



PATIENT

Oliver Solar

SPECIES

Canine

BREED

Yorkie-Poo Terrier

SEX

M/N

AGE

10 yr, 7 mo

WEIGHT

11.1 lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Graham Sager-
Gellerman

HOSPITAL NAME

Back Bay Veterinary
Clinic

REFERRING VET

Dr. Graham Sager-
Gellerman

INVOICE

15832

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Had AUS (sonopath) 1/28/22 -- hypoechoic splenic nodule (0.48 cm) noted, bilateral degenerative renal changes noted w/ dystrophic mineralization and right non-obstructive nephrolithiasis. Has had historical bladder stones (calcium oxalate) -- cystotomy twice. Recently went to rDVM and possible bladder stone identified on radiograph (have not seen radiographs). Has had historical intermittent diarrhea, vomiting, inappetence.

Abnormal PE/Chem/CBC/UA Results: 1/8/22: -Chem panel: wnl (within normal limits) 12/17/22: -Urinalysis: USG 1.029, pH >9.0, amorphous phosphate crystals present 4/16/22: GI Panel: TLI (>50 ug/dL), B-12 wnl, Folate wnl, cPL wnl. Chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine. Normal urinary bladder walls were visualized without evidence of inflammatory or neoplastic criteria. Several small, dependent, cystic calculi were noted with an example measuring 0.21 cm.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of overt pyelectasia was present. Focal areas of mild medullary mineral / renolithiasis were noted in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.38 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and overall contour with a primarily maintained finely textured and homogenous parenchyma. Discrete perihilar hyperechoic parenchyma was noted in the area of the adjacent medial capsule. No splenic masses or distinct nodules were visualized.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size



