

**PATIENT PRESENTING CLINICAL SIGNS**

Tink Hayden

Tink" Osnwer is Cheyenne Hayden. Weight is 7.36kg. She is a spayed female pomeranian mix. No meds. Brought in on 10-26-21 for emesis. Has a 2-3/6 systolic murmur. Received 180cc LRS with 0.74 cc cerenia by subcutaneous injection yesterday and today. CPL was normal. Attached in house CBC and catalyist 15/lytes panel.

**SPECIES**

Canine

**Urinary System**

**BREED**

Pomeranian Mix

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 was noted.

**SEX**

The area of the aortic trifurcation was free of pathology.

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral, primarily in the lateral diverticuli of both kidneys, was present. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

12 years

**WEIGHT**

7.36 kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.49 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 0.60 cm width at the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, echogenic nodule was present in the cranial medial 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**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Roundhill AH

**REFERRING VET**

Dr. Carl Kelly

**Liver/ Gallbladder**

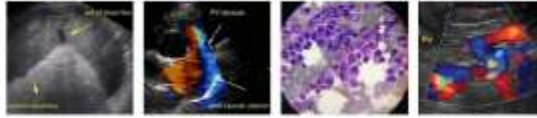
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, nondependent yet nonorganized, gallbladder debris. Focal, anechoic to hypoechoic areas were noted between nondependent luminal debris and the inner luminal walls suggestive of mucus. No evidence of peripheral inflammation.

**INVOICE**

12467

**DATE**

10/28/21



**PATIENT** ***Gastrointestinal***

Tink Hayden The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained luminal gas without overt evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.39 cm. The pylorus wall width measured 0.37 cm.

**SPECIES**

Canine

The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosa. No evidence of mechanical or metabolic small intestinal ileus. The duodenum wall width measured 0.33 cm. The jejunum wall width measured 0.32 cm.

**BREED**

Pomeranian Mix

The colon walls presented intact yet prominent wall layering with mildly thickened to echogenic submucosa. Nonformed feces was present in the descending colon with lumen dilation. The transverse proximal colon appeared to be subjectively empty.

**SEX**

FS

***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.

**AGE**

12 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

7.36 kg

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Chronic renal changes with nonobstructive medullary mineral
- Benign splenic nodule - consistent with probable myelolipomas
- Moderate, nondependent gallbladder debris and suspected pockets of mucus - potential for very early gallbladder mucocele
- Gastroenterocolitis pattern
- Heterogeneous pancreas - age-related pancreatic changes suspected and likely incidental

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DABVP (Canine and Feline)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Roundhill AH

Potential for acute or possibly resolving gastroenterocolitis, if the emesis is relatively recent, may be possible. However, potential for more chronic gastroenterocolonopathy cannot be definitively excluded, especially if persistent gastrointestinal signs are noted.

**REFERRING VET**

Dr. Carl Kelly

Although diarrhea was not reported, suspected emerging diarrhea is likely. As-needed gastrointestinal supportive care +/- dietary therapy and broad-spectrum deworming would be appropriate. Once GI signs are stabilized, Ursodiol therapy may be considered with monitoring for evidence of increasing cholestasis.

