



PATIENT

Peanut Butter Johnson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.5 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Ashley Fatzer

HOSPITAL NAME

Andover AH

REFERRING VET

SVB

INVOICE

13648

DATE

1/27/22

PRESENTING CLINICAL SIGNS

History: PU/PD, shaking, panting
Abnormal PE/Chem/CBC/UA Results: PE: nsf CBC: WNL CHEM: ALk phos 717 (5-131), PrecisionPSL 626 (24-140), amylase 1964 (290-1125), UA: 1.018, pH 6.0

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

Normal size and margination was 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 3.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No overt evidence of adrenal tumors. The left adrenal gland measured 0.60 cm width in the cranial pole and 0.53 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.60 cm width in 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 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.

Liver

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. The cystic and common bile ducts were normal.

Gastrointestinal

The gastric walls were sonographically unremarkable, exhibiting intact wall layering. The lumen of the stomach contained moderate ingesta, exhibiting subtle progressive distal acoustic shadowing. The ventral gastric body wall measured 0.32 cm.



PATIENT	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 0.32 cm.
Peanut Butter Johnson	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas base and right pancreatic limb exhibited normal size and subjective symmetrical contour with mildly hyperechoic parenchyma compared to adjacent omentum.
Chihuahua Mix	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
Neutered Male	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern- subjectively benign • Mildly hyperechoic pancreas- age-related variant, potential pancreatic fibrosis owing to previous inflammation or chronic pancreatitis possible. • Overtly normal gastrointestinal tract with gastric ingesta • Mild chronic renal changes
14 Years	
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
8.5 Lbs.	Given the patients reported positive Murphy sign in the area of the right cranial abdomen without evidence of gallbladder pathology, chronic pancreatitis would be suspected. Correlation with a spec CPL in conjunction with the elevated PSL may be considered.
INTERPRETED BY	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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HOSPITAL NAME	If clinical suspicion of hyperadrenocorticism, screening UCCR +/- LDDST could be considered, although overt evidence of adrenal hyperplasia or other pathology was not definitively evident.
Andover AH	Empirically, pending additional diagnostics, conservative therapy for chronic pancreatitis with monitoring for normal gastric emptying is recommended.
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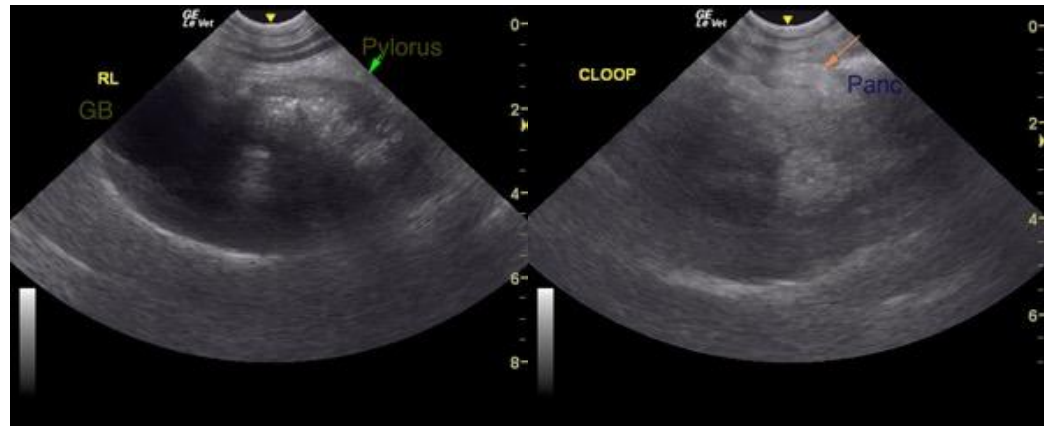
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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