



PATIENT

Butters Yamamoto

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Vet Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

39113

DATE

6/29/22

PRESENTING CLINICAL SIGNS

Presented 6/19/2022 for head tilt to the left and falling over to the right. Owner had described weakness in the right hind that had progressed over the last month. See PE below. Blood pressure was high at 225 avg. Started on enalapril, amlodipine, and gabapentin. See blood work and chest x-rays report below. Rechecked 6/23/2022 see PE below. BP rechecked 6/26 and still high so amlodipine increased. Ultrasound to look for neoplasia and a cause for hypertension.

Abnormal PE/Chem/CBC/UA Results: 6/19/2022 exam: left head tilt, would fall to the right while ambulating, menace absent right eye, hopping absent right hind limb and present all other limbs, CPs absent all limbs except left hind, reactive to neck palpation. 6/19/2022 BP high 225 avg 6/19/2022 chest rads CONCLUSION: 1. Mild diffuse pulmonary bronchial pattern is consistent with normal age-related change and/or chronic lower airway disease. There is no evidence of pulmonary metastatic disease or intrathoracic lymphadenopathy. 2. Radiographically normal spine. 6/23/2022 All normal: The complete blood count (CBC) Heartworm test (negative), tick-borne disease test Accuplex (negative) Chemistry, which includes kidney values, liver values, electrolytes, blood sugar, and blood proteins Thyroid hormone Urinalysis - well concentrated, no indicators of early kidney disease Urine protein/creatinine ratio - normal - this can be high with high blood pressure (it's good that it's not). 6/23/2022 exam: similar to last, small retinal hemorrhages seen OU 6/26/22 bp high 178 avg 6/29/2022 exam: similar to previous, no reaction to neck palpation, no obvious retinal hemorrhages seen

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.

The right kidney is normal in size (4.33 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.

The left kidney is normal in size (3.95 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.

Adrenal Glands

The right adrenal gland is normal in size (0.58 cm at the cranial pole and 0.55 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 (0.44 cm at the cranial pole and 0.51 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.



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Liver

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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.

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The 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.

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

AGE

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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.

Pancreas

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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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- Mild age related kidney changes
- 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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There are no ultrasonographically visible explanations/reasons for this patient's reported hypertension. Early kidney disease could be a consideration, as could early emerging hyperadrenocorticism. However, with hypertension as the only clinical signs, recommendations are to manage the hypertension medically, as is reportedly being done. If clinical signs of hyperadrenocorticism in the form of polyuria, polydipsia, polyphagia, panting, etc. develop, further testing in the form of a low-dose Dexamethasone suppression test could be considered at that time. Recheck kidney values and urinalysis recommended in 3 months.

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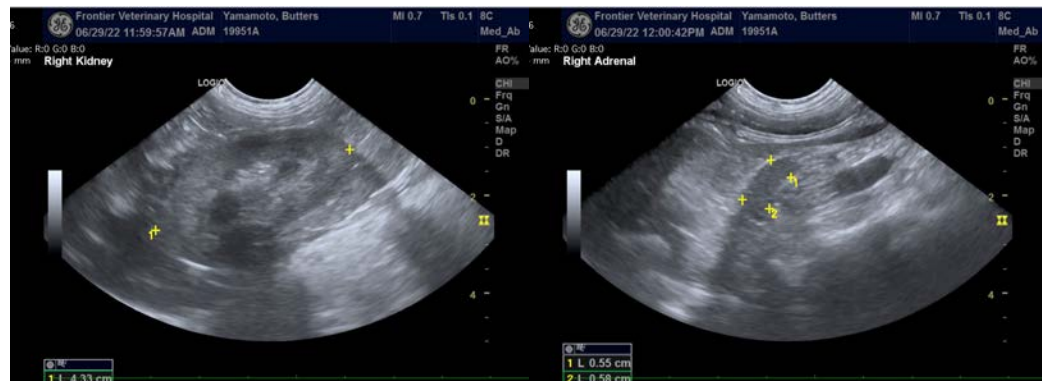
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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