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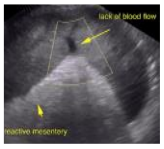

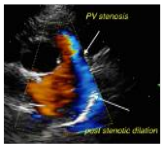

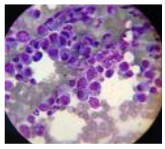
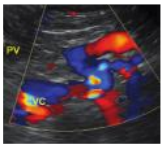

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1-800-838-4268 info@sonopath.com

PATIENT

Miley James

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

10 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A Rodriquez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. A Rodriquez

INVOICE

15222

DATE

10/13/22

PRESENTING CLINICAL SIGNS

U/S due to elevated values on bloodwork and chronic intermit vomiting
Abnormal PE/Chem/CBC/UA Results: TP: 7.6, Alb: 4.5, Chol: 389, Triglyc: 1793, PSL: 142,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint areas of medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.33 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 0.52 cm width at 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering most notable in the area of the gastric antrum and pylorus, yet without evidence of mechanical pyloric outflow obstruction or evidence of pyloric mural hypertrophy. The stomach was primarily empty with mild luminal gas. The pylorus wall width measured 0.40 cm. The ventral gastric body wall width measured 0.36 cm.

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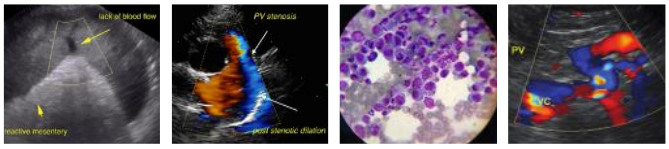

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.39 cm width. The jejunum wall measured 0.35 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting pinpoint medullary mineral
- Minor hepatic parenchymal remodeling
- Suspect mild chronic gastritis
- Heterogeneous pancreas - mild patient / age-related variant, minor remodeling owing to previous inflammation, low-grade to chronic pancreatitis possible

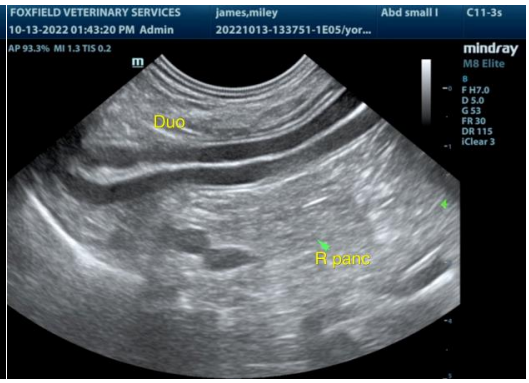
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation, in conjunction with elevated PSL.

No evidence of intrabdominal, specifically gastrointestinal or pancreatic neoplastic criteria.

Fasting triglyceride and cholesterol levels would be appropriate if persistent evidence of hyperlipidemia.

A novel protein low fat or hydrolyzed diet trial with as-needed gastrointestinal protectants and potential sonographic reassessment of the stomach, if continued vomiting, is recommended.



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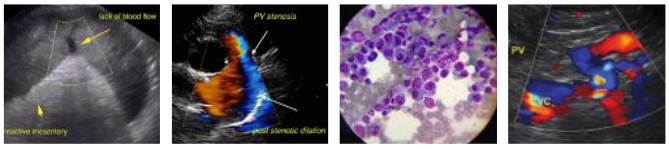

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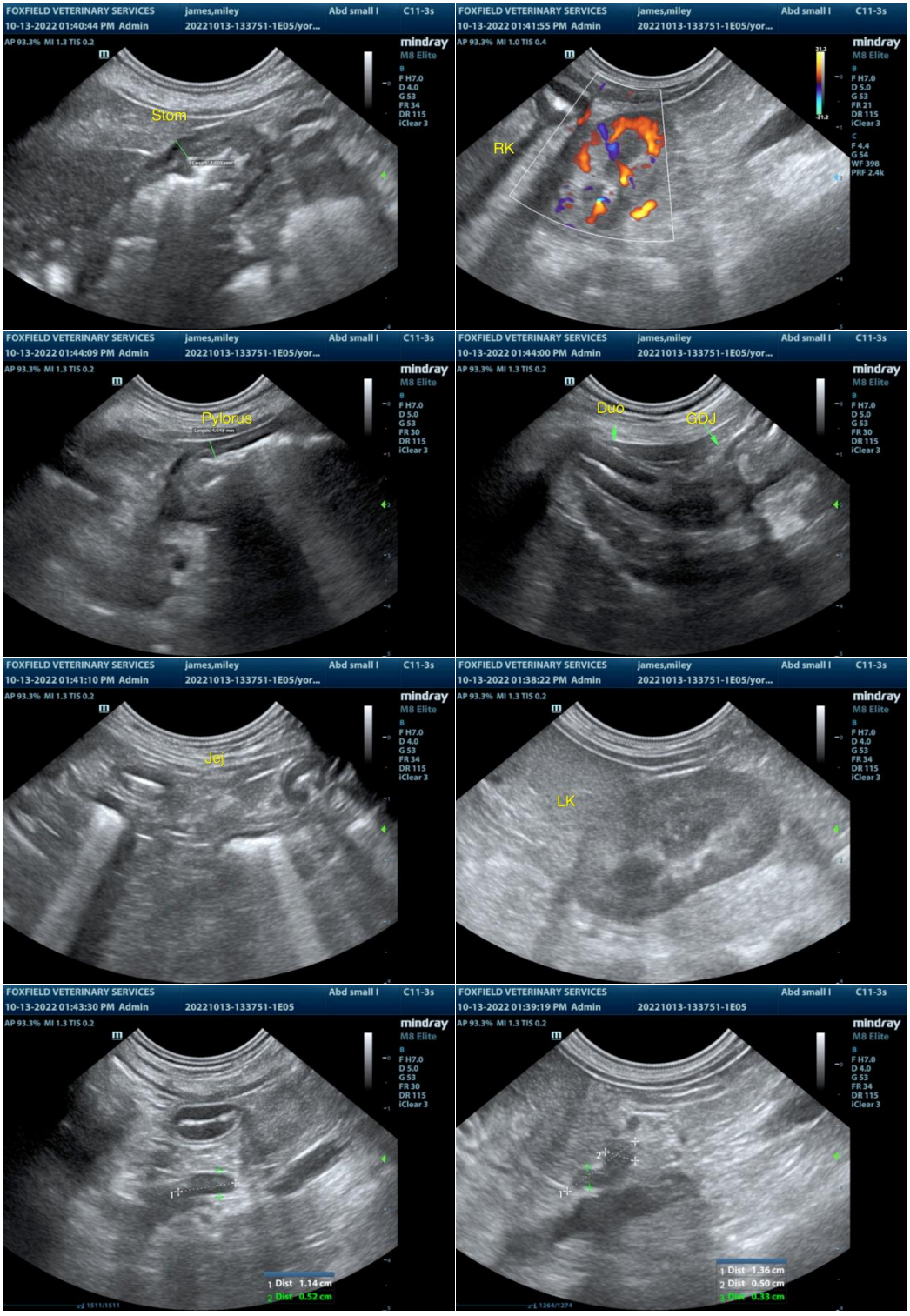

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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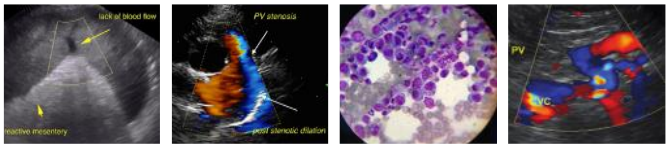

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com