



**PATIENT**

Minnie Hankey

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Center

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

26678

**DATE**

10/27/21

**PRESENTING CLINICAL SIGNS**

diarrhea, lethargic, intermittent vomiting, questionable cranial abdomen on rads  
Abnormal PE/Chem/CBC/UA Results: elevated kidney values, BUN 292, Crea 2.0, Phos 17.4, ALP 224, Amylase 1634, Lipase 2829, unremarkable CBC.

**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. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Variably sized cortical cysts were present in both kidneys along with non-obstructive medullary mineral. The left kidney measured 4.2 cm. The right kidney measured 4.3 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 caudal left adrenal gland measured 0.55 cm in width. The right adrenal gland measured 1.7 cm x 0.61 cm 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**

The liver exhibited moderate to marked enlargement with mildly swollen to asymmetrical hepatic contour with generalized non-uniform to mildly mixed echogenic parenchyma with moderate coarse echotexture and evidence of parenchymal remodeling. No distinct masses or nodules. 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 prominent wall layering owing to mild gastric mucosal hypertrophy. A solitary, non-specific anechoic to hypoechoic mucosal nodule was noted in the ventrocaudal gastric body, measuring 1.6 cm in diameter. The stomach was primarily empty with mild luminal gas.

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.



**PATIENT**

Minnie Hankey

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

**Pancreas**

**SPECIES**

Canine

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

**BREED**

Yorkshire Terrier

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

- Moderate to marked hepatomegaly with non-uniform to remodeled parenchyma
- Mild gallbladder debris (non-mucocele)
- Bilateral moderate to advanced chronic renal changes with cortical cysts and non-obstructive medullary mineral
- Heterogeneous to echogenic pancreas
- Gastroenterocolitis pattern with non-specific gastric mucosal nodular lesion

**AGE**

13 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

10.5 Pounds

Assuming normal clotting status, ultrasound guided FNA of the liver warranted for screening cytology. Benign parenchymal remodeling, non-specific benign parenchymal changes (i.e., vacuolar hepatopathy or non-specific hepatitis) with potential for neoplasia possible. Sonographic monitoring of the gastric mucosal nodular lesion recommended.

**INTERPRETED BY**

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Potential for acute on chronic renal insult cannot be definitively excluded. Correlation with urinalysis to assess prerenal versus renal azotemia recommended. Suspect chronic pancreatitis with concurrent pancreatic parenchymal remodeling. Empirically, hospitalization with IV fluid support (given the azotemia and potential dehydration given the elevated protein levels), as needed gastrointestinal support and medical therapy for potential chronic pancreatitis is recommended with reassessment of renal parameters.

