



PATIENT PRESENTING CLINICAL SIGNS

Prince Raju
History: THE PET IS DOING
Abnormal PE/Chem/CBC/UA Results: MILD ELEVATED ALT BILE ACIDS -WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
Yorkie
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX
Male
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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 3.9 cm in length. A moderately sized thinly walled anechoic cyst was noted in the cranial right kidney, measuring 1.7 cm diameter. Pinpoint medullary mineral was noted in both kidneys.

AGE
9 Years

Adrenal Glands

WEIGHT
12
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.38 cm width at the cranial pole.

No overt pathology noted in the area of the right adrenal gland.

INTERPRETED BY Spleen

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

IMAGING PERFORMED BY Liver

Dr. Sharkaway
The liver revealed borderline to possible mild enlargement with the ventral caudal liver extending equal to the level of the gastric axis. Normal hepatic parenchyma echogenicity noted, exhibiting moderate coarse echotexture. No masses or nodules noted. Normal hepatic vascular volume noted.

HOSPITAL NAME
Kew Gardens AH
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET Gastrointestinal

Dr. Sharkaway
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta, exhibiting progressive to strong distal acoustic shadowing.

INVOICE
17955
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.

DATE
11/3/22
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



PATIENT

Prince Raju

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

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Yorkie

ULTRASONOGRAPHIC FINDINGS

- Low grade to mild inflammatory hepatopathy pattern
- Sonographically normal gallbladder
- Bilateral mild age-related renal changes exhibiting pinpoint medullary mineral and right kidney cyst

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

No evidence of intrahepatic or extrahepatic shunt. Screening FNA cytology of the liver assuming normal clotting status is warranted with potential identification of inflammatory cell type if present. Portal hypoplasia/microvascular dysplasia is considered, and unlikely differential diagnosis given the normal bile acids. Hepatic core or surgical biopsies are likely required for further definition, however, given the low-grade ALT elevation, hepatosupportive medications, including Denamarin and Ursodiol with continued monitoring would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

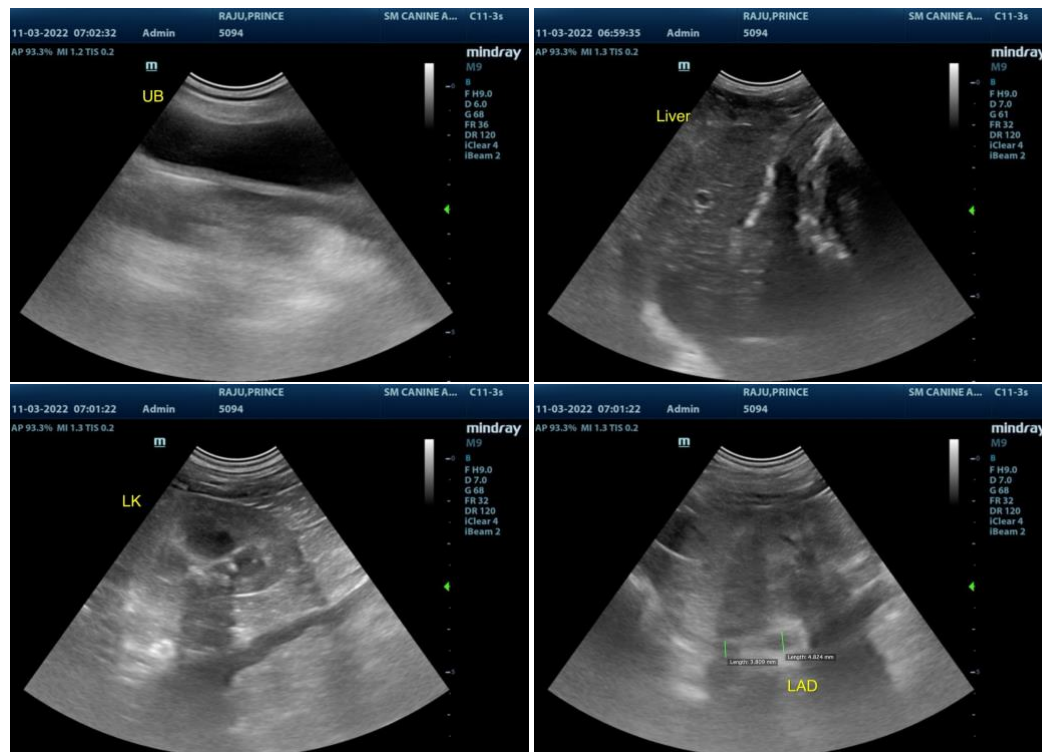
Dr. Sharkaway

INVOICE

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PATIENT

Prince Raju

SPECIES

Canine

BREED

Yorkie

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Male

AGE

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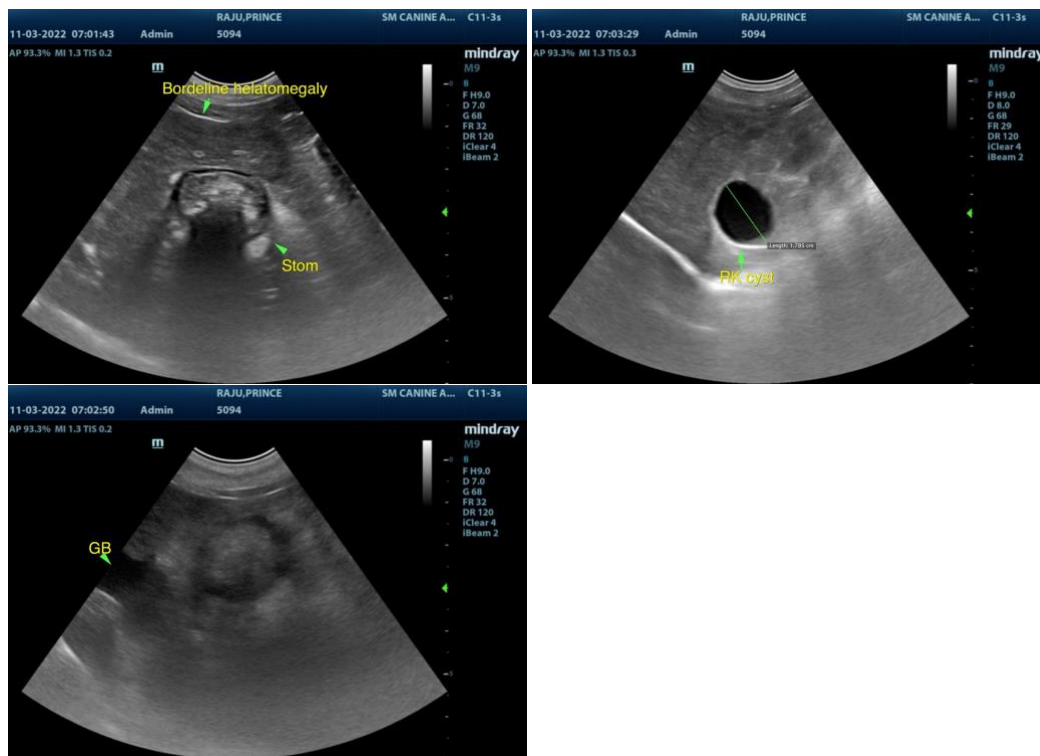
Dr. Sharkaway

INVOICE

17955

DATE

11/3/22



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