



PATIENT

Cindy Fillion

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 years

WEIGHT

3.2 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

Dr. Axix

INVOICE

12372

DATE

10/18/21

PRESENTING CLINICAL SIGNS

–History of pancreatitis, decreased appetite, seems painful.

Abnormal PE/Chem/CBC/UA Results: Increased WBCs, Urea, decreased RBC and Cholesterol.

Abnormal Pancreatitis test Sept.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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. A small solitary cortical cyst was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 2.4 cm in length. The right kidney measured 2.3 cm in length.

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 1.3 cm length x 0.33 cm width in the caudal pole. The right adrenal gland measured 1.0 cm length x 0.24 cm width in 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, nondependent yet nonorganized echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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 gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.26 cm. The duodenum wall width measured 0.29 cm.

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Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

Pancreas

BREED

Chihuahua

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

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Primary Findings

- Mild gastroenteritis pattern, potential for mild inflammatory bowel
- Mild heterogeneous pancreas
- Age-related kidneys with small right kidney cortical cyst
- Mild gallbladder debris (non-mucocele)

WEIGHT

3.2 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of active or acute pancreatitis was noted. However, the potential for low-grade chronic pancreatitis, which may present as essentially sonographically normal, is possible.

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Concurrently, chronic low-grade inflammatory gastroenteropathy, which also may result in reactive, elevated pancreatic testing, in light of the patient's decreased appetite, cannot be excluded. Potential for low-grade or chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

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A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. As-needed gastrointestinal support and conservative therapy for low-grade to chronic pancreatitis are suggested.

