to identify the urinary bladder mineral type, then dissolution versus removal could be considered. To begin this process, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

In the meantime, if the reported lab work changes, especially the triglycerides, were not on a fasted sample, recheck on a fasted sample could be considered. Pending results of that, if tolerated, transition to a low-fat diet may be warranted.

In the meantime, especially given the reported slight discomfort in the area of the pancreas during this scan, a quantitative PLI is recommended if not already evaluated.





PATIENT
Tucker Burkholder

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
10 Years 3 Months

WEIGHT
4.3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

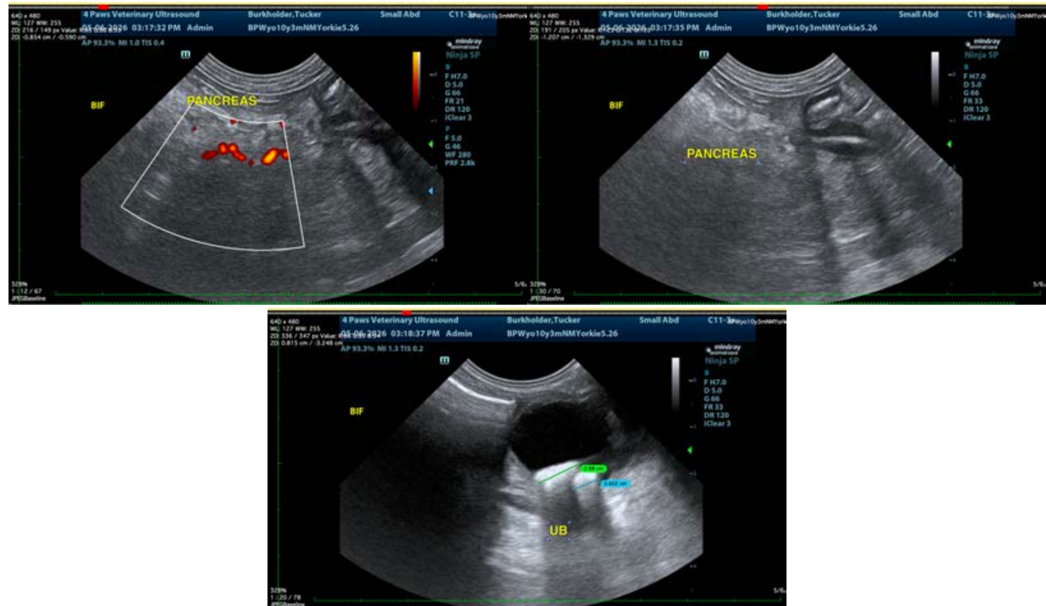
IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
New Holland Veterinary Hospital

INVOICE
75008

DATE
5/6/26



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
info@sonopath.com