PATIENT	containing primarily anechoic content with mild, dependent, nonmineralized, echogenic, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Oliver Solar	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
BREED	
Yorkie-Poo Terrier	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
10 yr, 7 mo	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
11.1 lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Small dependent cystic calculi • Bilateral chronic renal changes with nonobstructive mild medullary renolithiasis - nonobstructive • Sonographically normal spleen with suspect perihilar medial capsule fibrosis - benign • Mild gallbladder debris (non-mucocele) • Structurally normal gastrointestinal tract - suspect chronic low-grade inflammatory gastroenteropathy • Mild heterogeneous pancreas - age/patient variant, minor remodeling owing to previous inflammation, and low-grade pancreatitis are all potentials
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Graham Sager-Gellerman	Urine C/S on a sterile urine sample is recommended to rule out underlying UTI. A urinary diet could be considered.
HOSPITAL NAME	Previously noted hypoechoic splenic nodule was not visualized, potentially indicative of resolved lymphoid hyperplasia, hematopoiesis, or similar. No evidence of splenic neoplastic criteria.
Back Bay Veterinary Clinic	
REFERRING VET	The gallbladder debris is considered incidental given the lack of cholestasis.
Dr. Graham Sager-Gellerman	As-needed gastrointestinal support, which may include long-term hydrolyzed diet trial, is suggested.
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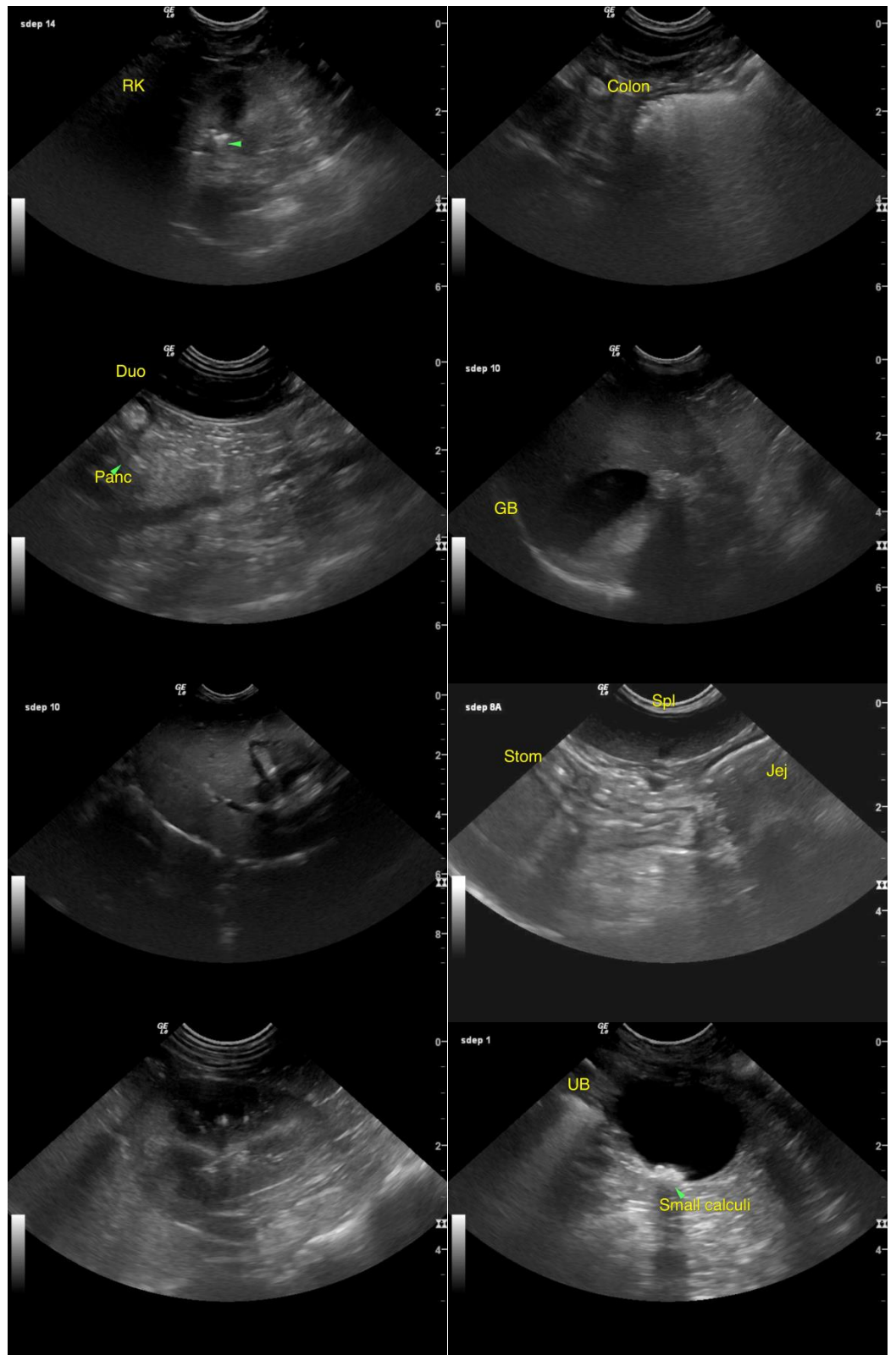
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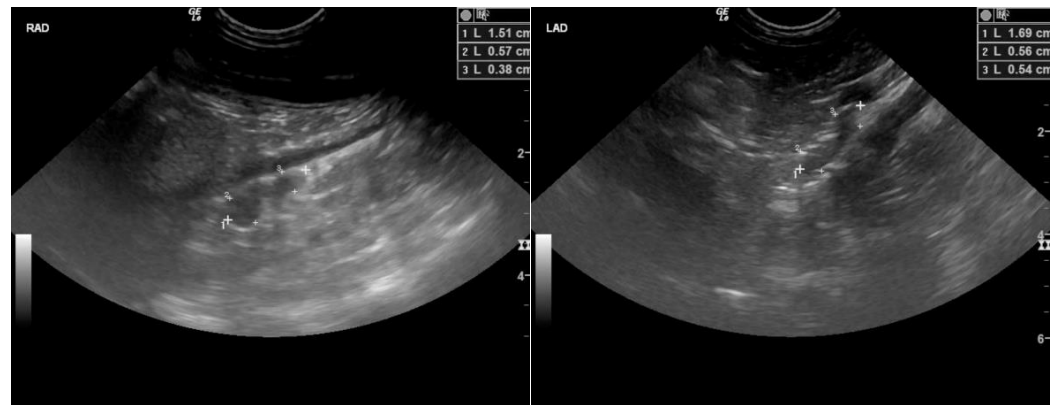
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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(Canine and Feline)

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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