**PATIENT**

Paris Weskott

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

5 years

WEIGHT

19.7 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Animal Clinic of Poplar
Grove Dr. Malik

INVOICE

32118

DATE

8/3/22

PRESENTING CLINICAL SIGNS

History: Progressively elevated PSL noted on routine bloodwork. Patient is clinically normal. Owner commented that she eats about 10 of the Purina Beneful treats per day.

Abnormal PE/Chem/CBC/UA Results: Precision PSL- 54360, previous PSL 10/23/21 was 313. Remainder of blood work is WNL except elevated amylase 5215 and hypermagnesemia 2.7.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is 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.

Kidneys

The **left kidney** measures 4.84 cm (3.2-5.2). The capsule is smooth. The cortex is hyperechoic, i.e., it is almost isoechoic to the spleen. A mild loss of the normal definition of the cortico-medullary junction is present and the medulla is mildly hyperechoic. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right kidney** measures 5.13 cm (3.2-5.2). The capsule is smooth. The cortex is very mildly hyperechoic, i.e., it is slightly hyperechoic to the liver. A mild loss of the normal definition of the cortico-medullary junction is present, and the medulla is mildly hyperechoic. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation No abnormalities observed.

Adrenal Glands

The **left adrenal gland** measures 0.54 cm at the cranial pole, 0.41 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

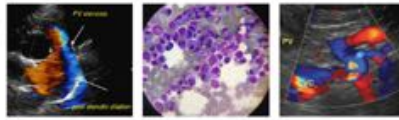
The **right adrenal gland** measures 0.45 cm at the cranial pole, 0.45 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or radiographically. The liver's borders are smooth and sharp. It is homogeneous and within normal limits in echogenicity, i.e. it is hypoechoic to the falciform fat and spleen. Focal lesions are not observed and no abnormalities are noted with the hepatic vessels.

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The **gallbladder** (GB) is mildly dilated (consistent with a fasted individual). A very small amount of echogenic material is present within the GB. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

SPECIES

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Gastrointestinal**BREED**

Yorkshire Terrier

A large amount of gas is present within the lumen of the stomach, which is attributed to aerophagia secondary to panting. The gastric wall is within normal limits in thickness and the wall layers are well defined. Peristalsis cannot be evaluated due to panting artifact.

Duodenum: wall thickness is within normal limits and the definition of the wall layers is preserved.

SEX

Spayed female

Jejunum: wall thickness is within normal limits and the definition of the wall layers is preserved, however, stippling of the mucosa is present.

Ileo-cecal-colic junction - within normal limits

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The colonic wall is not thickened and mural detail is considered normal. Gas and formed stools are present in the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

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Pancreas**INTERPRETED BY**

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The **right limb** is isoechoic to the cortex of the right kidney, and very mildly hypoechoic to the surrounding mesentery. It is mildly enlarged, with a smooth, but well defined capsule. No abnormalities are noted in echotexture. The surrounding mesentery is not hyperechoic.

The **left limb** is markedly enlarged (2.01 cm), however, it remains within normal limits in echogenicity and echotexture. Its borders are smooth and no abnormalities are observed with its overall architecture. Hyperechogenicity of the surrounding mesentery is not appreciated.

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Signs of neoplasia are not noted.

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Other**Lymph nodes**

Isoechoic medial iliac lymph nodes are noted, but remain within the normal reference range regarding size. Smooth contours are present.

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Abdominal effusion is not visualized.

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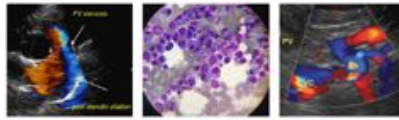
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ULTRASONOGRAPHIC FINDINGS

- **Pancreas:** Significant enlargement and mild hypoechoogenicity are observed, without overt hyperechogenicity of the surrounding mesentery. These findings, in conjunction with the progressive increase in the Precision PSL results, may be consistent with a smoldering or waxing and waning episodes of pancreatitis.