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Center

**REFERRING VET**

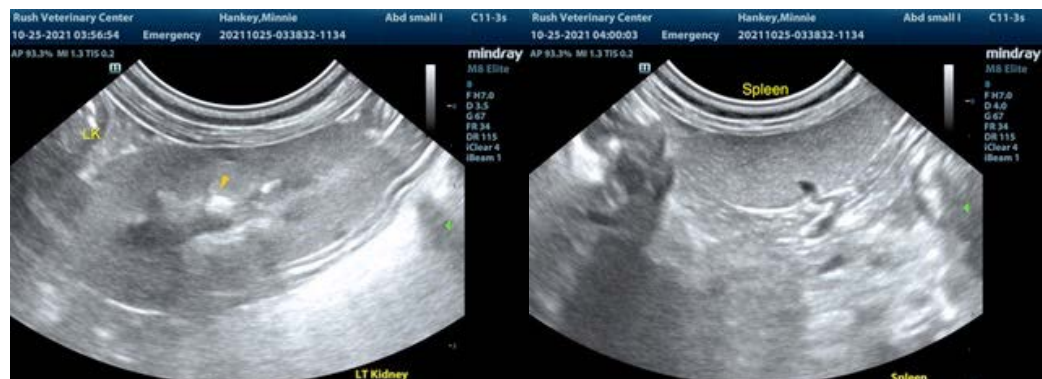
Dr. Lori Milot

**INVOICE**

26678

**DATE**

10/27/21





**PATIENT**

Minnie Hankey

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Center

**REFERRING VET**

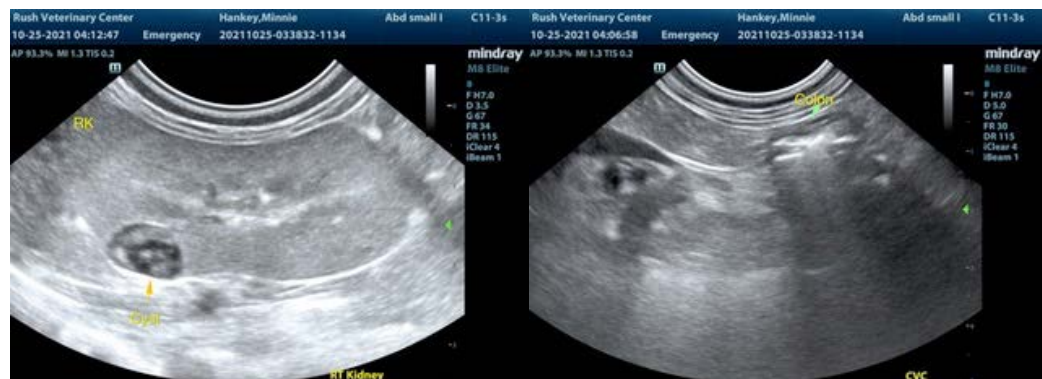
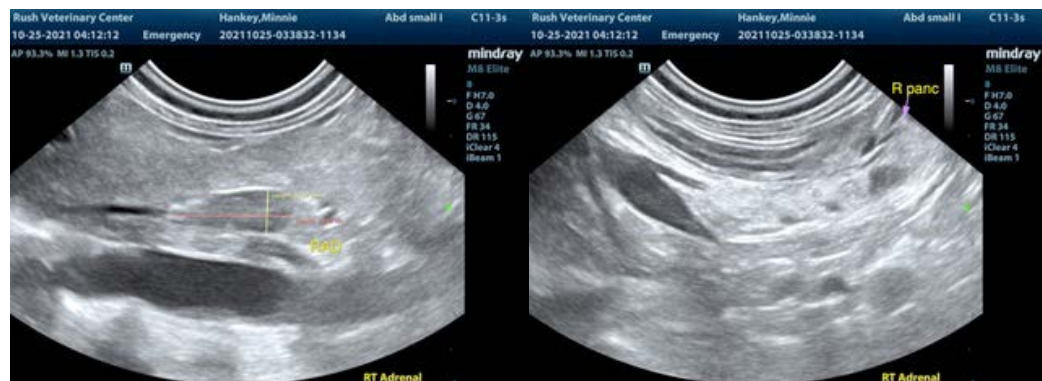
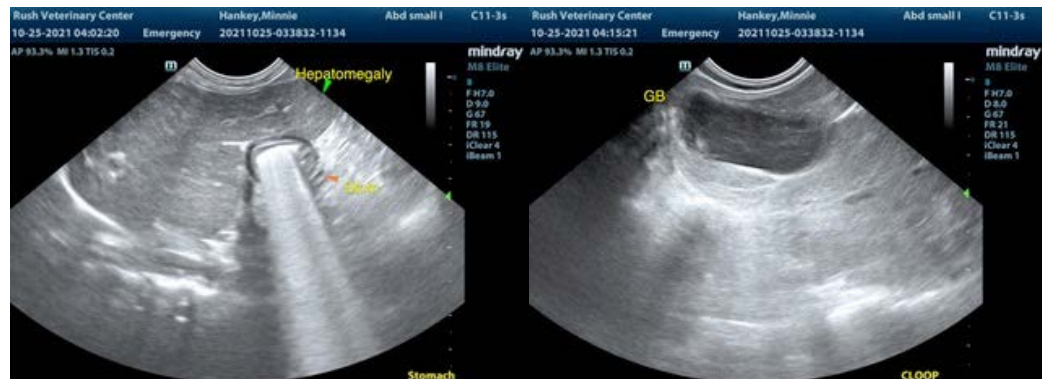
Dr. Lori Milot

**INVOICE**

26678

**DATE**

10/27/21





**PATIENT**

Minnie Hankey

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.

**SPECIES**

Canine

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.

**BREED**

Yorkshire Terrier

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Center

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

26678

**DATE**

10/27/21