



PATIENT

Minni Moo Aamot

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

3 Years

WEIGHT

1.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound

REFERRING VET

Dr. Save

INVOICE

42610

DATE

11/7/22

PRESENTING CLINICAL SIGNS

Lethargy. 3 episodes of hypoglycemia. Mentally not appropriate. Painful abdomen. Awaiting bile acids. Mildly elevated ALT. High glucose today at 19.4. Low creatinine. Low amylase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor non-dependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris, or mucus. No evidence of macro calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Both kidneys were normal in size and margination with maintained 1:3 cortex/medulla ratio with mild uniform hyperechoic bilateral cortex echogenicity. No pyelectasia. The left kidney measured 2.7 cm. The right kidney measured 2.9 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly subnormal in size, likely consistent with mild volume contraction.

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.

Gastrointestinal

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

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.

Pancreas

The left pancreatic limb exhibited mild prominent size with primarily maintained symmetrical capsule contour. Subtle to mildly non-homogeneous, hypoechoic parenchyma noted. No evidence of peripancreatic reactive mesentery.

Other

No overt pathology in the area of the uterus or bilateral ovaries, i.e., no evidence of pyometra.



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No omental masses, lymphadenopathy, or peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Bilateral non-specific uniform hyperechoic renal cortices
- Sonographically unremarkable liver – Potential for low-grade inflammatory to reactive hepatopathy, possible portal hypoplasia/microvascular dysplasia pending bile acids.
- Gastric ingesta
- Prominent to mildly hypoechoic left pancreas – Possible low-grade pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrahepatic or extrahepatic shunt, given normal hepatic volume. Correlation with pending bile acid testing is suggested. If clinically indicated, hepatic FNA cytology could be considered to assess for potential inflammatory cell type. Core surgical biopsy may be required for further definition pending bile acid testing or if clinically indicated. Suspect post-prandial presentation. Some degree of gastric hypomotility or non-obstructive delayed gastric emptying may be considered if documented NPO. Spec cPL warranted for further assessment of the pancreas.

