



**PATIENT**

Joey Cool

**PRESENTING CLINICAL SIGNS**

History: Eating decreased/sporadic, odd pattern to eating past few months.  
Abnormal PE/Chem/CBC/UA Results: Monocytes elevated 1656

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

Chihuahua

**SEX**

Neutered male

The kidneys have a somewhat irregular capsule with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla) with a hypoechoic rim around renal cortex and pinpoint areas of cortical mineralization.. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm and the right kidney measured 3.4 cm.

**AGE**

9 years

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.4 cm in length x 0.44 cm at the caudal pole x 0.38 cm at the cranial pole. The right adrenal gland measured 1.4 cm in length x 0.35 cm at the caudal pole and 0.48 cm at the cranial pole.

**WEIGHT**

7 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson AC

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

**REFERRING VET**

Dr. Hovis

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42020

**Gastrointestinal**

**DATE**

1/10/23

The stomach was minimally distended with fluid and gas. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. There is subjectively reduced peristaltic activity. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SPECIES**

Canine

Sections of colon are visualized with liquid colonic contents distally consistent with impending diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

**BREED**

Chihuahua

**Pancreas**

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Neutered male

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**AGE**

9 years

**Free Abdomen**

No masses or free fluid was noted.

**WEIGHT**

7 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**Primary Findings**

1. Fluid accumulation in stomach, colon – suspect decreased motility
2. Normal GI tract thickness and layering
3. Degenerative renal changes
4. Gall bladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI tract appears structurally normal with no suggestion of infiltrative pathology. However, gastric fluid accumulation with reduced visualization of peristalsis is concerning for decreased gastric motility which may be the underlying cause of decreased appetite and abnormal eating patterns. Interpretation of this finding should take into consideration the timing of fluid intake prior to ultrasound evaluation and the potential effect on GI motility of any sedation used. Fluid colonic contents are suggestive of impending diarrhea. While pancreas appears overtly normal on ultrasound, pancreatitis cannot be definitively ruled out. Additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test (normal adrenal glands does not rule out hypoadrenocorticism, though it may be less likely), fecal PCR, and ultimately GI biopsies may be required for more definitive diagnosis. Empiric treatment with a prokinetic could be considered such as metoclopramide or Cisapride.

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Renal changes are likely age related degeneration. Urinalysis is recommended to assess for proteinuria in the face of medullary rim sign. Correlate clinical significance with blood work/urinalysis findings and clinical signs.



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Gall bladder debris is likely an incidental, subclinical finding. Correlate clinical significance with bloodwork findings and clinical signs.

