



PATIENT	PRESENTING CLINICAL SIGNS
Millie Sarkady	Millie has been behaving strangely lately. It started last week, would race around, unable to settle and get comfortable on bed when going to sleep; urinated on the bed a couple of times; UA done and no UTI present; used Trazodone and it seemed to help; end of last week started having skin irritation/erythema on ventral surface mostly but all skin looks pinker than normal (after seeing erythema; I was consulted and meds - apoquel and benadryl started, it got better). If benadryl dose is missed (giving TID) skin will become redder; is rubbing face on things. Patient is laying/sleeping in strange places. Seems to be urinating and defecating normally when taken outside; Eating most of time; no vomiting; Mom says she has started strange cough/hack lately. She is also on Galliprant, ursodiol, denamarin
SPECIES	
Canine	
BREED	
Shihapoo	
SEX	Abnormal PE/Chem/CBC/UA Results: Bloodwork pending sent out today. BW from 8/4/22: cbc/chem wnl/nsf T4 1.8 UA: USG 1.037 no protein Radiology report from 1/9/23: 1. Moderate bronchial pattern -- the differential diagnosis includes allergic, immune-mediated or infectious causes of bronchitis, and/or fibrosis from prior disease 2. Questionable retroperitoneal soft tissue mass vs. summation of normal anatomic structures. Discussion: A cause for reported nonspecific clinical signs is not determined during this evaluation. Reported cough may be associated with the suspected bronchial disease. Other non-radiographically apparent causes for reported cough includes occult pulmonary hypertension, laryngo-pharyngeal reflux, micro-aspiration and neuronal cross-organ sensitisation associated with gastroesophageal reflux/presbyesophagus.
FS	
AGE	
14yr	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
23.24	Urinary System
INTERPRETED BY	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 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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. Discrete bilateral cortical cysts were present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Mavis McCormick	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.43 cm width at the cranial pole.
Lanier Animal Hospital	Spleen
REFERRING VET	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.
Mavis McCormick	Liver/Gallbladder
INVOICE	
12642ag	
DATE	
01/09/2023	



PATIENT

Millie Sarkady

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 moderate non-dependent mildly hyperechoic sludge primarily around the luminal periphery. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

BREED

Shihapoo

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.

SEX

FS

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.

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

AGE

14yr

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

WEIGHT

23.24

Free Abdomen

No evidence of peritoneal/retroperitoneal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Mild hepatic parenchymal remodeling
- Emerging to partial gallbladder mucocele
- Mild chronic renal changes with discrete cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

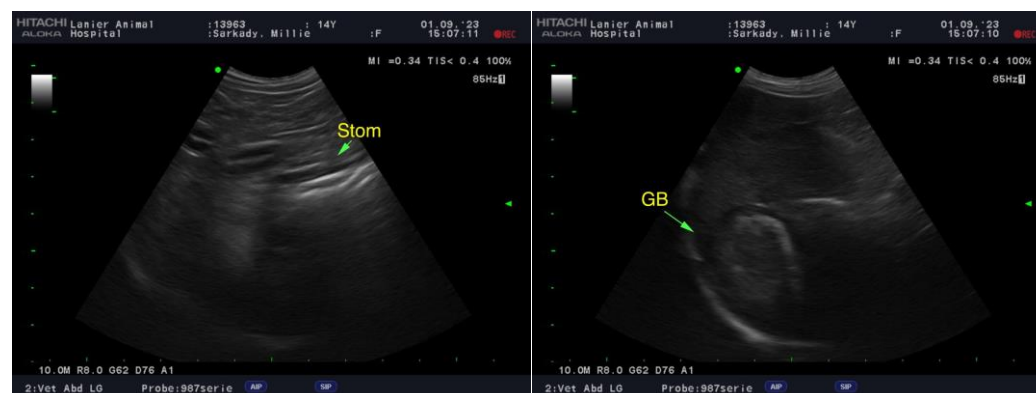
IMAGING PERFORMED BY

Mavis McCormick

No evidence of intra-abdominal or retroperitoneal neoplastic criteria. The gallbladder presentation is non-specific given the lack of reported hepatic enzyme elevation. Close monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation and hepatic enzyme levels with continued hepatosupportive medications and potential recheck sonogram is recommended.

HOSPITAL NAME

Lanier Animal
Hospital



REFERRING VET

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PATIENT

Millie Sarkady

SPECIES

Canine

BREED

Shihapoo

SEX

FS

AGE

14yr

WEIGHT

23.24

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(Canine and Feline)