AGE

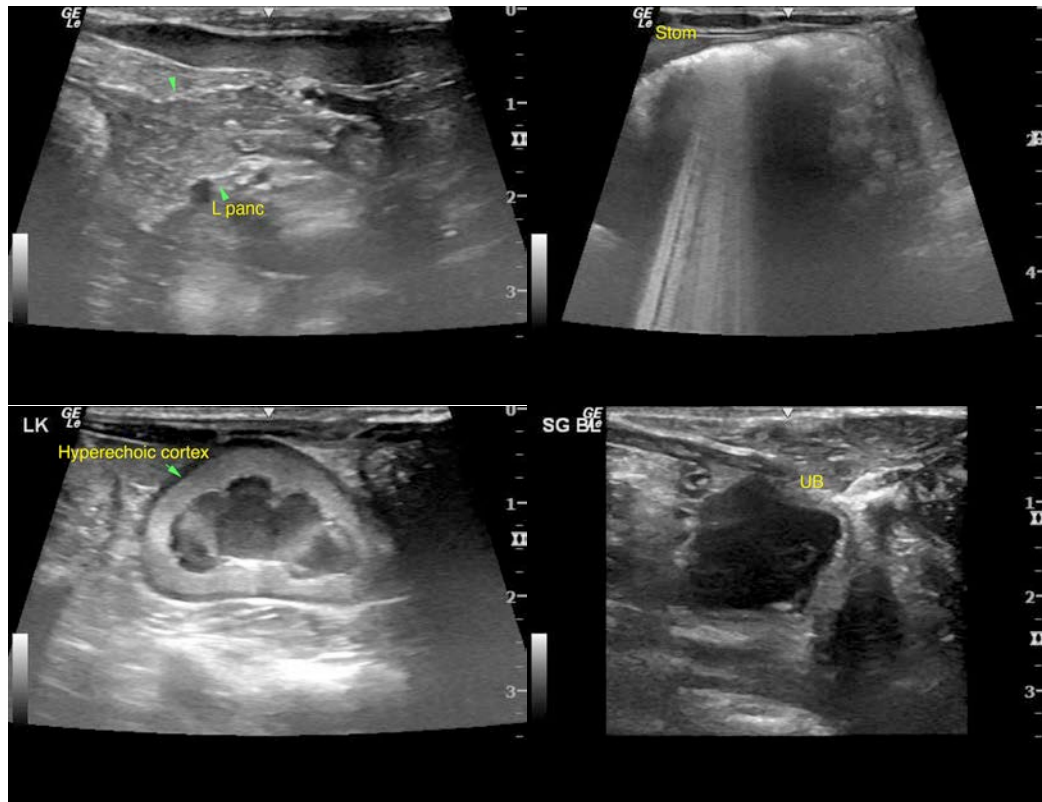
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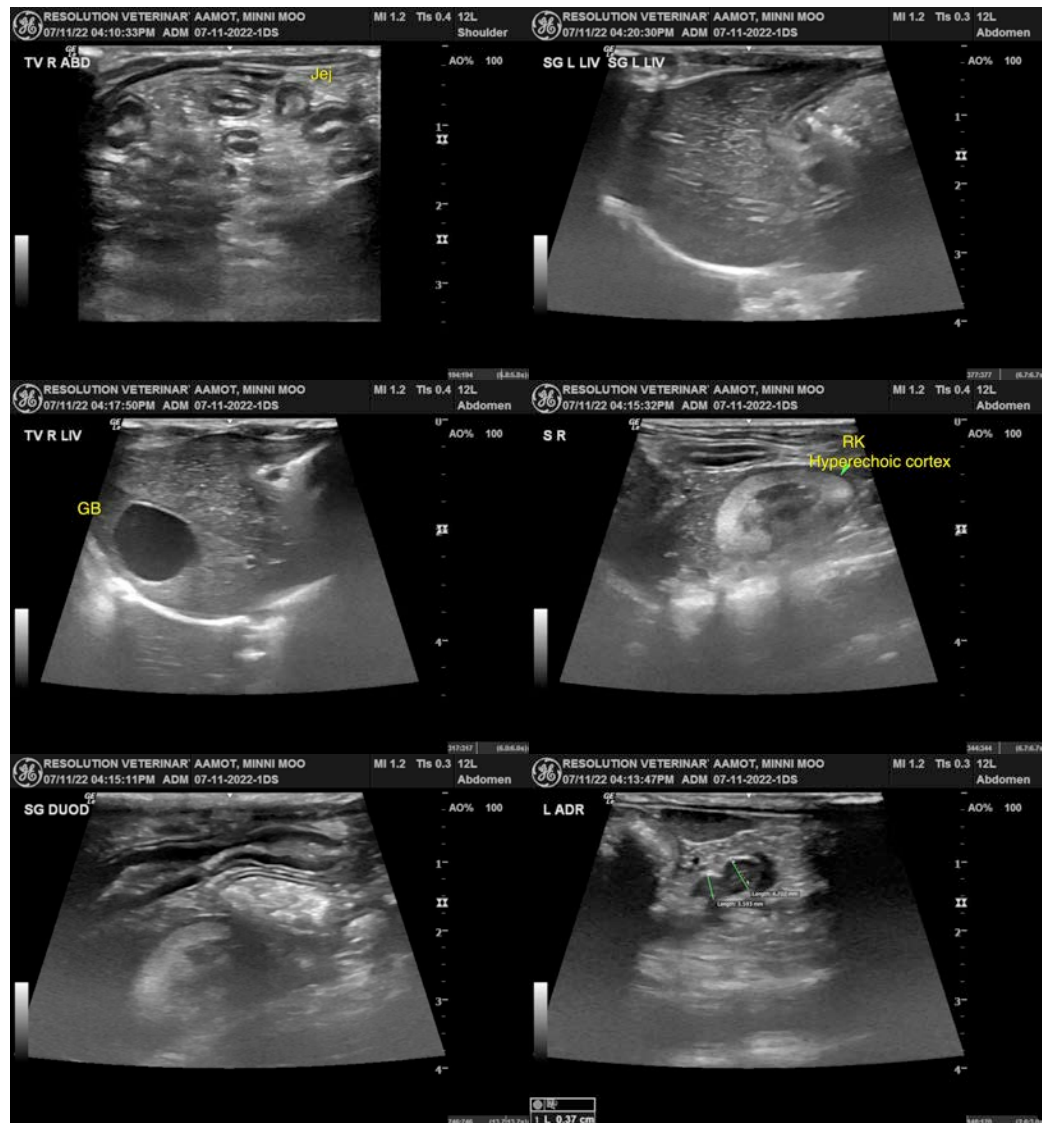
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com