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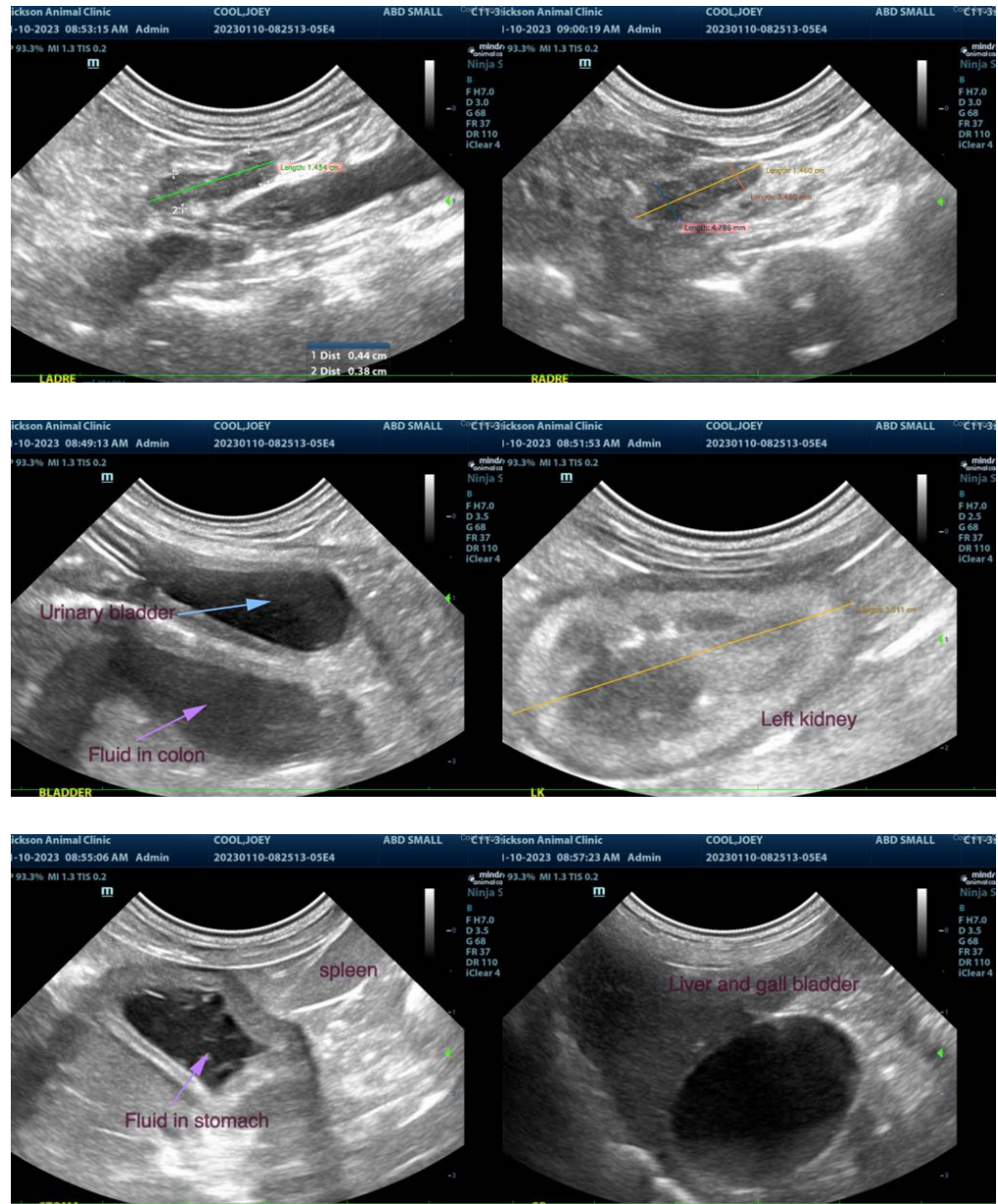
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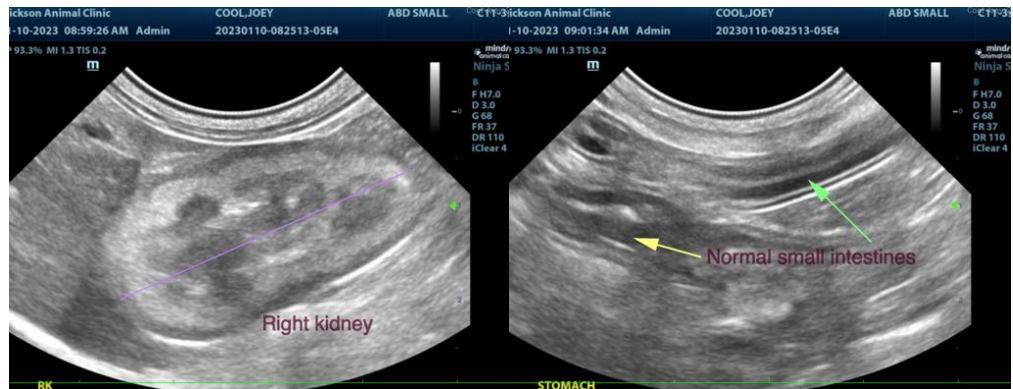
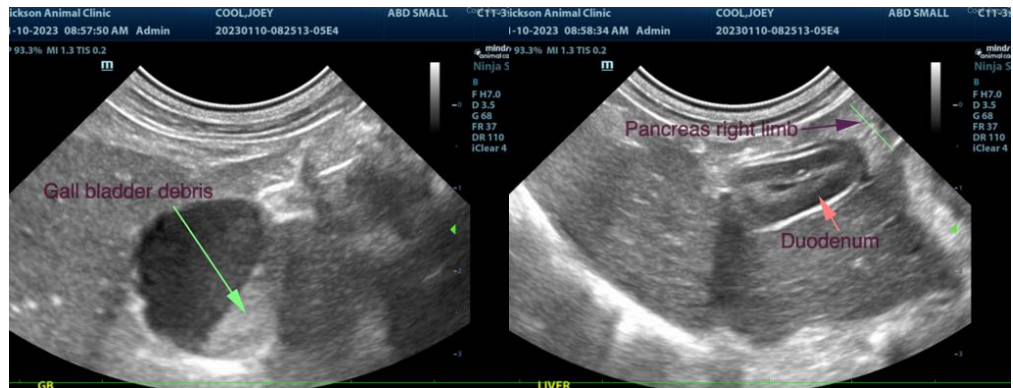
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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