



PATIENT

Maggie Anthony

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

12yr

WEIGHT

10.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet

REFERRING VET

Dr. Evoniuk

INVOICE

12723ag

DATE

01/17/2023

PRESENTING CLINICAL SIGNS

History: ED not eating like she use to been going on for 2 weeks giving her broth with rice in it she is not eating her pancreas diet food will eat treats VD stood is soft , no vomiting CS none , snores loud when she sleeps LB none , few skin tags medication , right now none no recent travel no other concerns O is expecting BW gb Physical Exam: General Appearance: QAR, BCS 5/9- weight loss CRT/MM: CRT <3s. Pink mm Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: Mild scaling exudate observed, no redness present Oral Cavity: Minimal tarter/gingivitis, most teeth are missing. Tongue extends out of the mouth- some dryness of the tongue Nasal Cavity: Very mild serous nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Very full hair coat, large amount of undercoat. Mild dander Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor focal dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 pelvic dilation was present. Focal areas of medullary mineral to renolithiasis were present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 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 0.30 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete hypoechoic mid splenic nodule was present measuring 0.5 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized echogenic



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debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.27 cm in width.

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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. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.23 cm width.

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

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Pancreas

The pancreas base and right pancreatic limb were mildly prominent in size with heterogeneous isoechoic to mildly hypoechoic parenchyma compared to the adjacent omental fat.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Mild dependent urinary bladder mineral
- Bilateral chronic renal changes with non-obstructive medullary mineral/renolithiasis
- Discrete splenic nodule-subjectively benign
- Mild hepatomegaly with mild gallbladder debris (non-mucocele)
- Heterogenous pancreas-suspect mild chronic pancreatitis
- Overtly normal GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This patient may be passing mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Monitoring for evidence of cranial abdominal discomfort on palpation is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if progressive diarrhea or evidence of weight loss.

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Empirical therapy for possible mild inflammatory bowel and low grade pancreatitis would be reasonable. Correlation with full CBC/Chem/UA to assess for metabolic disease as a contributing factor is suggested. No overt intra-abdominal neoplastic criteria.

