

**PATIENT**

Sweet Pea Zapshalla

SPECIES

Canine

BREED

Yorkie Mix

SEX

FS

AGE

12yr

WEIGHT

7.2kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**Dr. Mariusz
Chmielinski, DVM**HOSPITAL NAME**lake Bonavista Animal
Clinic / Dr. Erin
O'Brien**REFERRING VET**Apex Veterinary
Services Ltd.**INVOICE**

23414

DATE

1-2-26

PRESENTING CLINICAL SIGNS

Originally scheduled for dental procedure with extractions (fasted; water allowed). Pre-anesthetic bloodwork revealed abnormalities prompting postponement of dental and further investigation of elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):122, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate , BCS (scale 1 to 5): 3/5, Oral/Dental: Severe dental disease noted (previously documented) Cardiac/Respiratory: Normal auscultation; no murmurs, arrhythmias, or adventitious lung sounds Abdomen: No abnormalities palpated Skin: Mild dorsal alopecia; several small sebaceous adenomas noted, non-painful and not inflamed Laboratory Findings ALP: 855 U/L (RI 23–212) Globulins: 46 g/L (RI 25–45) – mild hyperglobulinemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly non-homogenous and increased in echogenicity. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Concurrent increased medullary echogenicity. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent bilateral cortical cysts were present. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour with mild non-homogenous parenchyma. A subtle mid-splenic hyperechoic nodule measuring 0.53 cm was present, consistent with probable benign criteria such as emerging myelolipoma. No evidence of splenic masses.

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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate dependent to non-dependent, variably congealed yet non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy- consistent with benign criteria and suggestive of vacuolar hepatopathy pattern.
- Non-organized, variably congealed gallbladder - possible early immature mucocele.
- Bilateral chronic renal changes
- Bilateral mild adrenomegaly
- Chronic pancreatitis / fibrosis pattern with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adrenal workup is indicated if clinical signs consistent with Cushing's syndrome are present. Correlation with a urinary workup is recommended. A spec CPL is warranted if clinical signs consistent with chronic pancreatitis are present. Hepatosupportive medications with as needed sonographic monitoring of the gallbladder if evidence of progressive cholestasis is recommended. No overt anesthetic contraindications assuming normal ALB, GLU, BUN and CHOL level.