IMAGING PERFORMED BY

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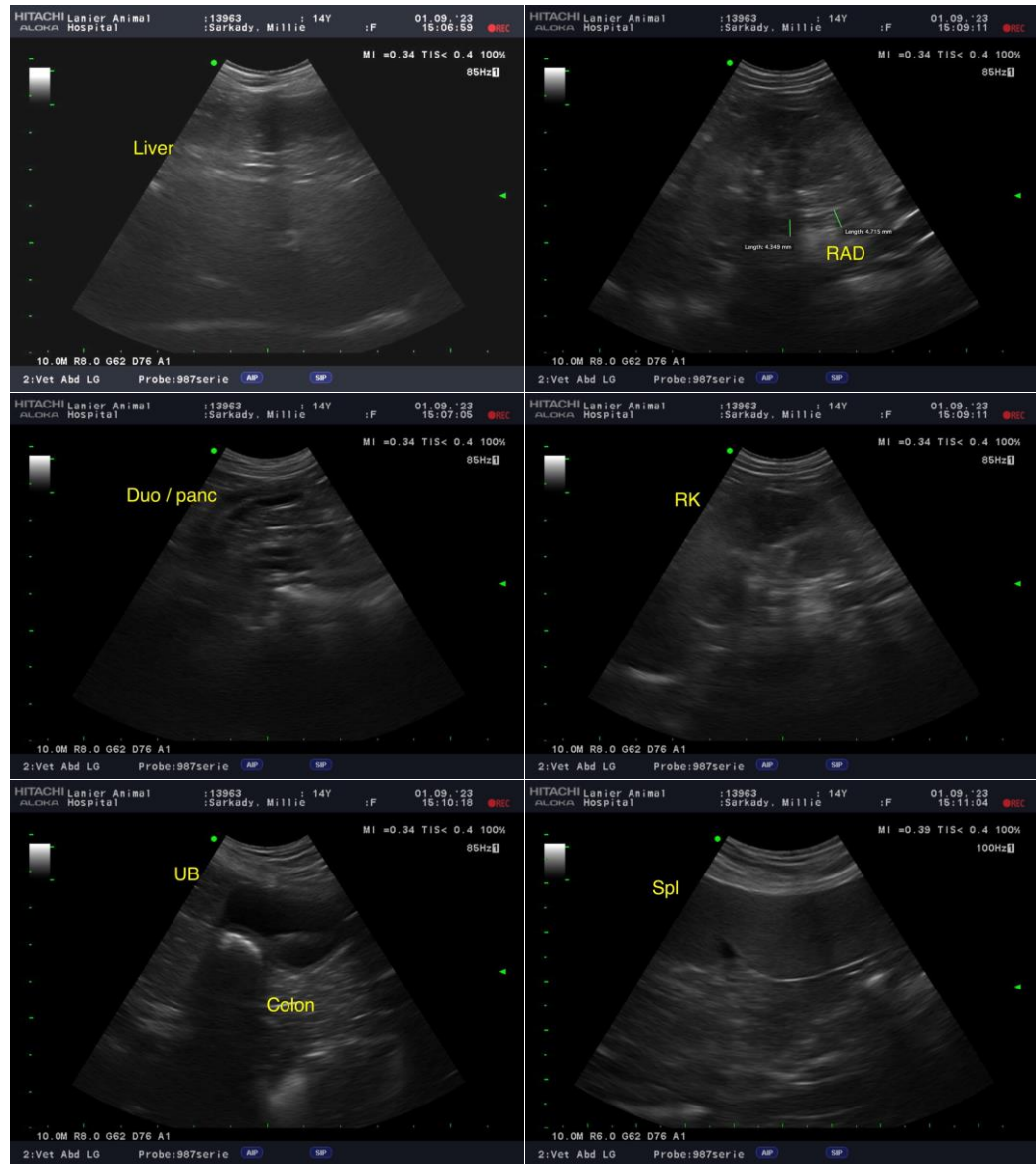
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Millie Sarkady

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SEX

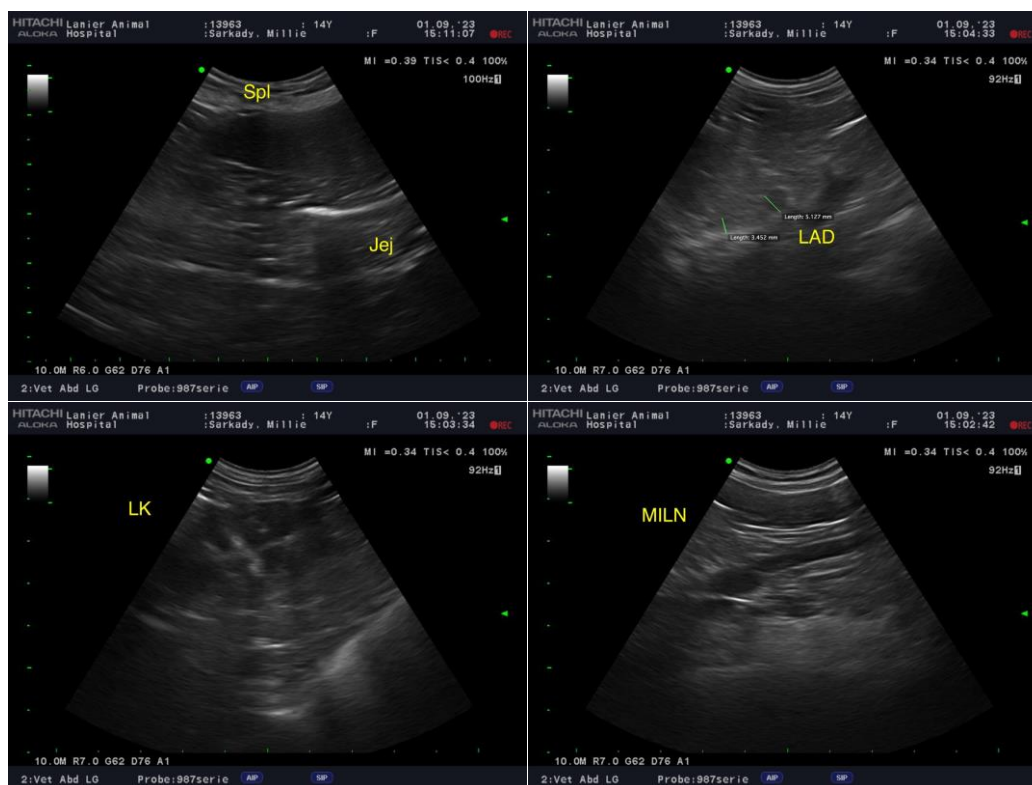
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WEIGHT

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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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