



PATIENT

Rocy Amabile

PRESENTING CLINICAL SIGNS

Severe weight loss, anorexia, vomiting, and dehydration. Very thin body condition, prominent spine.

Current meds: in-hosp in IV fluids, Cerenia, Baytril, Ampicillin, Famotadine, and Entyce.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 29, dropped down to 13 two days later, elevated BUN, elevated Phos, creat. WNL, CPL abnormal, lipase was normal than elevated. 11/22/22: BUN 119, Phos. 8.1, Alk. Phos. <10, PLTs 564. 11/23/22: WBC 29.94, NEU 27.31, PLTs 591, PCT 0.47%. 11/24/22: BUN 66, Alk.Phos. <10, lipase 4551, Na 165, Cl. 129, NEU 11.82, LYM 0.15, PLTs 539, MPW 8.1, PDW 6.4.

BREED

Shih-Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

AGE

12yr

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. Scant pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT

9lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.6 cm in diameter.

Adrenal Glands

IMAGING PERFORMED BY

Kelly Vazquez

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width at the caudal pole and 1.7 cm length.

HOSPITAL NAME

All Creatures Denville

Spleen

REFERRING VET

Dr. Ashmore

The spleen exhibited overall normal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary mildly expansive hypoechoic nodule measuring 0.66 cm was present in the lateral spleen. 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.

INVOICE

12244ag

Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

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Gastrointestinal

Rocy Amabile

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mild prominent wall layering was observed including mildly prominent rugal folds. Potential areas of gastric mucosal hyperplasia which did not appear to be obstructive to pyloric outflow was present. Mild gastric distension with retained primarily anechoic fluid was present.

SPECIES

Canine

The intestinal walls demonstrated intact, mildly prominent ileum walls to the level of the ileocolic junction. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

BREED

Shih-Tzu

Normal visible colon wall layers were present with apparent non-formed feces in the proximal colon and areas of formed fecal matter in the transverse and descending colon.

SEX

MN

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses or peritoneal effusion was present.

WEIGHT

9lb

Intermittent discretely mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is not consistent with neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with suspect mild to moderate ileitis
- Unremarkable colon with unformed proximal colon fecal matter
- Heterogeneous pancreas-The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible given the abnormal cPL
- Moderate chronic renal changes with scant pyelectasia
- Non-specific splenic nodule-solitary hyperplasia, hematopoiesis, splenitis, small hematoma or similar suspected. Emerging nodular neoplastic criteria cannot be definitively excluded yet is thought less likely
- Mildly enlarged non-homogeneous residual prostate

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Kelly Vazquez

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Ashmore

The mildly enlarged residual prostate is an unexpected finding in a neutered male unless recently neutered. This could indicate residual benign prostatic hyperplasia or potential prostatitis. Rectal palpation to assess for evidence of prostatic discomfort +/- prostatic sampling if clinically indicated could be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If clinical signs appear to be improving, continued supportive care and further assessment would be reasonable.

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The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. CRD therapy may prove beneficial.



