



**PATIENT**

Paquita O'Shea

**PRESENTING CLINICAL SIGNS**

History: Bloating abdomen with meals, only if eats human food, not with dog food  
PE: NSF CBC: WNL Chem: WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Yorkie

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with a small amount of anechoic urine and bladder thickness is considered normal for volume of urine. The cranial portion of the bladder measures mildly thick at 0.35 cm.

**SEX**

Spayed female

The left kidney is normal in size and shape and measures 4.11 cm with smoother peripheral margins. The cortex is diffusely hyperechoic (hyperechoic to the liver) and thickened with moderately decreased corticomedullary distinction. There is a moderate of pyelectasia measuring up to 6.5 mm in one view. The urine within the pelvis is scantily echogenic, which could be artifact.

**AGE**

12 years

The right kidney is normal in size and shape and measures 4.73 cm with smooth peripheral margins. The cortex is diffusely hyperechoic (hyperechoic to the liver) and thickened with moderately decreased corticomedullary distinction. There is a mild amount of pyelectasia measuring 2.5 mm.

**WEIGHT**

11 lbs

**Adrenal Glands**

The left adrenal gland is normal in size (cranial pole 0.4, caudal pole 0.44). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

The right adrenal gland is normal in size at 0.35. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**IMAGING PERFORMED BY**

Chelsea Pastor

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**HOSPITAL NAME**

Fredon AH

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears slightly heterogenous with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Grau

**INVOICE**

42678

The gallbladder was mild to moderately distended with anechoic bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**DATE**

2/9/23



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**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness measuring 0.35 cm with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The small intestines were diffusely normal in size; however, there is a small amount of ingesta throughout the small intestine. If the patient was fasted for the exam this would be consistent with gastroenteropathy acute versus chronic enteropathy. If the patient was not fasted for the exam then this would be considered normal digestion. The mucosa was difficult to evaluate for speckling given the ingesta.

The section of colon are visualized with formed fecal material and gas shadowing distally.

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

**Peritoneum**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Chronic degenerative renal changes with mild to moderate pyelectasia on the left and scant on the right.

**Secondary Findings**

- Possible cystitis.
- Possible gastroenteritis depending on fasting state of the patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the reported clinical signs of bloating are not sonographically apparent unless the patient was fasted for the exam in which case there are subtle signs of enteropathy. The pancreas appeared normal. A chronic enteropathy work-up can be considered as well as triglyceride testing. This can include a GI panel, fecal testing and baseline cortisol. Then a diet trial with a low-fat diet or hypoallergenic novel protein or alimantal diet should be considered if appropriate for this patient.

The most significant finding on the ultrasound were the changes to the kidneys, which would be more consistent with nephritis/glomerular disease and even possible chronic pyelonephritis. Given the breed urine testing and protein urine testing should be considered to evaluate for protein losing nephropathy



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as well as a urine culture. The changes to the bladder may be a normal variation for the patient if a urinalysis rules out a urinary tract infection.