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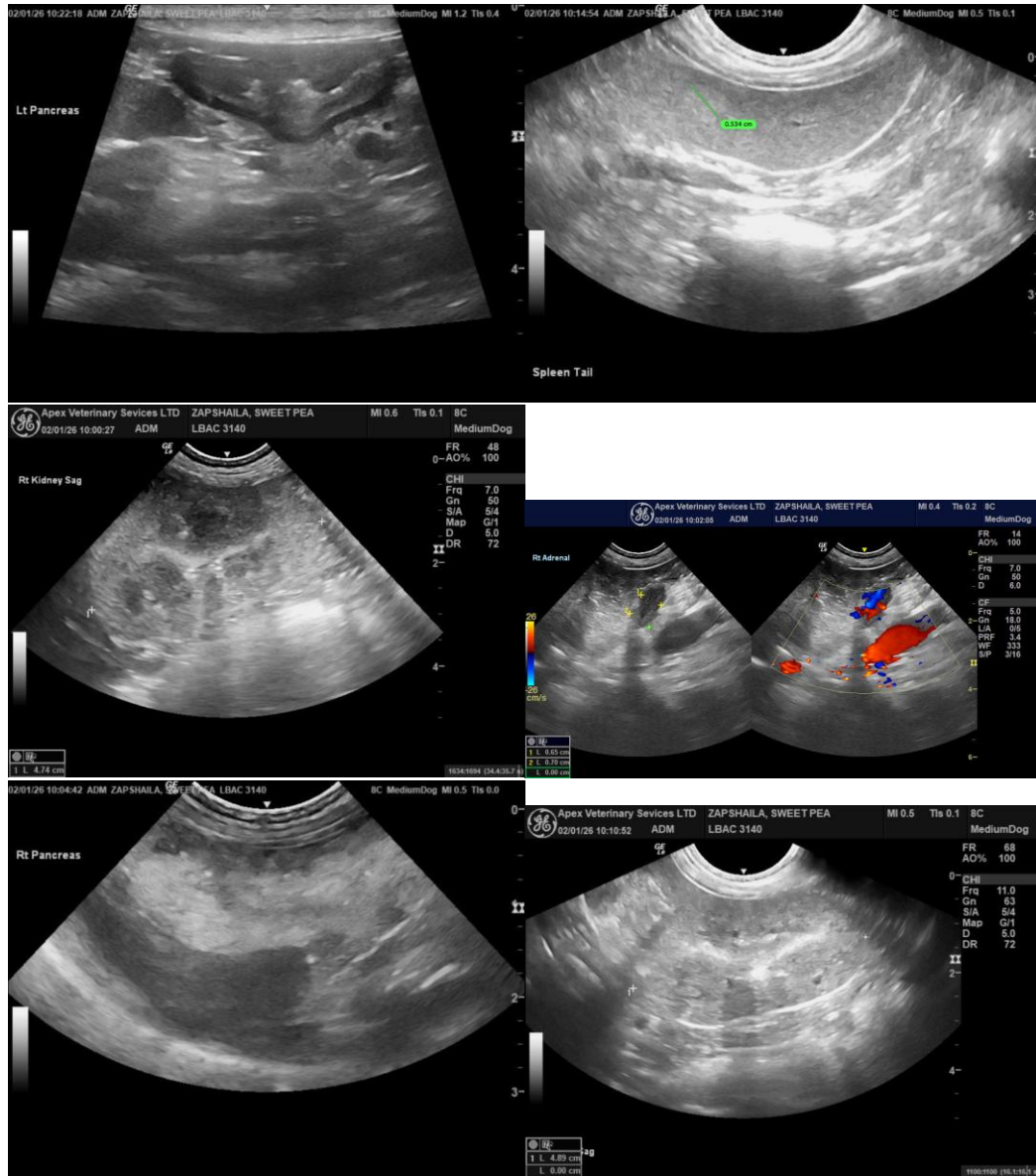
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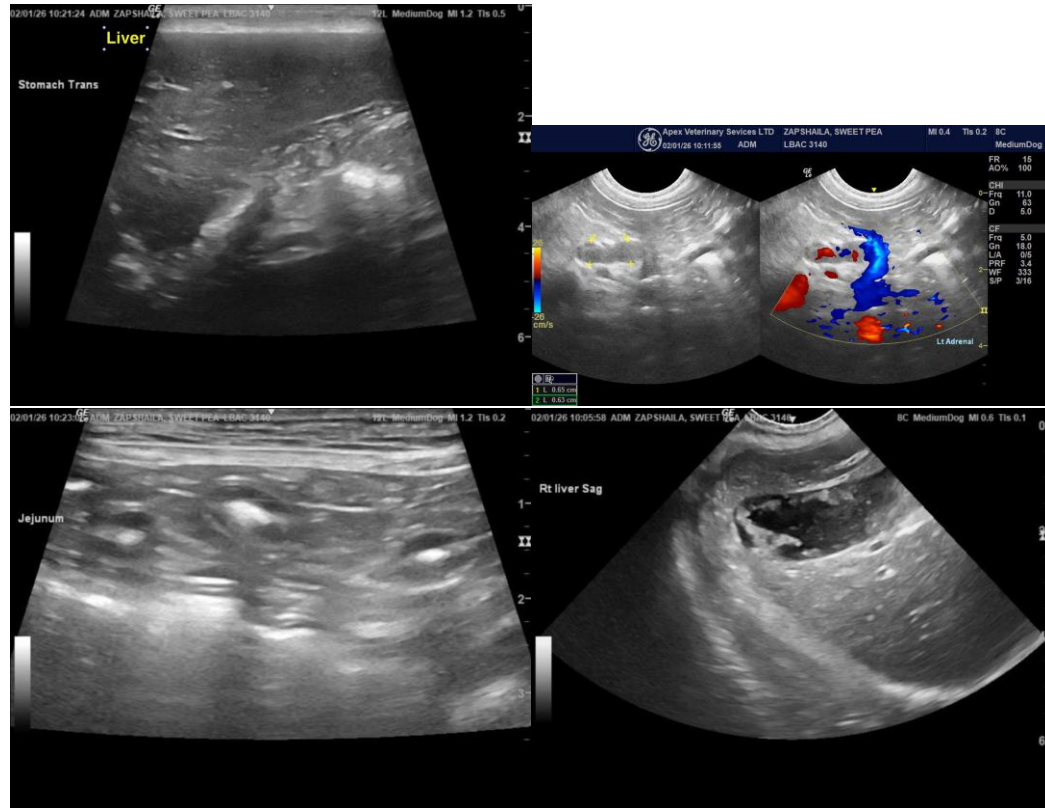
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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