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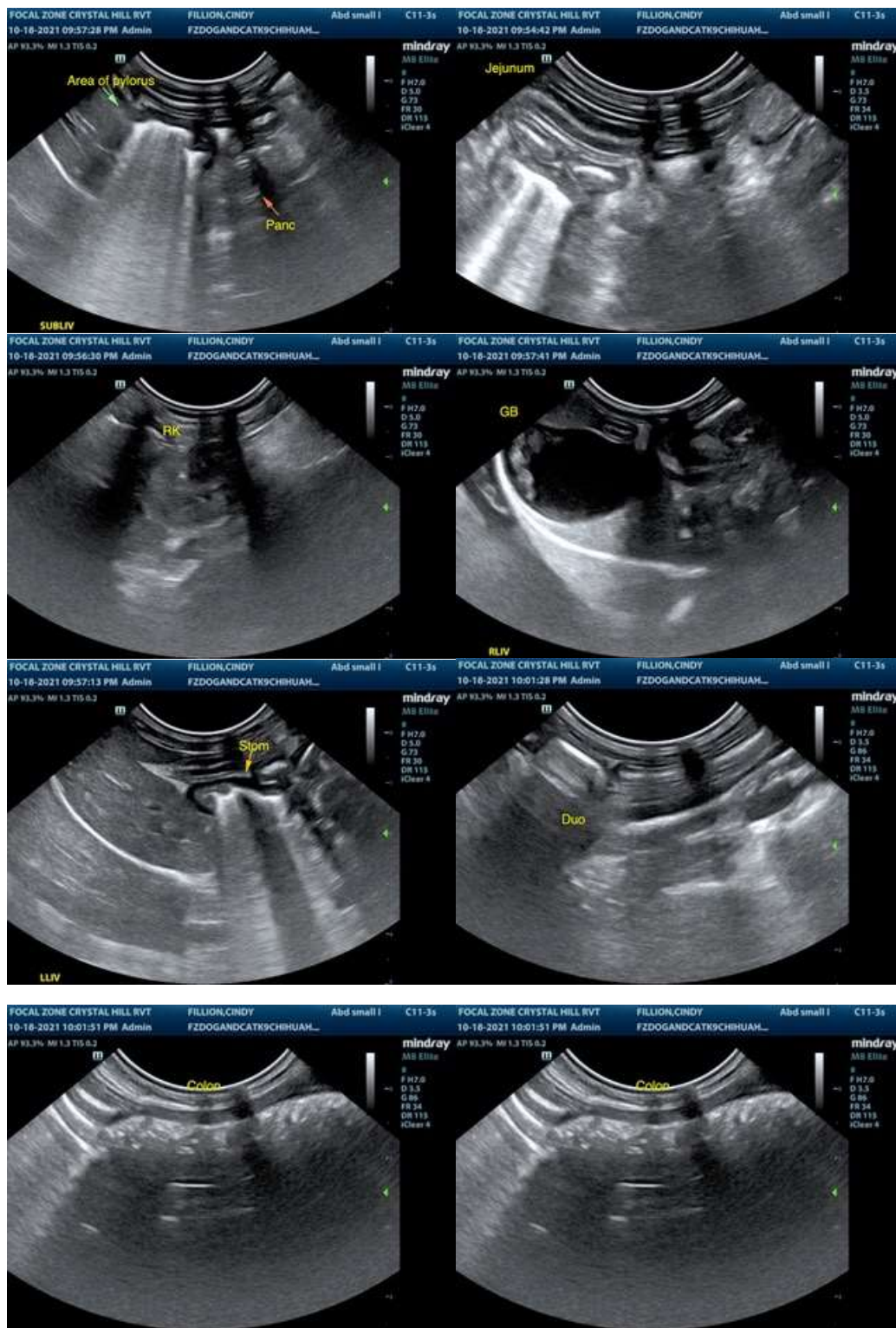
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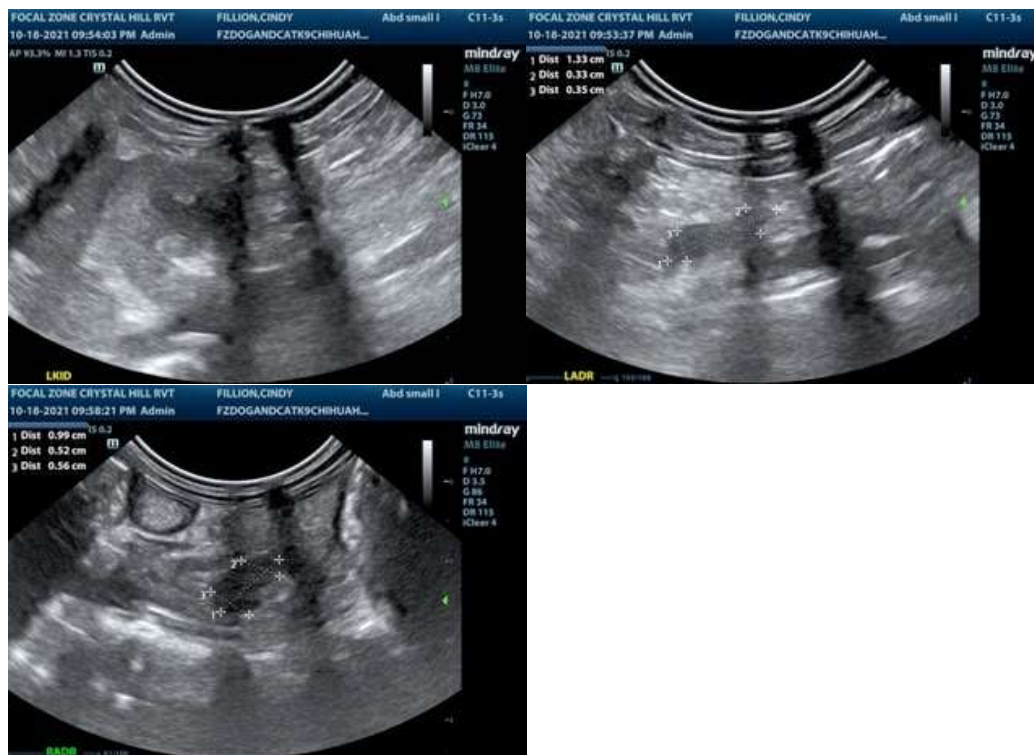
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com