

PATIENT

Brandy Alex

SPECIES

Canine

BREED

Yorkie

SEX

Female Spayed

AGE

8 years

WEIGHT

6.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin AC Inc.

REFERRING VET

Dr. Sam Doverspike

INVOICE

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DATE

1/31/23

PRESENTING CLINICAL SIGNS

8 yr old Hermaphrodite being managed as Addisonian also on anticonvulsants, hi dose pred, immune suppressants w/ Hx relapsing gastritis or Colitis. Current Azotemia and rod UTI present. Presented for 2 days weakness, low volume vomiting and inappetance that resolved quickly on Iv's and Ondan w/o changing meds or upping steroids. MEDS: Add Clavamox 1cc 50mg PO BID x 7 days then refill and repeat if C/S confirms for UTI Ondan 2mg BID for Gastritis 1) Pred 0.625mg or 0.2cc of 3mg/ml liquid SID 2) Gaba now 0.1cc 100mg/ml or 10mg BID 3) Niacinamide 1/4 500mg SID 4) Fludrocortisone/Florinef 0.1mg 1/4 or 0.025mg or 25 ug BID. Dose range is 14-28 ug or 0.014-0.028mg. 5) Phenobarbital 16.2mg 1/2 BID 6) No Sucralfate 1 gram 1/4 PRN only if vomiting FF probiotic daily sometimes not take whole package.
Abnormal PE/Chem/CBC/UA Results: Spec Grav: 1.014 w/ UTI Sediment SDMA 15 µg/dL 0 - 14 HIGH CREA 1.9 mg/dL 0.5 - 1.8 HIGH BUN 119 mg/dL 7 - 27 HIGH BUN/CREA 61 PHOS 8.6 mg/dL 2.5 - 6.8 HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

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. Bilateral pinpoint discrete medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to subnormal in size. The left adrenal gland measured 0.33 cm width at the caudal pole and 0.27 cm width at the cranial pole. The right adrenal gland measured 0.40 cm width at the caudal pole. No evidence of adrenal pathology.

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/ Gallbladder



PATIENT	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 inspissated non-organized echogenic debris. The cystic and common bile ducts were normal.
Brandy Alex	
SPECIES	
Canine	
BREED	Gastrointestinal
Yorkie	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained primarily anechoic fluid and luminal gas was present.
SEX	
Female Spayed	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild non-specific duodenojejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
AGE	
8 years	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
WEIGHT	Pancreas
6.5 lbs.	The pancreas base and right pancreatic limb was normal in size and contour with hyperechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	A fluid filled structure noted dorsal to the urinary bladder neck and proximal urethra, adjacent and ventral to the distal descending colon measuring ~ 2.5 cm in diameter. The structure contained primarily anechoic fluid with mild echogenic component. No evidence of regional inflammation.
Dr. Sam Doverspike	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Franklin AC Inc.	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Fluid filled structure area of the uterine remnant, adjacent to distal descending colon-uterine stump pyometra, hydrometra, mucometra, non-obvious distal colon mural cyst possible. Neoplastic criteria considered unlikely • Inflammatory enteropathy pattern with mild hypomotile stomach • Heterogenous to mildly hyperechoic pancreas base/right limb-mild pancreatic fibrosis and remodeling, potential for chronic pancreatitis • Mild age related renal changes
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically there is no evidence of significant renal pathology or evidence of pyelonephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be



