



PATIENT	PRESENTING CLINICAL SIGNS
Toby Rodriguez	ARCHED BACK A FEW DAYS AGO, AND NOW IS FINE.
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW- WLWVATED AST, ALT, ALKP, HIGH NORMAL GGT, MILD NEUTROPHILIA, LOW ALBUMIN1.9(2.7-4.4) CPLI- NEGATIVE
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Yorkie	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic sand/mineral along with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
MN	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Bilateral medullary mineral to renolithiasis was observed. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.
AGE	
2	The area of the aortic trifurcation was free of pathology.
WEIGHT	The area of the residual prostate appeared normal and free of pathology.
10.3	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.36 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology in the area of the right adrenal gland although not definitively visualized.
IMAGING PERFORMED BY	Spleen
Dr. Sharkaway	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.
HOSPITAL NAME	Liver
Kew Gardens Animal Hospital	The liver was subjectively subnormal in size, structure, and contour. The liver parenchyma was uniform exhibiting mild generalized increased parenchyma echogenicity. A suspect anomalous vessel located adjacent and caudal to the stomach was present measuring 0.5 cm in diameter.
REFERRING VET	Gastrointestinal
Dr. Sharkaway	The gallbladder was non-distended in size with primarily anechoic luminal content with mild non-organized echogenic luminal debris. Minor gallbladder wall edema was present in the dorsal gallbladder wall measuring 0.16 cm in width. The cystic and common bile ducts were normal.
INVOICE	
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DATE	
11/27/2022	



PATIENT

Toby Rodriguez

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Yorkie

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Subnormal liver size
- Bilateral non-obstructive renal medullary mineral/renolithiasis
- Dependent urinary bladder sand/mineral with non-dependent particulate sediment
- Suspect possible anomalous vessel caudal to the stomach

AGE

2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic abnormalities including the subnormal liver size and mineralization within the urinary tract is strongly suspicious of a congenital portosystemic shunt. The suspected anomalous vessel noted caudal to the stomach may suggest gastro caval or gastro azygos shunt although not definitive. A gold standard CT with contrast is strongly recommended to further evaluate for suspected portosystemic shunt. Correlation with fasting and post prandial bile acids is recommended. If shunt is ruled out a hepatic core surgical biopsy may be required for further clarification as to primary parenchymal disease and/or microvascular dysplasia/portal hypoplasia.

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

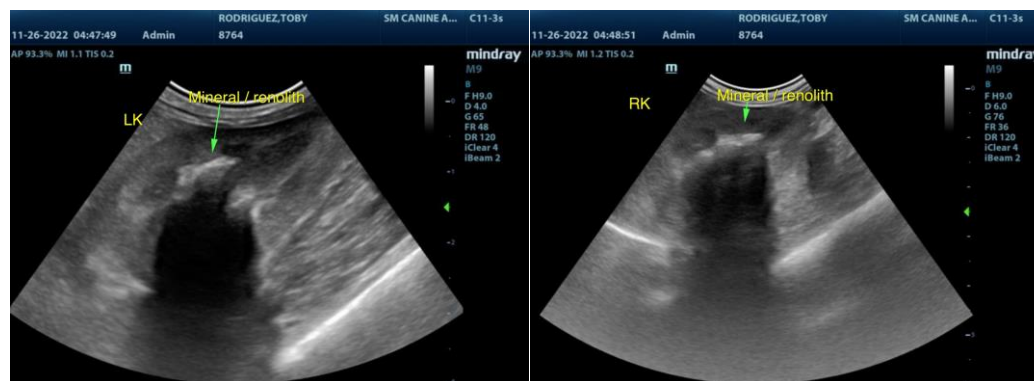
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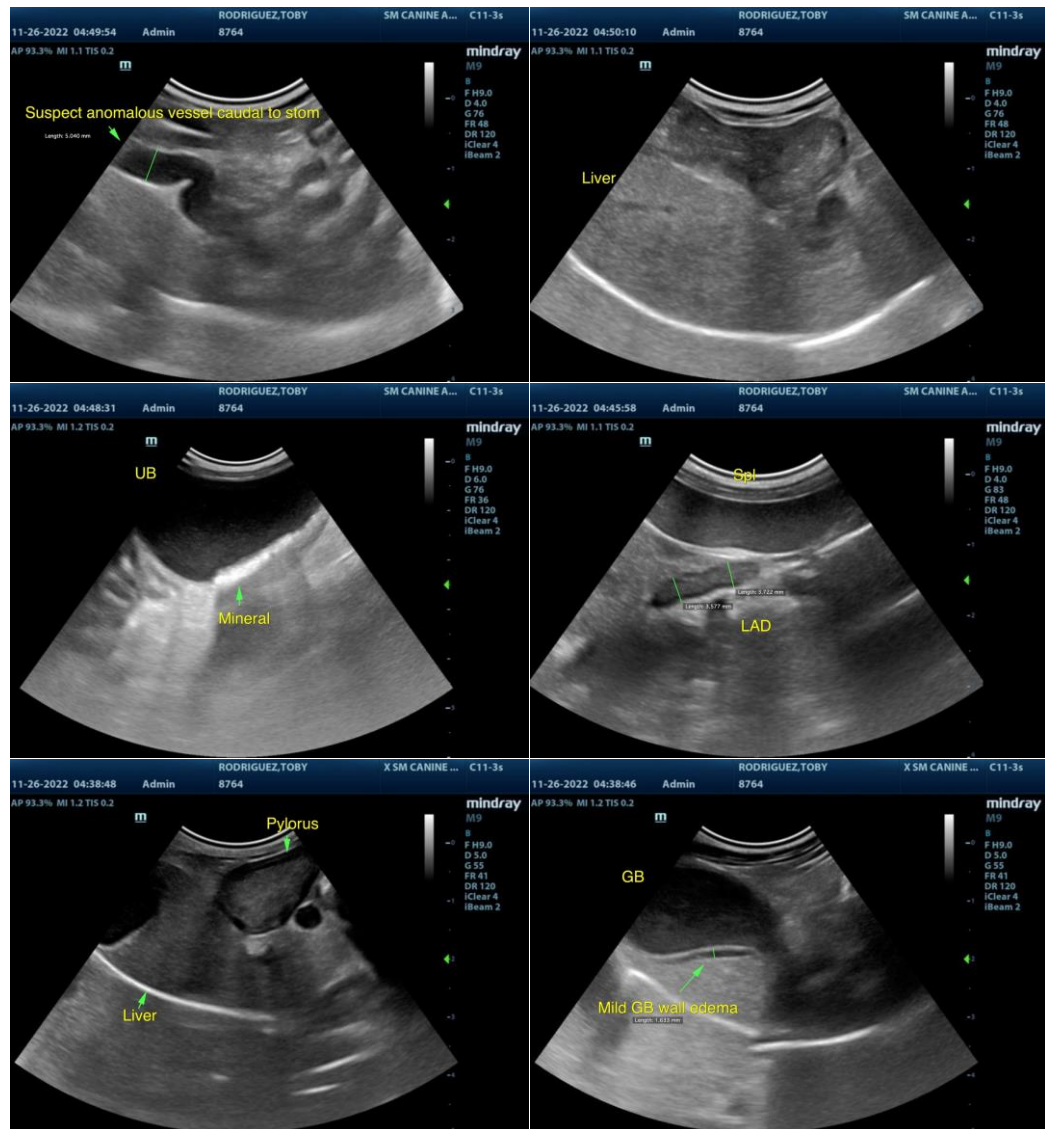
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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