

**PATIENT**

Cece Edwards

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Beard

**INVOICE**

99331

**DATE**

4/18/22

**PRESENTING CLINICAL SIGNS**

Lethargic, not eating, mucous discharge in eyes, low grade fever. This dog lives in the AR River Valley where there is a high incidence of fungal pneumonias.  
Abnormal PE/Chem/CBC/UA Results: Harsh lung sounds. Chest xrays reveal fluffy interstitial infiltrates. CBC thrombocytopenia. Chemistry WNL. HW test negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately/well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Aortic Bifurcation/Trifurcation**

No abnormalities observed.

**Kidneys**

The **left** kidney measures 3.82 cm. The capsule is smooth. The cortex is hyperechoic compared to normal, that is, it is isoechoic to the spleen. The medulla is mildly to moderately hyperechoic, forming a band, which traverses the corticomedullary junction circumferentially. This accentuates the definition of the cortico-medullary junction. Mild mineralization of the pelvis and diverticulae is present, without signs of nephroliths or pyelectasia. Subjectively, the surrounding mesentery is mildly hyperechoic. Blood flow is considered very good.

The **right** kidney measures 4.15 cm. Findings are similar to the left kidney.

**Adrenal Glands**

The adrenal glands are not visualized, however, no obvious abnormalities are observed in the surrounding region.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with the portions of the vasculature visualized.

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp to very mildly rounded. The liver's echotexture is homogeneous, but mildly hyperechoic, i.e. it is isoechoic to the falciform fat and spleen. Perivascular cuffing of the blood vessels is observed. No abnormalities are observed with the hepatic vessels visualized. The mesentery surrounding the stomach, spleen and liver is hyperechoic.



<b>PATIENT</b>	A portion of the gallbladder wall is visualized in one view; no obvious abnormalities are observed .
Cece Edwards	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	A large amount of gas is present in the stomach lumen. The gastric wall is within normal limits in thickness and the wall layers are well defined. Peristalsis appears decreased, i.e., a “to and fro” motion is observed.
<b>BREED</b>	The small intestinal wall thickness varies between within normal limits to the high end of the normal reference range. The duodenum (0.32 cm), is within normal limits. Definition of the wall layers is preserved, however, mucosal fogging of the duodenum and jejunum is present.
Yorkshire Terrier	A large amount of gas is present in the small intestines and decreased peristalsis is noted.
<b>SEX</b>	The colonic wall is not thickened and mural detail is considered normal.
Spayed Female	
<b>AGE</b>	<b>Pancreas</b>
6 years	The parenchyma is homogeneous and mildly hypoechoic. The mesentery surrounding the <b>left limb</b> is mildly hyperechoic.
<b>WEIGHT</b>	The <b>right limb</b> is mildly, but diffusely hypoechoic. The surrounding mesenteric fat is mildly hyperechoic, suggestive of saponification.
9.6 lbs	These findings are suggestive of active pancreatitis. Overt signs of neoplasia are not noted.
<b>INTERPRETED BY</b>	<b>Other</b>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<b>Lymph nodes</b> No abnormalities are observed
	<b>Abdominal effusion</b> is not visualized.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Beard	<ul style="list-style-type: none"> <li>• Pancreatitis is suspected, despite the lack of severe changes.</li> </ul>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Inflammatory bowel disease may be present based on the subtle sonographic changes observed. Another possibility is that the inflammation observed is secondary to pancreatitis.</li> </ul>
West Prince AH	<ul style="list-style-type: none"> <li>• Cholestasis and cholangitis/cholangiohepatitis cannot be excluded based on the liver’s diffuse hyperechogenicity. An ascending bacterial infection may also be present.</li> </ul>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Findings, such as a fungal infection or neoplasia, are not observed on today's abdominal ultrasound. Although subtle lesions may be missed, these disease processes are considered unlikely based on the abdominal ultrasound changes. Having said this, vasculitis associated with pancreatitis, cholangitis/cholangiohepatitis, especially if suppurative, could cause an interstitial lung pattern and may affect her respiratory pattern.</li> </ul>
Dr. Beard	<ul style="list-style-type: none"> <li>• It may be worthwhile asking the client if there is a history of vomiting or regurgitation (gastroesophageal reflux disease), as she may have aspirated, which could be causing the pulmonary abnormalities.</li> </ul>
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- Mild degenerative changes are observed with both kidneys glomerulonephritis should be kept in mind as Yorkshire terriers are predisposed to protein losing nephropathy a year analysis is suggested once she is feeling better to evaluate for proteinuria.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Analgesia for the treatment of visceral pain, such as buprenorphine or methadone, and gabapentin, are suggested, as well as supportive care, including intravenous or subcutaneous fluids.

