



PATIENT

Sadie Verastegui

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Westwood VH

REFERRING VET

Dr. Cattiny

INVOICE

26233

DATE

10/13/21

PRESENTING CLINICAL SIGNS

Potential obstruction GI vs Neoplasia Current meds: Prednisone 5mg 1/4 tab 2 x weekly
Abnormal PE/Chem/CBC/UA Results: RBC 8.94, Reticulocytes 183.3, Ret. hemoglobin 21.2, Eos 0.02, Glu 48, BUN 30, Phos 7.6, TP 8.7, Glob 5.6

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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 4.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.4 cm length x 0.38 cm at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.55 cm at the caudal pole.

Spleen

The spleen 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.

Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. 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.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. Pylorus wall measured 0.30 cm. The lumen of the stomach was empty with mild luminal gas present. No evidence of retained gastric ingesta, fluid or foreign material.

The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosa. Jejunum wall measured 0.30 cm. Duodenum wall measured 0.38 cm. Minor



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segmental duodenojejunal ileus was present without obstructive pattern or overt foreign material. Intact wall layering was maintained without loss of wall layering or intestinal masses. Generalized reactive mesentery and small pockets of mild, primarily peri intestinal free fluid noted. No overt lymphadenopathy.

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The visualized colon walls were sonographically unremarkable. Generalized mild variable colonic dilation with non-formed to liquid feces was present. Segmental areas of gas were present in the colon, exhibiting subtle distal acoustic shadowing and reverberation artifact.

Pancreas

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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.

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PRIMARY FINDINGS

- Gastroenteropathy – probable chronic
- Generalized yet variable colonic distention with non-formed feces
- Hypoechoic liver – suspect benign or reactive hepatopathy
- Mild gallbladder debris (non-mucocele)
- Generalized reactive mesentery and mild primarily peri intestinal free fluid

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SECONDARY FINDINGS

- Moderate chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mural changes suggestive of chronic enteropathy with suspect minor concurrent gastritis. The subjective prominent to echogenic submucosa may suggest inflammatory bowel process/IBD. Neoplastic infiltrative enteropathy, which may present in similar sonographic manner, cannot be definitively excluded, yet thought less likely. Intestinal biopsies are required for definitive diagnosis. Potentially, the current use of Prednisolone may be masking gastroenterocolic mural changes. Fresh fecal analysis to assess for parasitic ova/giardia as well as GI panel to include PLI, TLI, cobalamin and folate may be considered.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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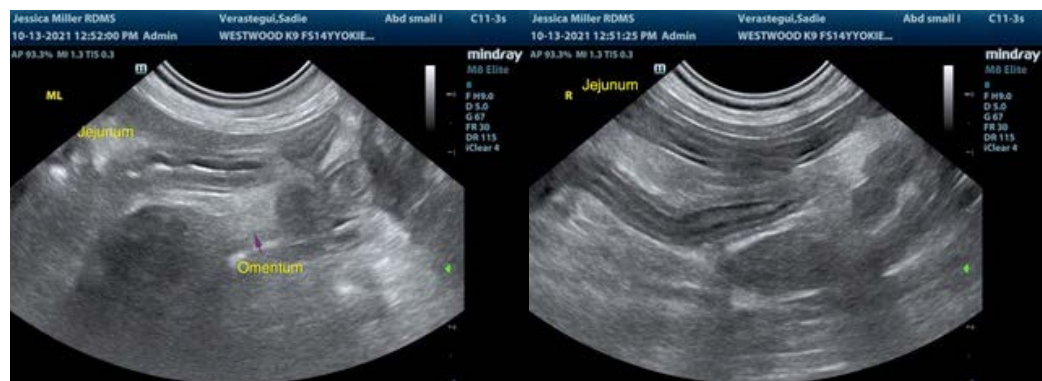
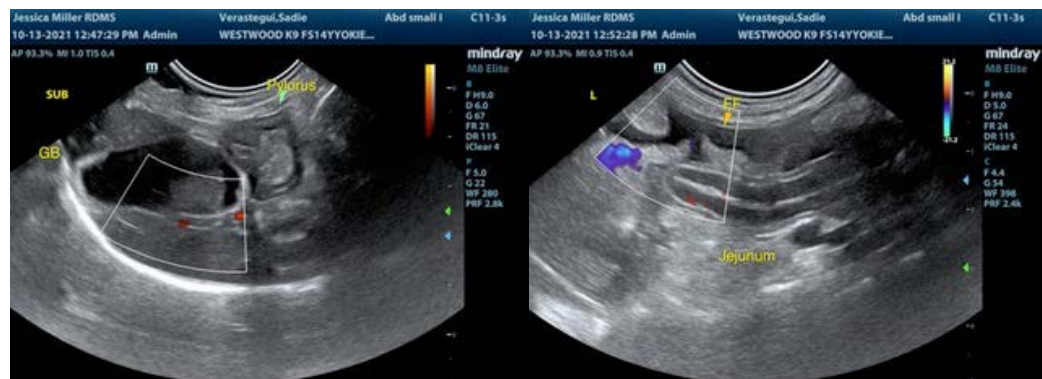
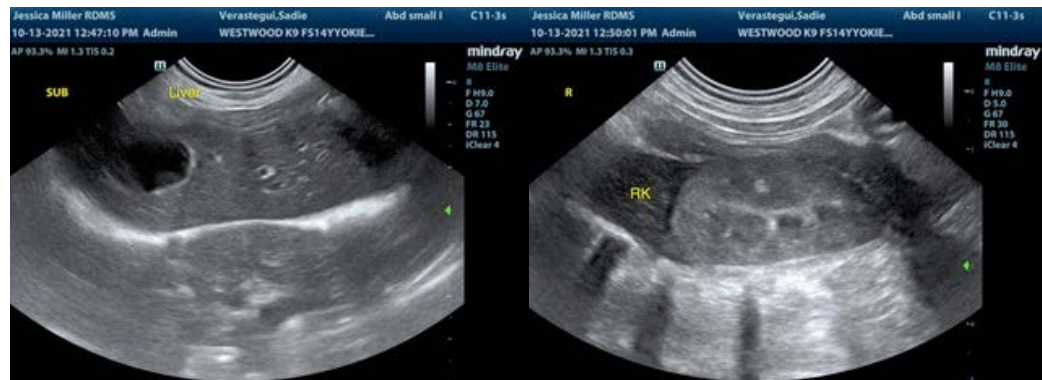
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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