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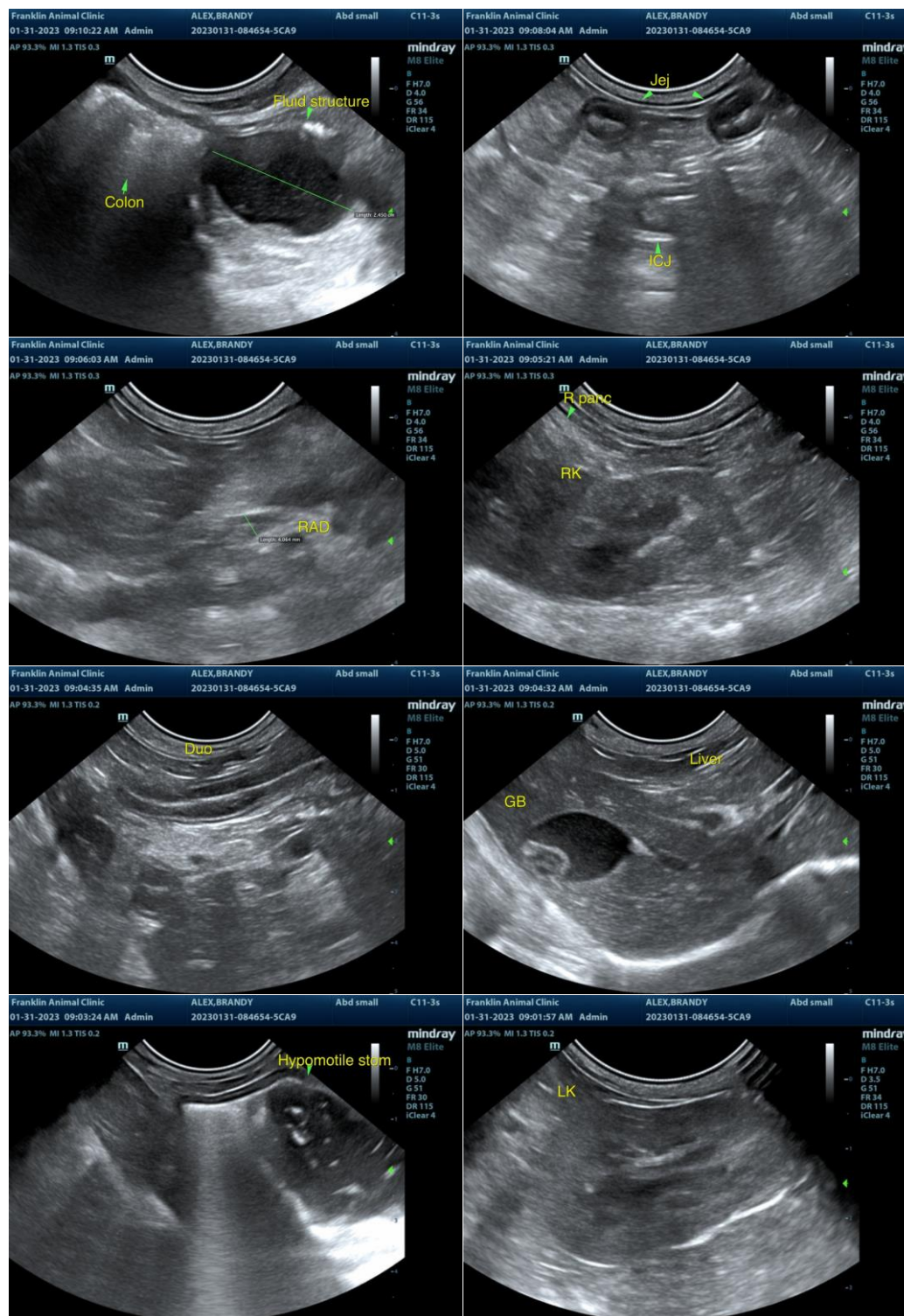
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considered. Recheck ACTH stim could be considered. A spec cPL is warranted for further assessment of potential chronic pancreatitis as a contributing factor to the patient's recurrent GI signs.





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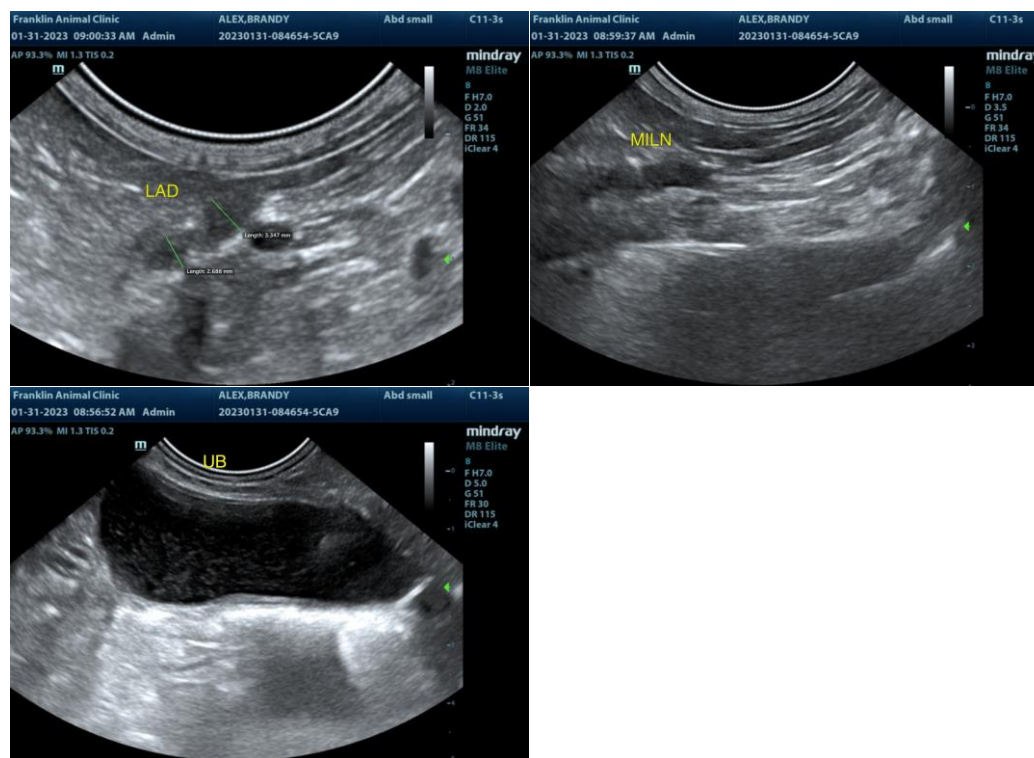
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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