**BREED**

Yorkshire Terrier

Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic to treat a aspiration pneumonia and possible suppurative cholangitis/cholangiohepatitis.

**SEX**

Spayed Female

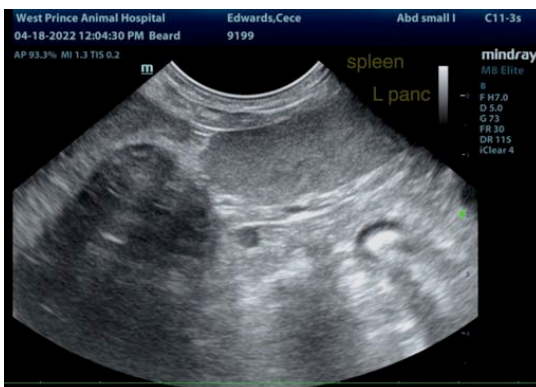
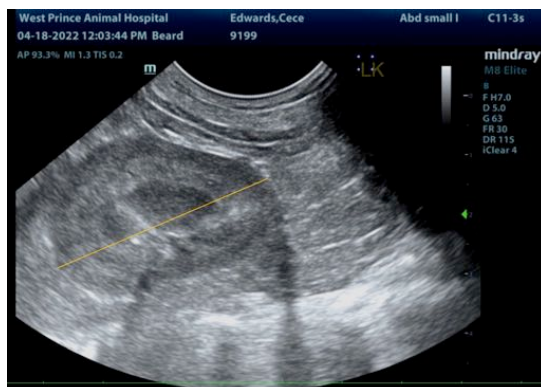
It may not be necessary to change her diet if it is less than 20 g/1000 kcal of food. A low fat, easily digestible diet that is moderately restricted in fibre is recommended to help decrease gas and bloating. However, it is of utmost importance that Cece eats in order to prevent catabolism and sarcopenia. Yorkshire terriers are predisposed to lymphangiectasia, therefore monitoring of protein concentrations may be warranted depending on her clinical signs.

**AGE**

6 years

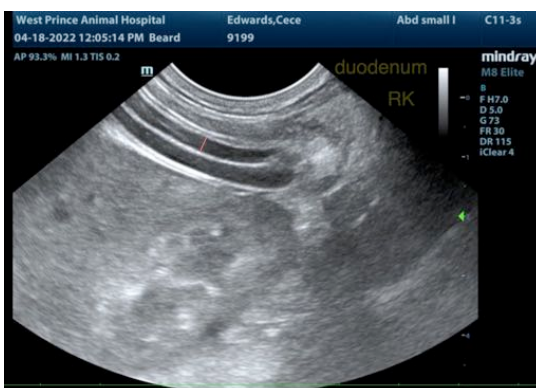
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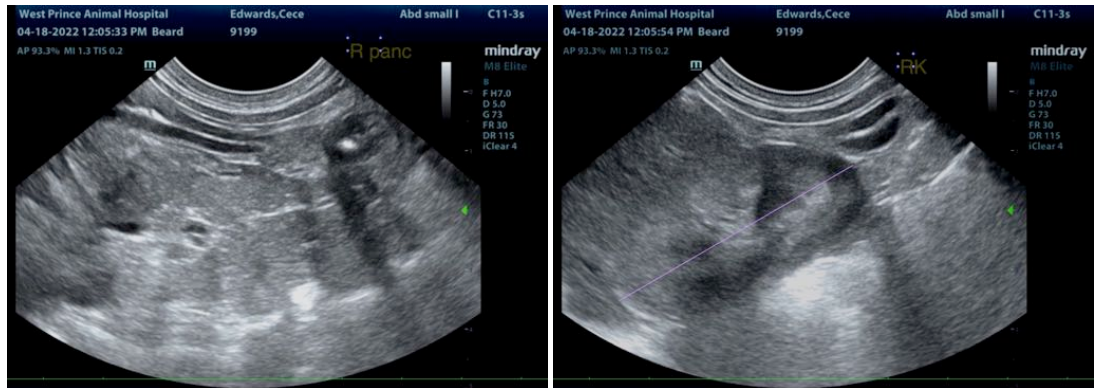
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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