



PATIENT

Chese Cullison

SPECIES

Canine

BREED

Toy Poodle

SEX

Male

AGE

12 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Hollomon

INVOICE

13664

DATE

1/27/22

PRESENTING CLINICAL SIGNS

Diagnosed with gastroenteritis and heart murmur late December. Had echo performed, diagnosed chronic mitral valve disease and mild TR. On recheck for BP in early January pt was diagnosed with hypertension (idiopathic) after multiple rechecks and BP readings with doppler. Pt was started on enalapril on 1/8, then amlodipine 1/15. current BP at the DVM office is 170 mmHg. Pt has been struggling to eat normally since recovering from the gastroenteritis. pt is very picky historically and O is having a very hard time getting pt to eat his dog food. will take some treats and people food. Pt has a history of elevated liver enzymes that seemed to normalize when blood work was done in late December. O is wanting an AUS to r/o pathologic disease as the cause of pt hyporexia before deciding that pt is not eating well due to a behavioral issue. Pt was suspected to be nauseous secondary to the enalapril but had minimal response to entyce, cerenia, famotidine. On PE pt is BAR, active. Murmur consistent with previous exams. No apparent abnormalities or changes from previous exams. Currently on Enalapril 2.5 mg, 3/4 tab PO q12. Amlodipine 2.5 mg, 1/4 tab PO q24. Ondansetron, Entyce, Cerenia, Famotidine PRN

Abnormal PE/Chem/CBC/UA Results: See attached BW: Lab work in December demonstrates ALT 175. Recheck blood work today shows ALT 207.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm x 3.0 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 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 0.50 cm width at the caudal pole and 0.52 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.58 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The



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splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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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.

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The gallbladder was non distended in size with mild inspissated gallbladder debris. The gallbladder was otherwise normal without evidence of inflammatory wall changes or evidence of peripheral inflammation cystic duct and common bile ducts were normal without evidence of dilation.

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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 pylorus wall measured 0.35 cm.

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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. The jejunum wall measured 0.30 cm.

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

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Pancreas

The pancreas base and right pancreatic limb exhibited mild prominent size with mild hyperechoic parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia
- Bilateral mild chronic renal changes
- Low-grade hepatopathy- subjectively benign, suspect low-grade inflammatory hepatopathy
- Mild inspissated gallbladder debris (non-mucocele)
- Pancreatic remodeling, potential for chronic pancreatitis
- Mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas recommended. If present, potential for chronic pancreatitis would be suspected. Correlation with a spec CPL could be considered. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.



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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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No overt evidence of adrenal pathology as a potential cause of hypertension.

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Continued (as needed) gastrointestinal support recommended.