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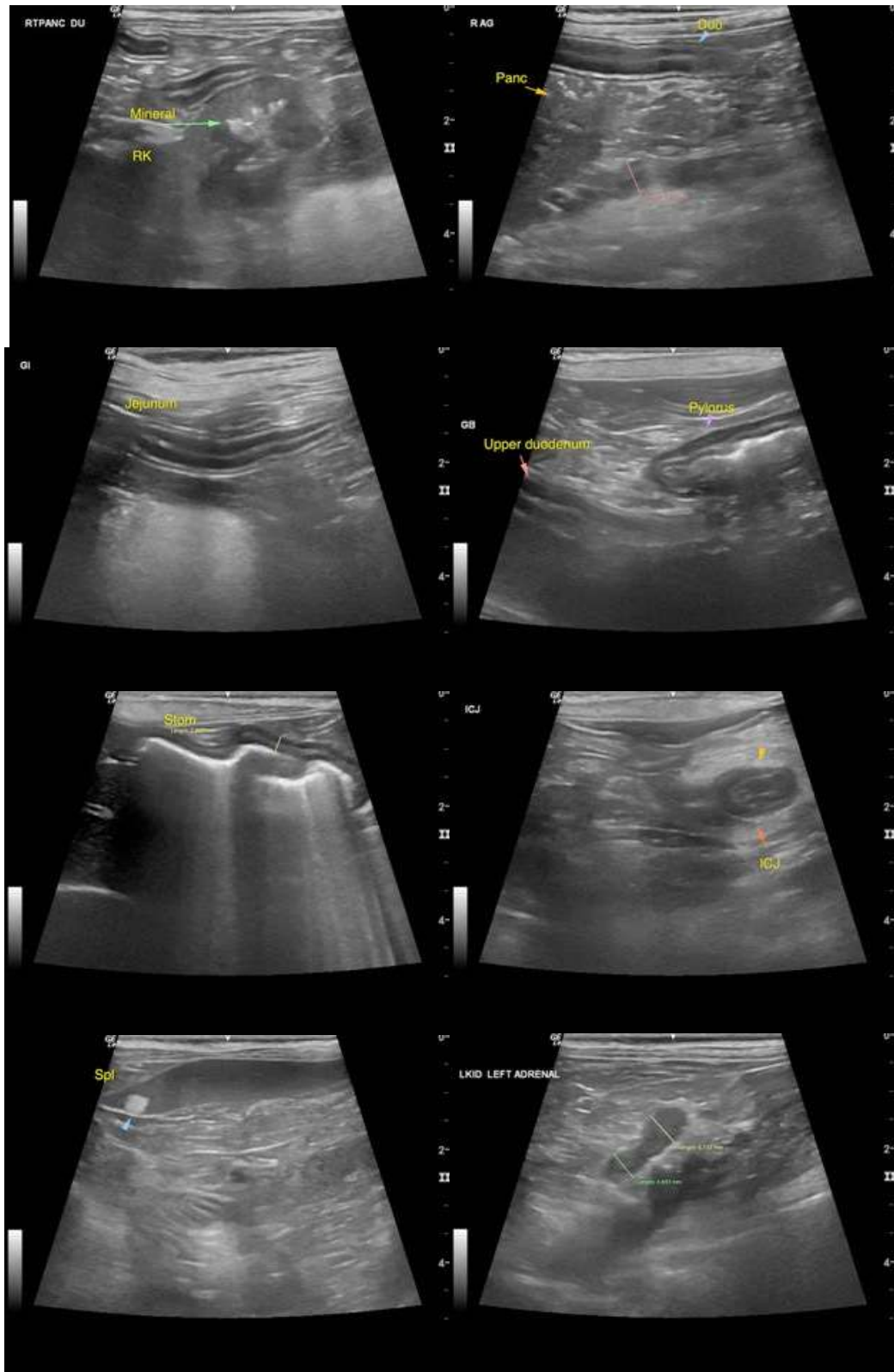
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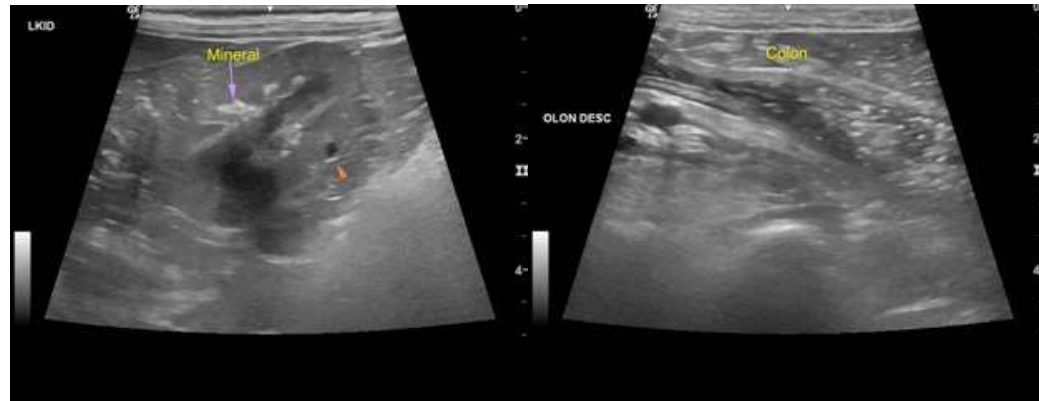
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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