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- **Liver:** The significance of the possible hepatomegaly is not known, however, it may be associated with intermittent pancreatitis, with or without cholangitis/cholangiohepatitis. Obvious signs of active hepatitis are not visualized.

SPECIES

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- **Gallbladder:** Very small amount of gallbladder sludge. The presence of sludge is usually clinically insignificant, however, some dogs can develop signs of gastroesophageal reflux disease (GERD). Therefore, obtaining a history regarding signs of GERD from the client is suggested.

BREED

Yorkshire Terrier

- **Kidneys:** Subtle abnormalities suggestive of glomerulonephritis are noted and should not be ignored given *Paris' breed predisposition to protein losing nephropathy*.

SEX

Spayed female

- **Gastrointestinal (GI) tract:** Serious abnormalities are not observed, however, very subtle changes suggestive of inflammation are observed with a few loops of jejunum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

Urinalysis (free flow is sufficient, however, the vulva and perivulvar area should be disinfected with chlorhexidine 0.05% prior to collecting urine sample)

Urine protein: creatinine ratio if no signs of an infection. However, to obtain an average of the UPC ratio, 3 urine samples obtained from 3 consecutive days are suggested.

- To perform a UPC, ideally, the first morning urine sample should be collected for *three consecutive mornings*. The samples should be kept in the refrigerator until the *third day*, at which time the samples are brought to the clinic. All three samples should be combined as one and submitted as one sample. This yields an average UPC. If possible, clean vulva and perivulvar area prior to collecting the urine to help reduce contamination.

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Evaluate diet and amount of fat in diet (predisposition to pancreatitis).

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Assess fasting triglycerides (minimum 12 hour fast) to exclude hypertriglyceridemia predisposing to pancreatitis.

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Reduce number of treats to a couple per day (cut into smaller pieces)

Introduce vegetables (that are low in sugar)

+/- spec cPL to compare to Precision PSL, or change to low fat diet (if no proteinuria) and recheck Precision PSL 4-6 weeks later.

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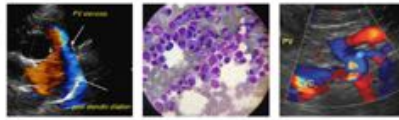
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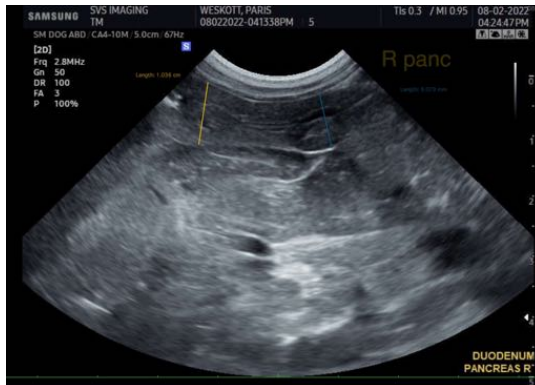
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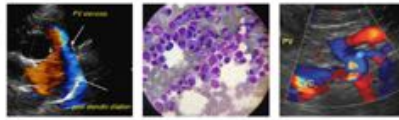
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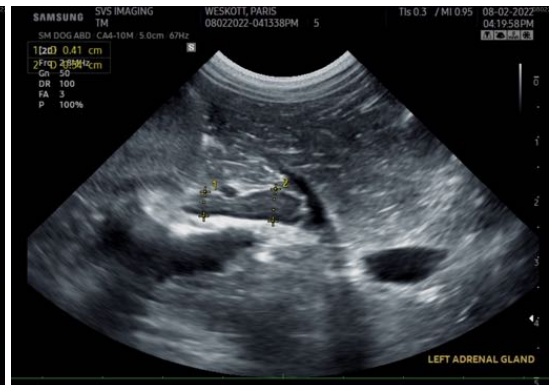
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com