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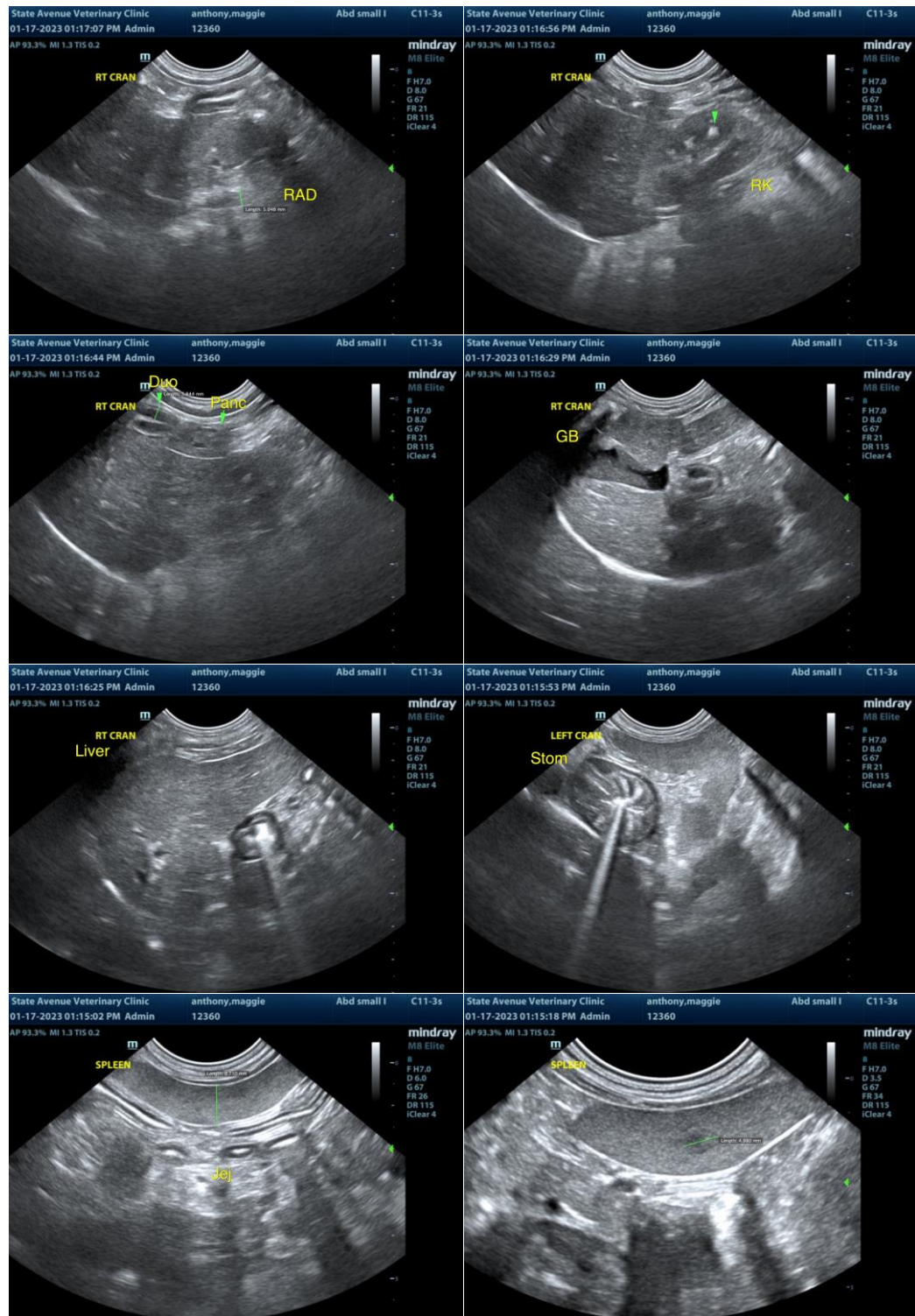
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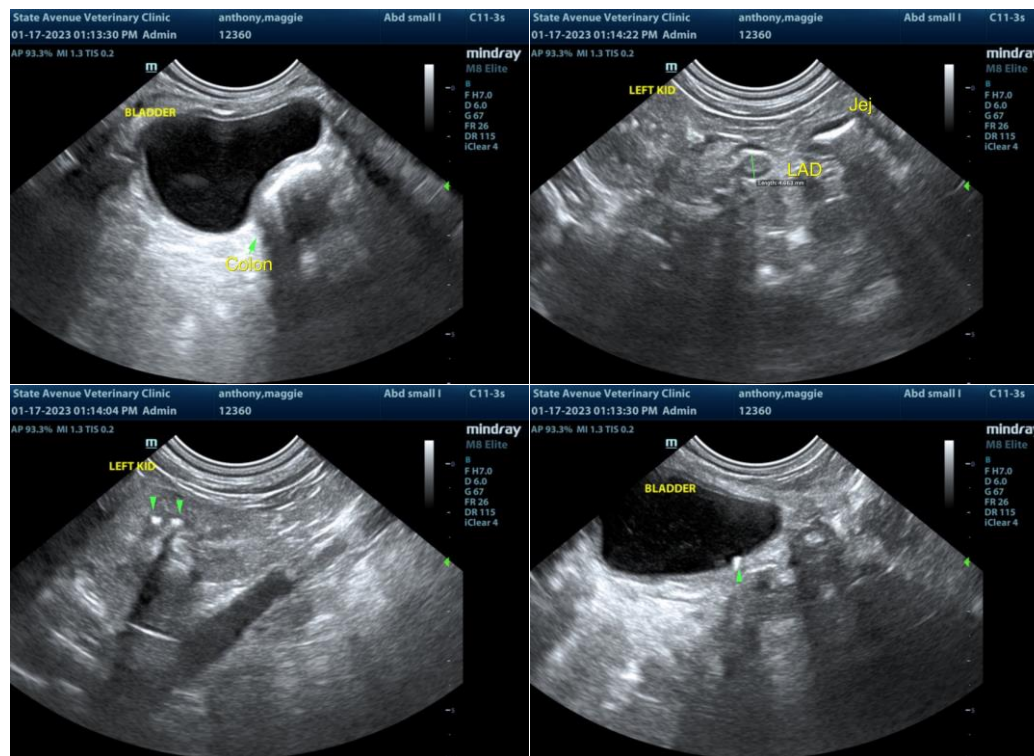
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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