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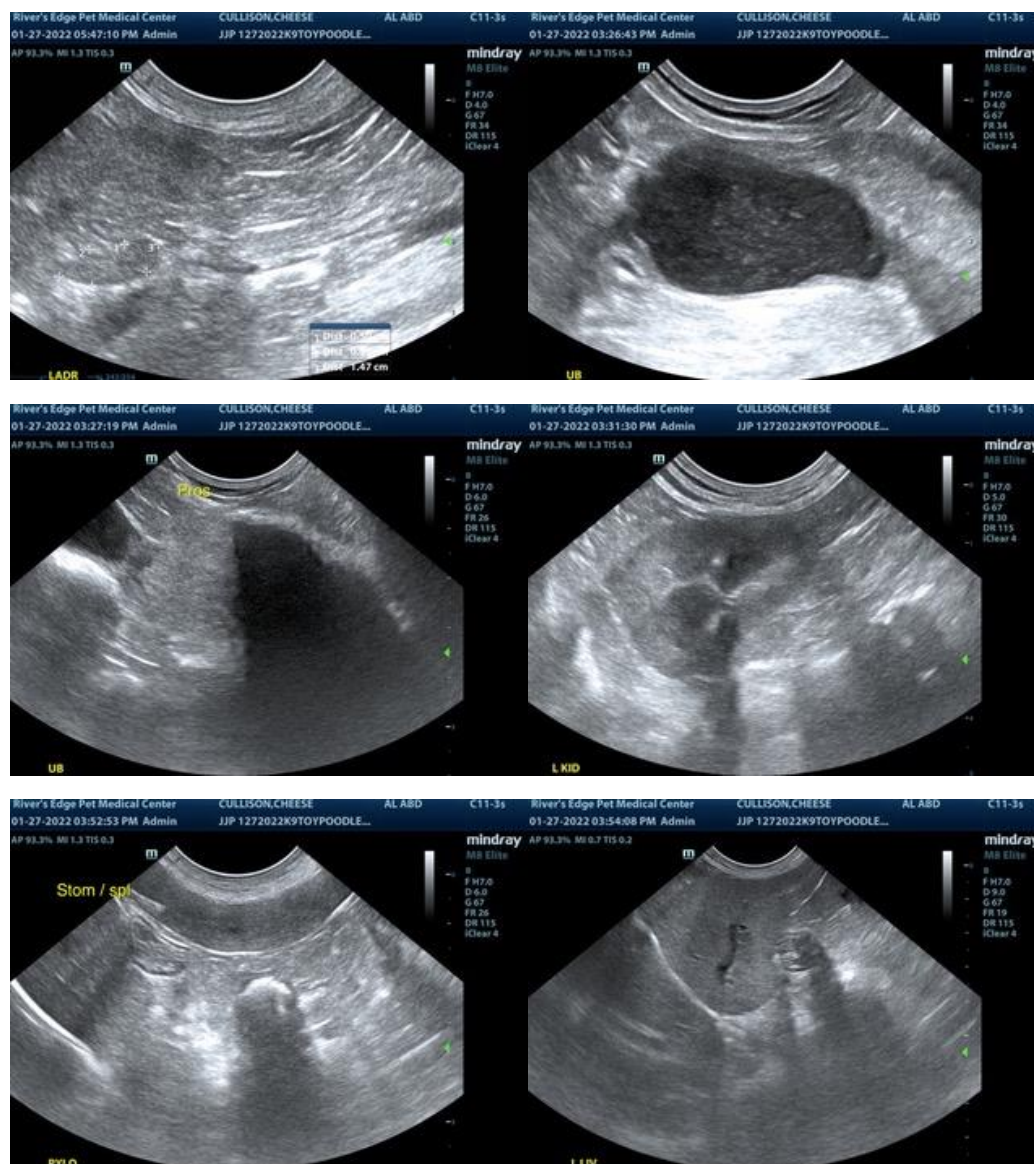
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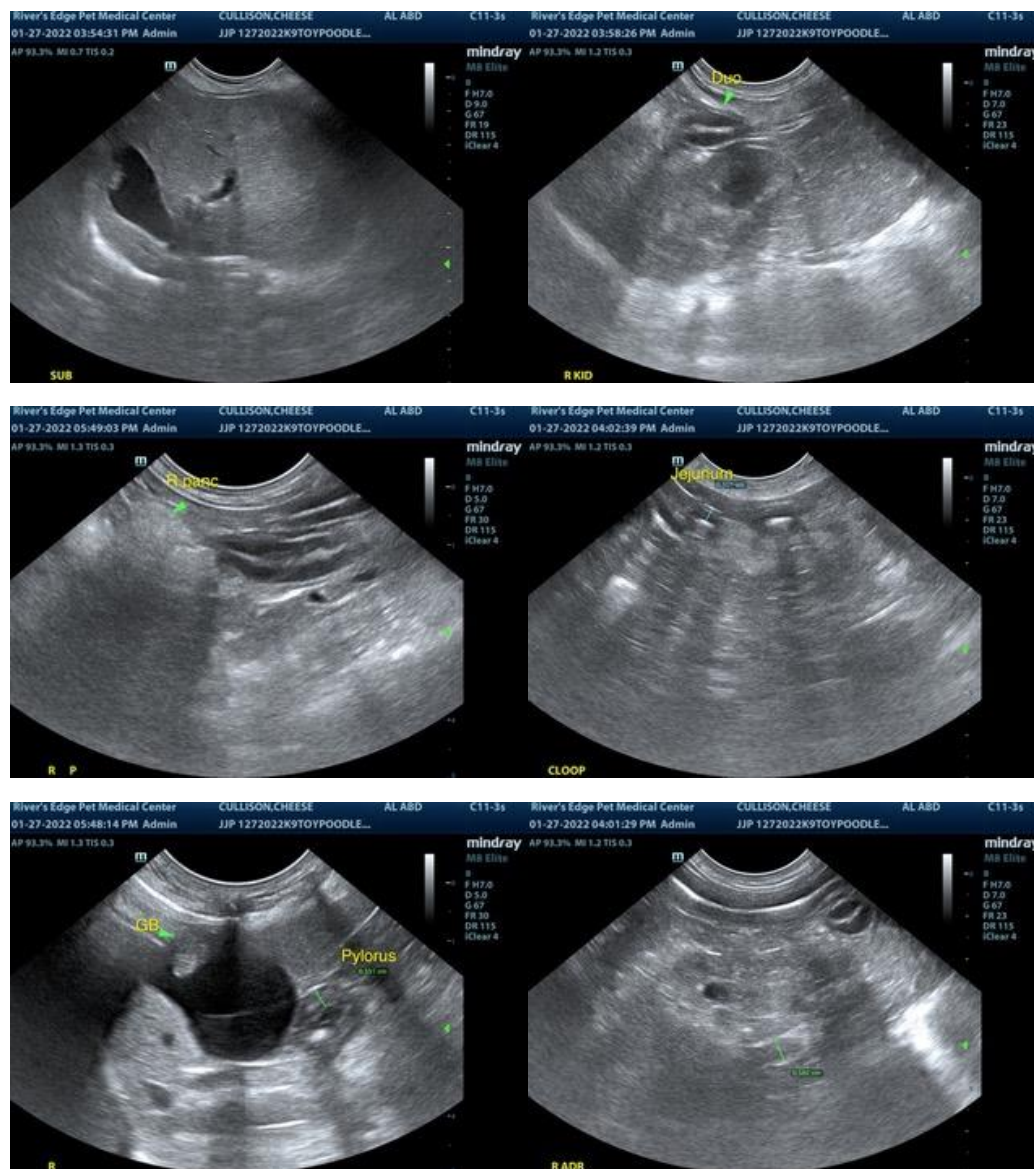
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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