



PATIENT PRESENTING CLINICAL SIGNS

Toni Vestenicky

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

8.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Anthony Krawitz

HOSPITAL NAME

Calusa Vet Center

REFERRING VET

Dr. Anthony Krawitz

INVOICE

43903

DATE

7/12/23

Toni has had multiple health issues, His main issue is suspected immune mediated encephalitis and he has seizures from this. He has had many different therapies advised by the neurologist, including and currently taking, Keppra, Phenobarb and Prednisolone. He has been on Prednisolone for a long time. In addition to that he has chronic bronchitis and lung fibrosis, making lying down for the US difficult for him. He also has had a bad pancreatitis and is now on a low fat diet and pancreatic support. Clinically he is doing better with that. His abdomen is distended like a Cushingoid dog, and he seems to be distended from gas as well, possibly from aerophagia. Lately unfortunately he has been having more seizures, and the neurologist is concerned. They feel that the pancreatitis could be contributing, and that the Prednisolone is not helping the pancreatitis, however they cannot reduce the steroids further. We are looking for anything else that could be contributing to his increased seizures, as well as evaluate his pancreatic disease. The neurologist feels that all they can do is a new MRI and CSF tap and analysis in case there is something missing or additional.

Abnormal PE/Chem/CBC/UA Results: Recent BW was OK except mild WBC increase of 23.7 and 19.4 neutrophils, and a SPEC CPL of 2000. ALT 196 and Alk Phos 836, and GGT 224!

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. Several small, all less than 0.20 cm in diameter cystoliths are noted along the dependent urinary bladder wall, as well as within the urethra to the level of the intraprostatic urethra. No evidence of obstruction is noted. 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.

The right kidney is normal in size (4.2 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, mineral or infarcts observed.

The left kidney is normal in size (3.78 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, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.35 cm at the cranial pole and 0.54 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 (0.52 cm at the cranial pole and 0.52 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.



PATIENT *Liver*

Toni Vestenicky

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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.

SEX

Neutered Male

Gastrointestinal

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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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.

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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.

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

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- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

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- **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.

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- **Multiple tiny/punctate urinary bladder cystoliths and urethroliths** – These small mineral densities are all less than 0.20 cm in size and likely able to pass, even in a male dog.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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There is no intraabdominal ultrasonographically visible explanation in these images at this time for this patient's progressive seizures. Chronic smoldering pancreatitis can't be ruled out but is not believed to be a major contributing factor. Therefore, recommendations include further evaluation of a potentially progressive primary neurologic component. Having said that, if not recently evaluated, in addition to assessing for proteinuria as recommended above, a blood pressure is recommended.