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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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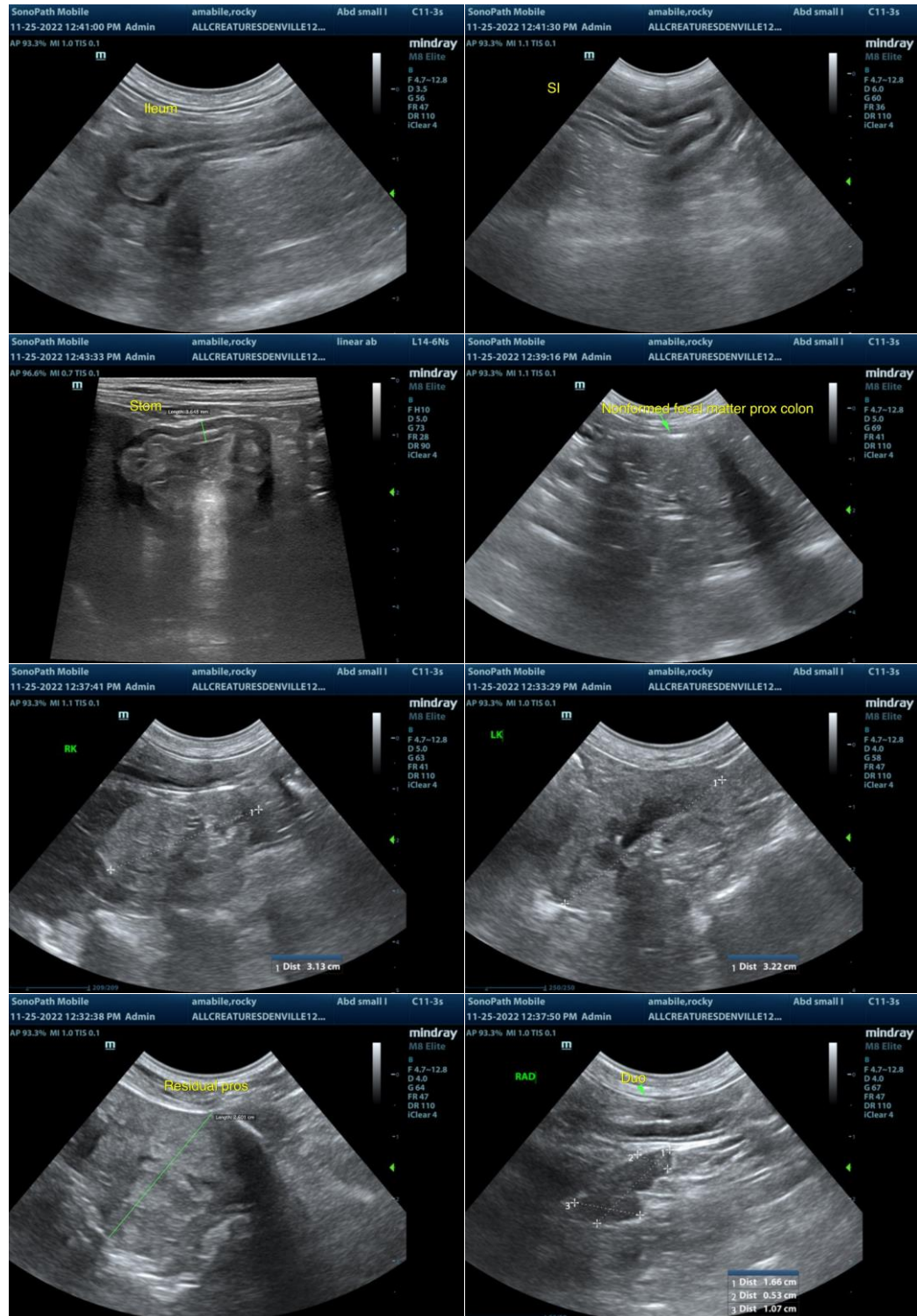
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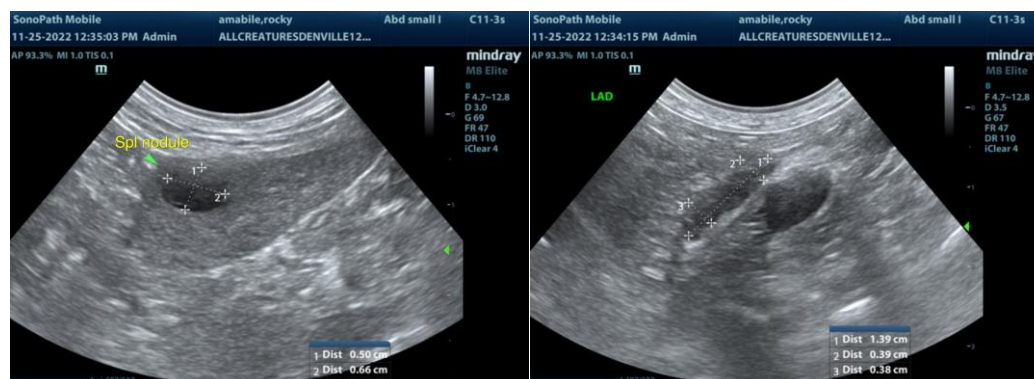
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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