



PATIENT	PRESENTING CLINICAL SIGNS
Poncho Murphy	intermittent intense vomiting and shaking episodes, consistently elevated liver enzymes
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Yorkie	
SEX	The area of the aortic trifurcation was free of pathology.
MN	
AGE	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. Pinpoint to focal areas of nonobstructive medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.
13 years	
WEIGHT	Adrenal Glands
3.7 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.53 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
IMAGING PERFORMED BY	
Kelly Reshny, RVT	
HOSPITAL NAME	Liver/ Gallbladder
Wellington AH	The liver exhibited generalized enlargement with normal 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. A solitary, anechoic to cyst-like nodular lesion was noted in the caudate liver lobe, measuring 2.6 cm in diameter. The lesion potentially contained anechoic urine with concurrent cellular component without evidence of hepatic capsule distortion yet some deviation in surrounding caudate parenchyma. The gallbladder was non-distended in size with minor congealed luminal debris, without evidence of peripheral inflammation. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Dennis	
INVOICE	
12434	
DATE	
10/25/21	



PATIENT	<i>Gastrointestinal</i>
Poncho Murphy	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 0.35 cm.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.26 cm.
BREED	
Yorkie	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
AGE	
13 years	<i>Free Abdomen</i>
WEIGHT	Regional right cranial abdominal reactive mesentery primarily around the caudate liver lobe was noted. No evidence of concurrent peritoneal free fluid or lymphadenopathy was noted.
3.7 kg	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<i>Primary Findings</i>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> • Chronic renal changes with nonobstructive medullary mineral • Benign splenic nodules - myelolipomas, previous infarction, or emerging mineralization possible • Hepatopathy with parenchymal remodeling, caudate liver lobe anechoic to cyst-like nodular lesion, associated right cranial abdominal reactive mesentery - parenchymal cyst with cellular fluid, abscess / necrosis, focal hyperplasia, hematopoiesis, granuloma, neoplasia, or other possible • Minor congealed gallbladder debris (non-mucocele) • Probable chronic pancreatitis
IMAGING PERFORMED BY	
Kelly Reshny, RVT	
HOSPITAL NAME	
Wellington AH	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Dennis	Assuming normal clotting status, ultrasound guided hepatic parenchymal and caudate lobe nodular to cyst-like lesion FNA warranted to screening cytology +/- culture and sensitivity if clinically indicated. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is suggested. Correlation with a Spec cPL could be considered.
INVOICE	No overt evidence of gastrointestinal structural pathology or mechanical / metabolic ileus. The episodes of vomiting in this patient may be secondary to hepatopathy, chronic pancreatitis, or structurally insignificant inflammatory bowel episode. Empirically, as-needed gastrointestinal support, hepatosupportive medications, and therapy for chronic pancreatitis are suggested.
12434	
DATE	
10/25/21	



PATIENT

Poncho Murphy

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

13 years

WEIGHT

3.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Wellington AH

REFERRING VET

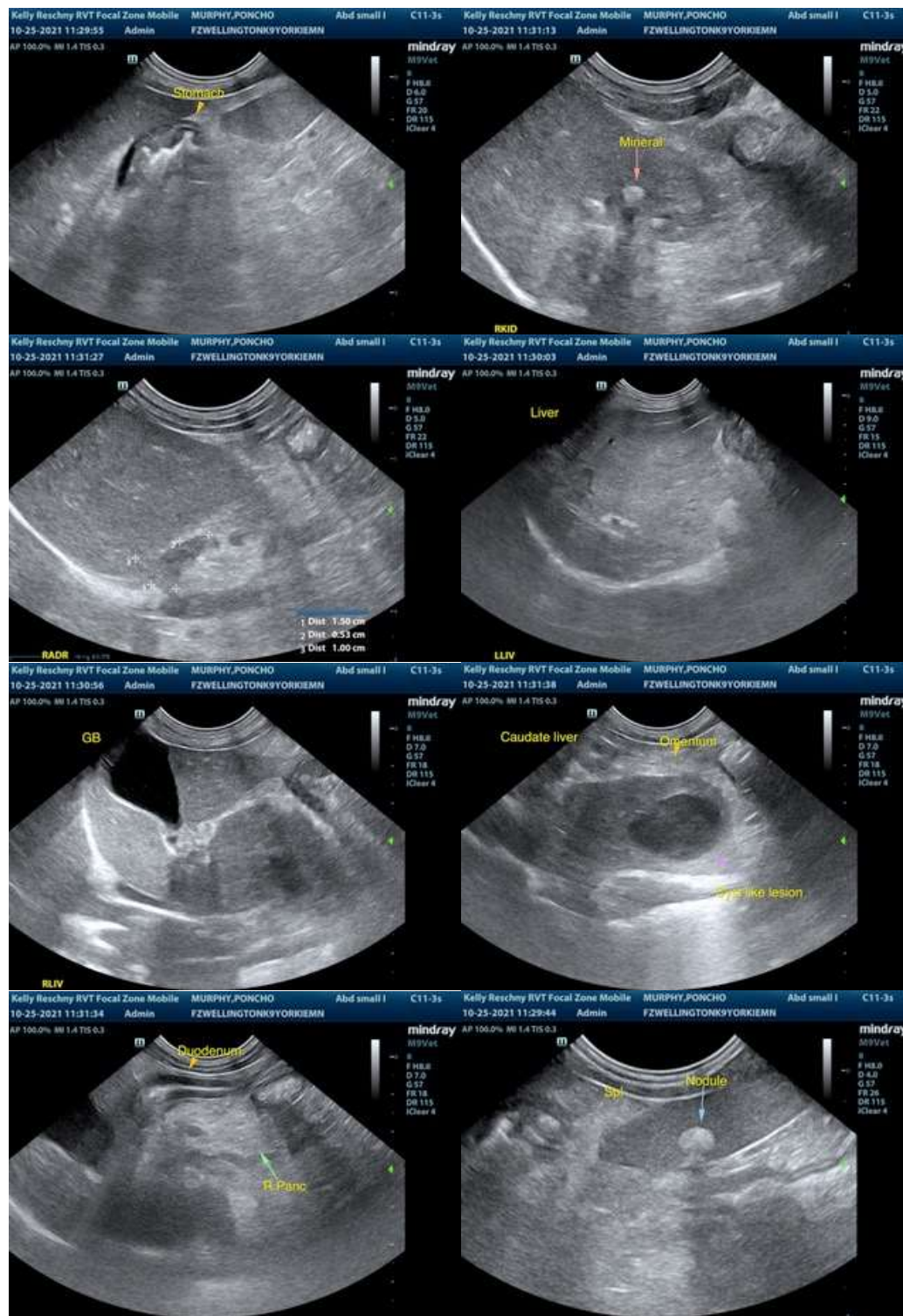
Dr. Dennis

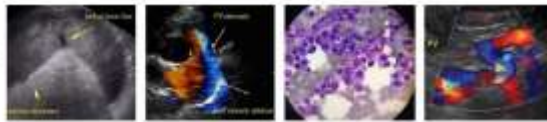
INVOICE

12434

DATE

10/25/21





PATIENT

Poncho Murphy

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

13 years

WEIGHT

3.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

12434

DATE

10/25/21



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