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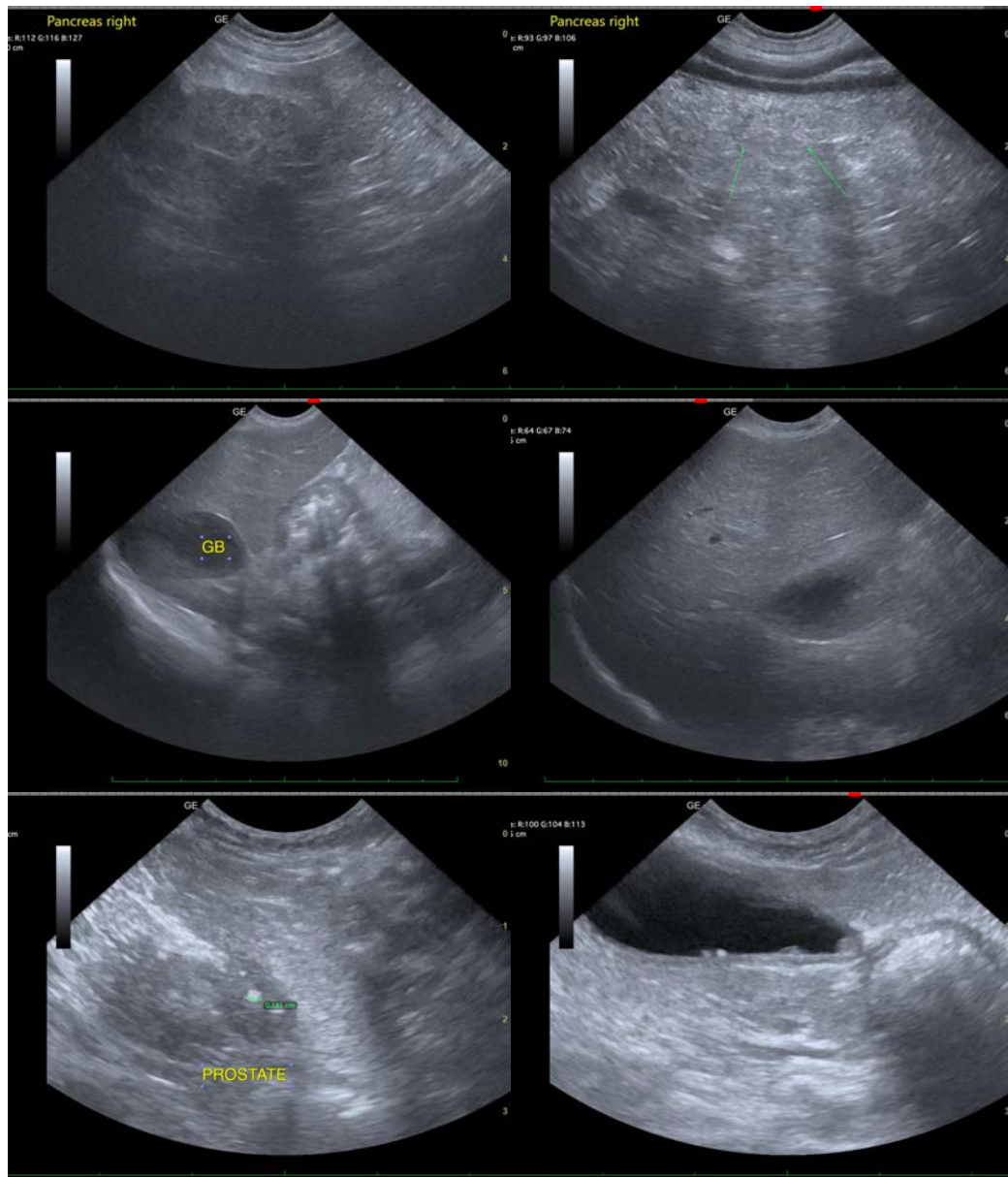
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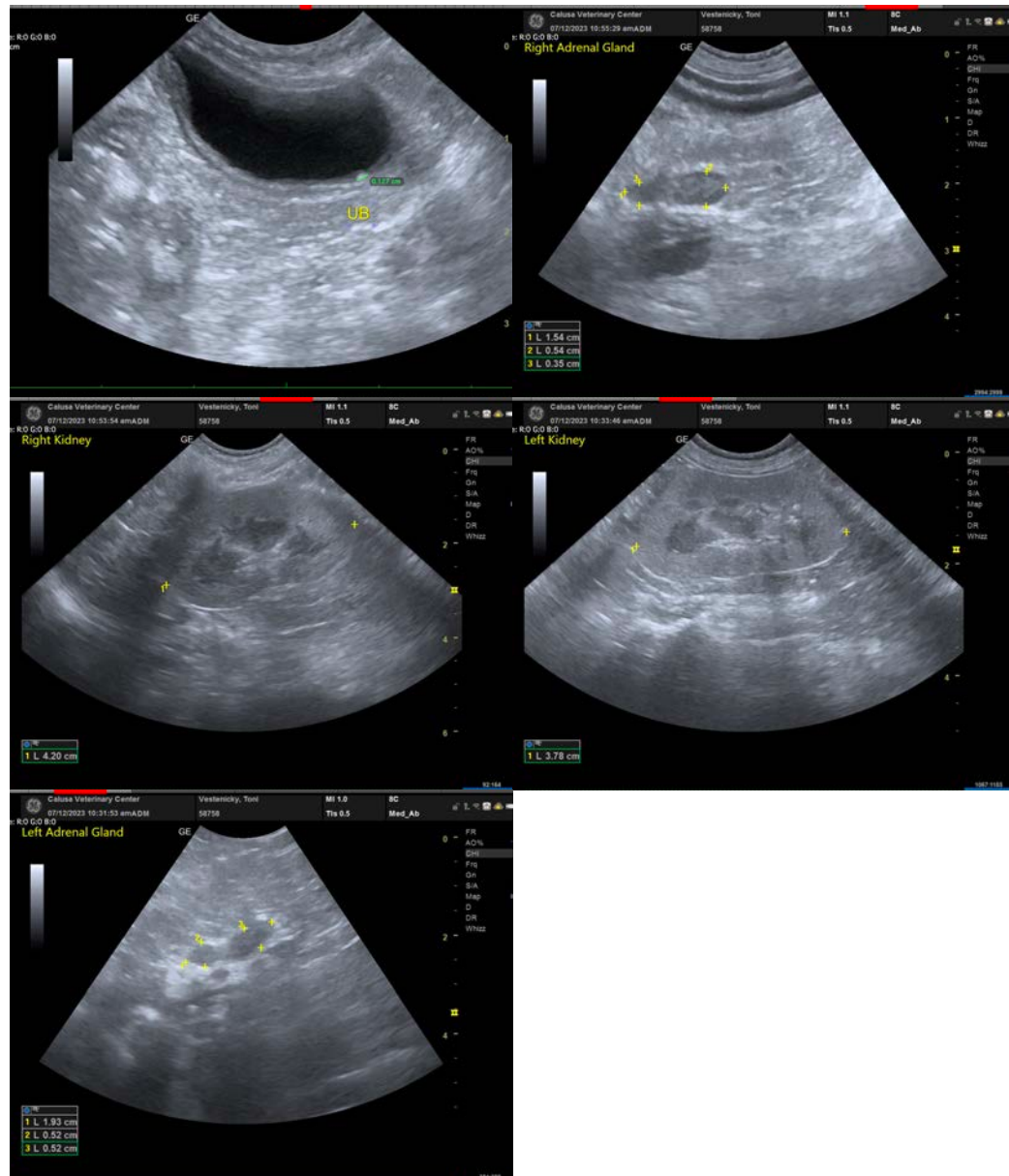
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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