



**PATIENT**

Duchess Valenti

**PRESENTING CLINICAL SIGNS**

Hx of IVDD and paraplegia Patient recently treated for otitis/skin disease Now developed cough and anorexia for 5 days

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Hindlimb paraplegia, heart murmur 4/6, underweight, dental disease, mild intermittent dry cough CBC: NAF Chem: BUN 34, remainder WNL cPL: Normal Radiographs: bronchitis, cardiomegaly VHS 11.5, no pulmonary edema

**BREED**

Puggle

**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 non-dependent particulate sediment was present, which may indicate mild cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Spayed Female

**AGE**

15 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor areas of medullar mineralization noted in both kidneys. Mild pyelectasia noted in the left kidney without concurrent left hydroureter. The left kidney measured 4.5 cm. The right kidney measured 4.7 cm.

**WEIGHT**

23 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm at the cranial pole and 0.51 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Mayra Sanchez

**Liver**

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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate non-dependent echogenic non-organized luminal debris occupying most of the gallbladder lumen. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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

**BREED**

Puggle

***Free Abdomen***

No overt pathology in the area of the uterine remnant or iliac trifurcation.

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 Years

- Mild urinary bladder sediment
- Moderate chronic degenerative renal changes with bilateral mild medullary mineralization and mild left kidney pyelectasia.
- Mild hepatic parenchymal remodeling – benign.
- Moderate non-dependent yet non-organized gallbladder debris – possible very early non-inflamed gallbladder mucocele.
- Sonographically unremarkable gastrointestinal tract with moderate gastric ingesta

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia in the left kidney is suspected to be owing to chronic renal changes or potential pelvic scarring owing to previous mineral passage. Correlation with full urinary workup and/or culture and sensitivity (if evidence of inflammatory cells are present) is recommended.

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The gallbladder debris is of unclear clinical significance, given lack of cholestasis or hepatic enzyme elevation. Monitoring for evidence of cholestasis going forward is advised +/- Ursodiol therapy, if clinically indicated.

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The presence of gastric ingesta may indicate unknown post-prandial presentation. However, given reported anorexia in this patient, some degree of metabolic gastric stasis or non-obstructive delayed gastric emptying could be possible. The presence of the ingesta is most consistent with food. Correlation with most recent meal ingestion is suggested. Monitoring for evidence of gastric emptying versus persistent retained ingesta/chyme over the next 12-24 hours could be considered.

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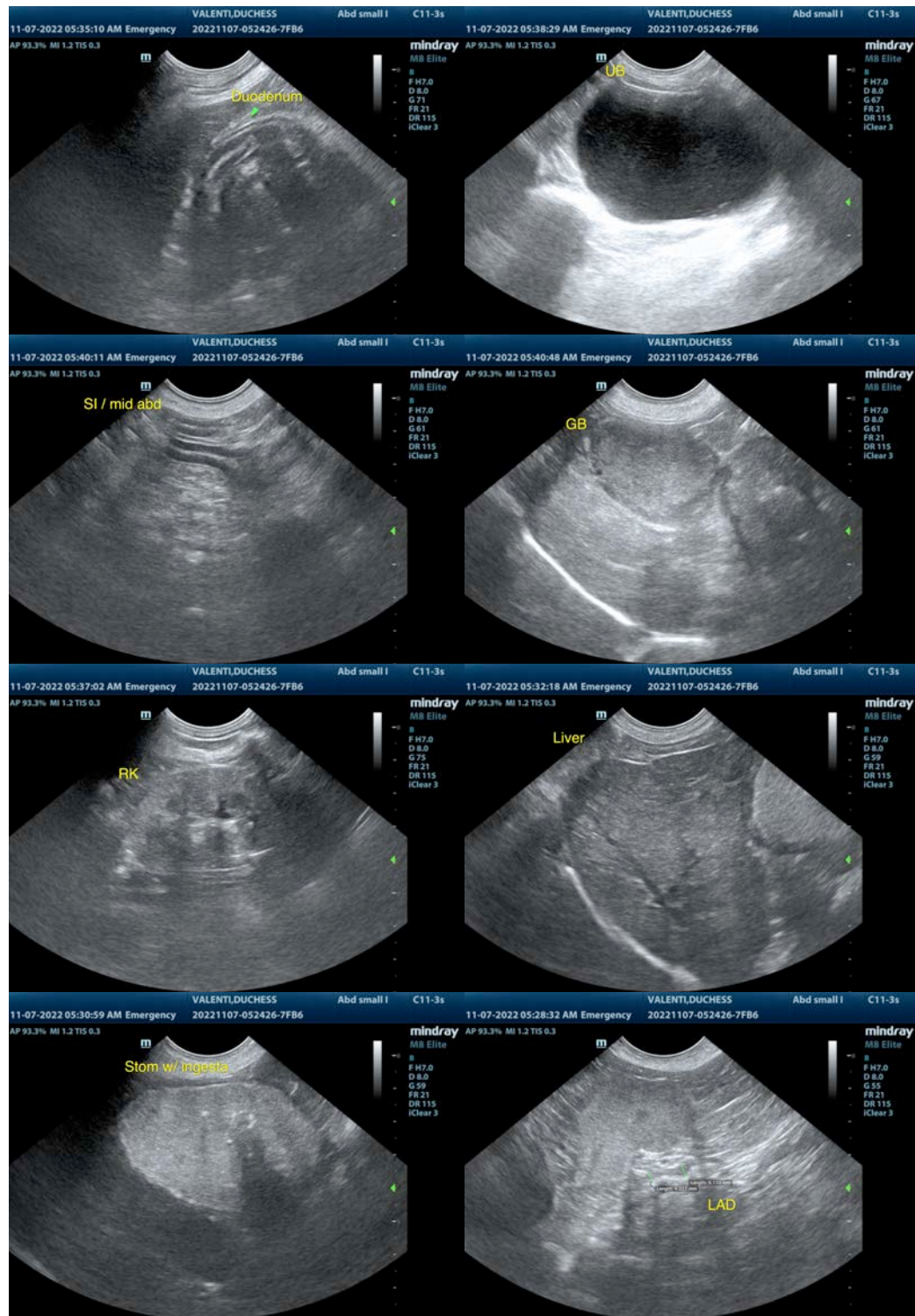
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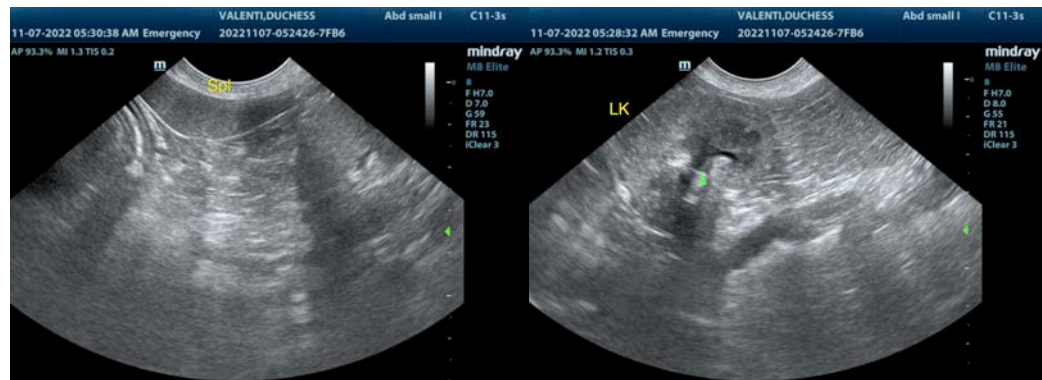
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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