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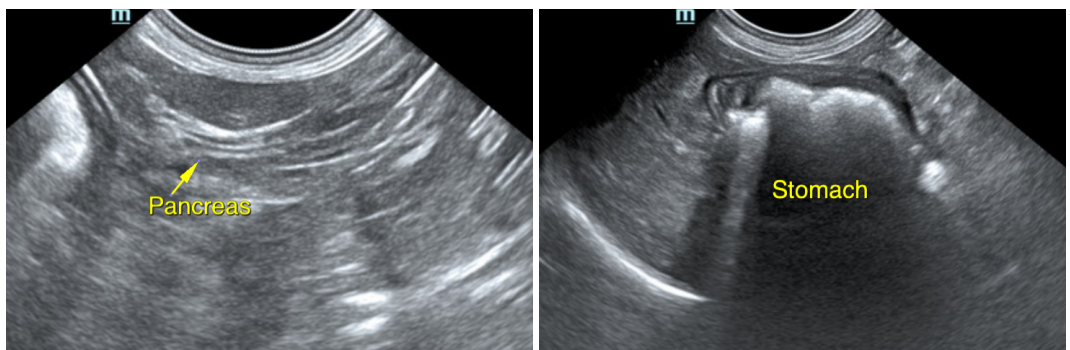
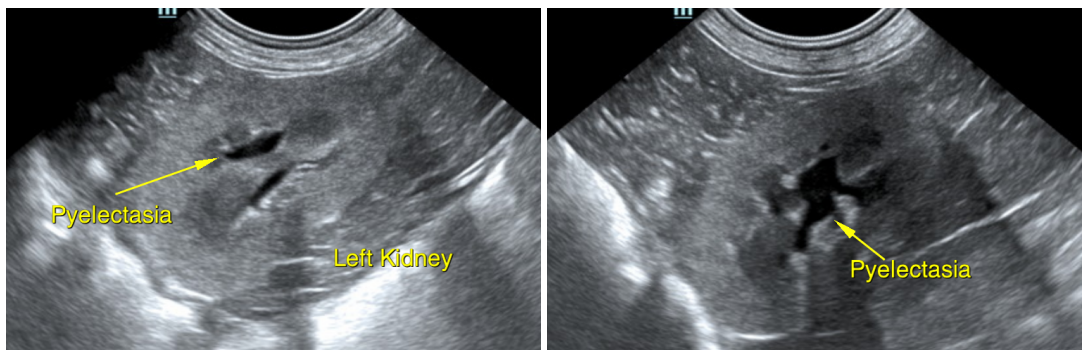
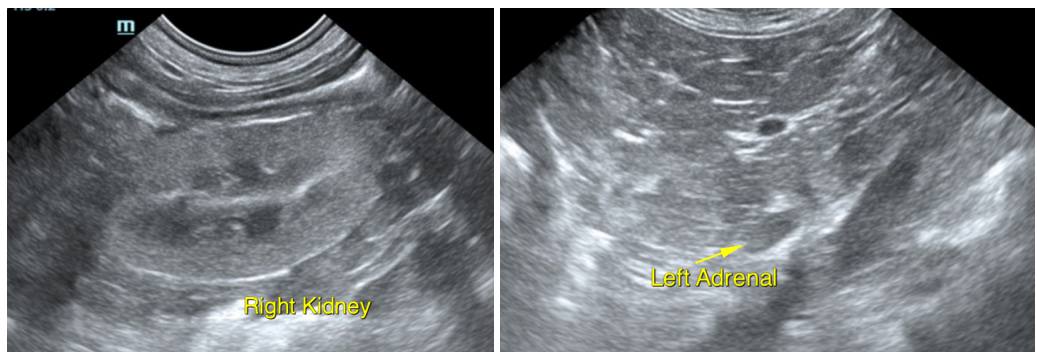
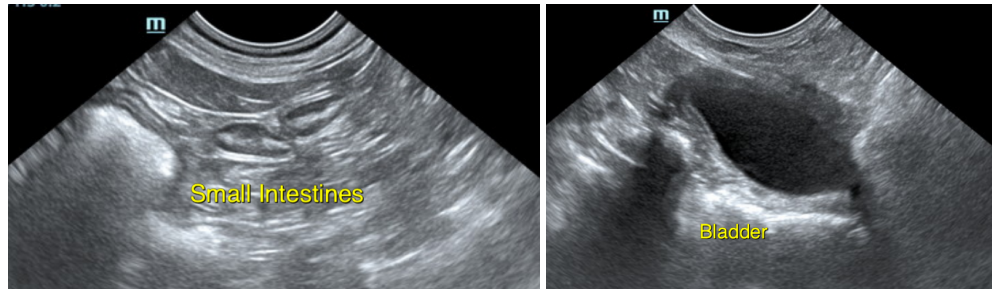
Spayed female

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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.

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Canine

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.

**BREED**

Yorkie

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info@SonoPath.com

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