



**PATIENT**

Brewski Docheriy

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

21.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

35216

**DATE**

1/31/22

**PRESENTING CLINICAL SIGNS**

Enlarged spleen and liver, tender/painful in cranial abdomen; new seizure activity. Patient given Torb for discomfort, appears much better today. Patient also started on Phenobarb and Thyro-tabs. Grade 4/6 heart murmur, no echo history, not on any cardiac medications.  
Abnormal PE/Chem/CBC/UA Results: 12/8/21 - hemoconcentration/elevated ALP.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate exhibited mild parenchymal heterogeneity without evidence of mineralization. This is likely a patient or age related variant and not considered pathology. The prostate measured 0.89 cm in width.

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. Small cortical cysts were present in both kidneys. The right kidney measured 4.6 cm. The left kidney measured 4.5 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 0.45 cm at the cranial pole and 0.40 cm at the caudal pole.

**Spleen**

The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Liver**

The liver presented enlarged in size with symmetrical yet swollen contour. Mild generalized parenchymal remodeling noted. A solitary, subtle, hypoechoic nodule was noted in the deep mid liver measuring 2.1 cm in diameter. The nodule is non-specific, yet not overtly suggestive of neoplastic criteria with considerations including suspected area of nodular to regenerative hyperplasia or hematopoiesis. Potential for neoplastic criteria is considered low. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. The hepatic veins were mildly dilated, most notable at the level of the hepatic vein/caudal vena cava junction. Concurrent subjective prominent to dilated cranial



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abdominal caudal vena cava at the level of the liver diaphragm extending into the caudal thorax was present. The caudal vena cava measured 1.1-1.2 cm diameter. No overt evidence of thrombosis

**Gastrointestinal**

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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 ileus, obstruction or foreign material.

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

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age related pancreatic changes with minor remodeling, considered incidental.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatomegaly exhibiting mild subjective hepatic congestion and focal non-specific yet likely benign nodule
- Overtly normal splenic size with subtle parenchymal heterogeneity – subjectively benign.
- Bilateral mild chronic renal changes with small cortical cysts
- Mild heterogeneous to remodeling pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although not definitive, the prominent to dilated caudal vena cava as well as evidence of emerging yet compensated hepatic vascular congestion may suggest potential for elevated pulmonary pressures or right heart disease. Given the patient’s murmur, full echocardiographic workup is warranted. Potential for low-grade pancreatitis cannot be definitively excluded, and may be suspected if evidence of discomfort or pain in the area of the pancreas. Correlation with spec cPL may be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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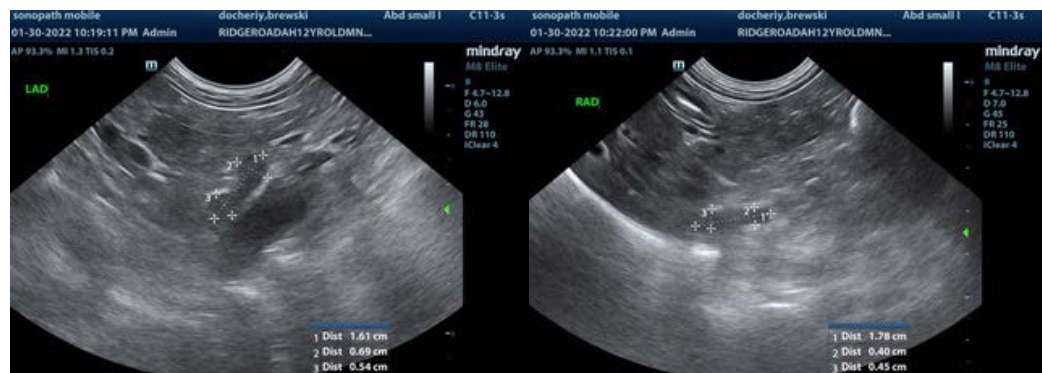
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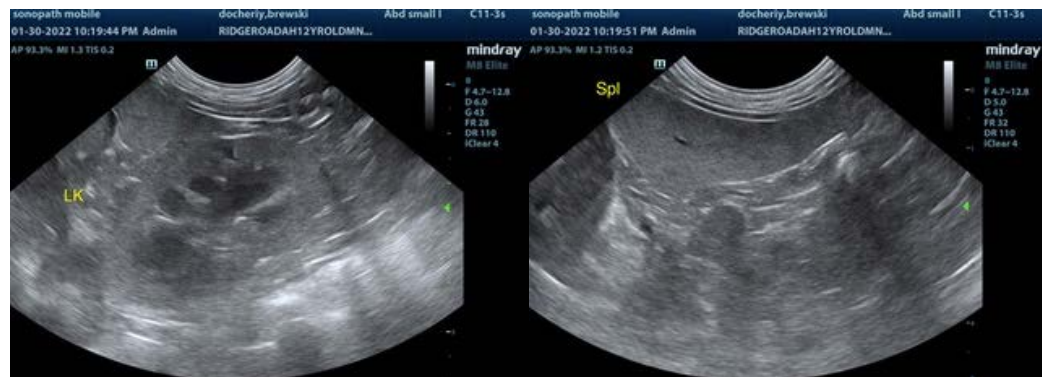
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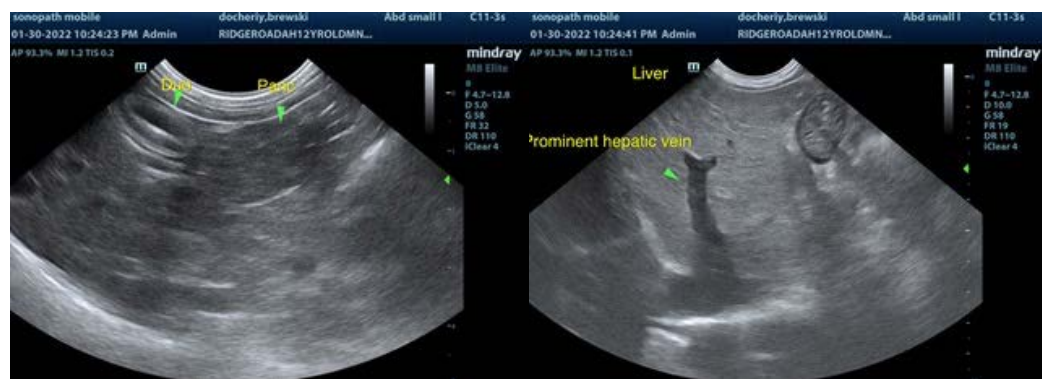
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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Canine

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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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

**info@SonoPath.com**

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