



**PATIENT**

Cocoa Skillings

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**AGE**

13 years

**WEIGHT**

4.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Walsh-  
Meiczinger

**INVOICE**

15420

**DATE**

11/8/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite. Pet has a history of GI upset, has been on I/D for 2 years. Not won't eat canned, dry or RC GI food. Will eat boiled chicken if offered. No weight loss at the moment.  
Abnormal PE/Chem/CBC/UA Results: spec CPL 307, BUN 50, SDMA 15. USG 1.030

**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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint medullary mineral was noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 2.6 cm in length. The right kidney measured 2.8 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.3 cm length x 0.30 cm width at the caudal pole.

**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.

**Liver/ Gallbladder**

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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.27 cm.



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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized mild hyperechoic duodenojejunal mucosal speckling. No evidence of loss of intestinal wall layering or intestinal mechanical / metabolic ileus.

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

**BREED**

Chihuahua

**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 were evident.

**SEX**

FS

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4.9 lbs.

- Nonspecific small bowel mucosal speckling
- Sonographically unremarkable stomach / pancreas
- Mild age-related kidneys exhibiting pinpoint medullary mineral

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral (specifically gastrointestinal or pancreatic) pathology.

Potential low-grade to chronic pancreatitis may at times present as sonographically normal. Correlation with cranial abdominal or subxiphoid palpation for evidence of discomfort is suggested.

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The small bowel mucosal speckling is nonspecific with potential for patient variant. However, at times, this finding has been associated with underlying intestinal inflammatory process such as enteritis or possible IBD. No evidence of infiltrative gastrointestinal neoplasia.

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Further assessment may include three-view chest radiographs, a thorough oral exam if not done, +/- a resting cortisol level to rule out occult disease as a contributing factor. Empirically, as-needed GI support and conservative therapy for possible low-grade inflammatory enteropathy and/or pancreatitis would be reasonable.

**REFERRING VET**

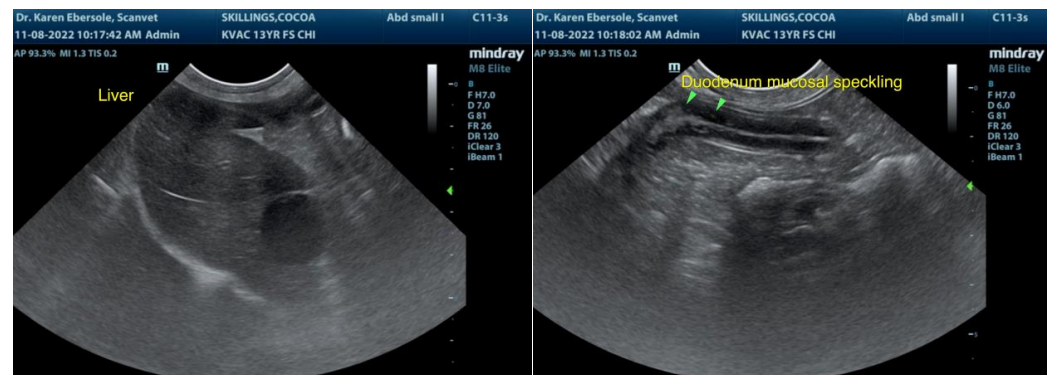
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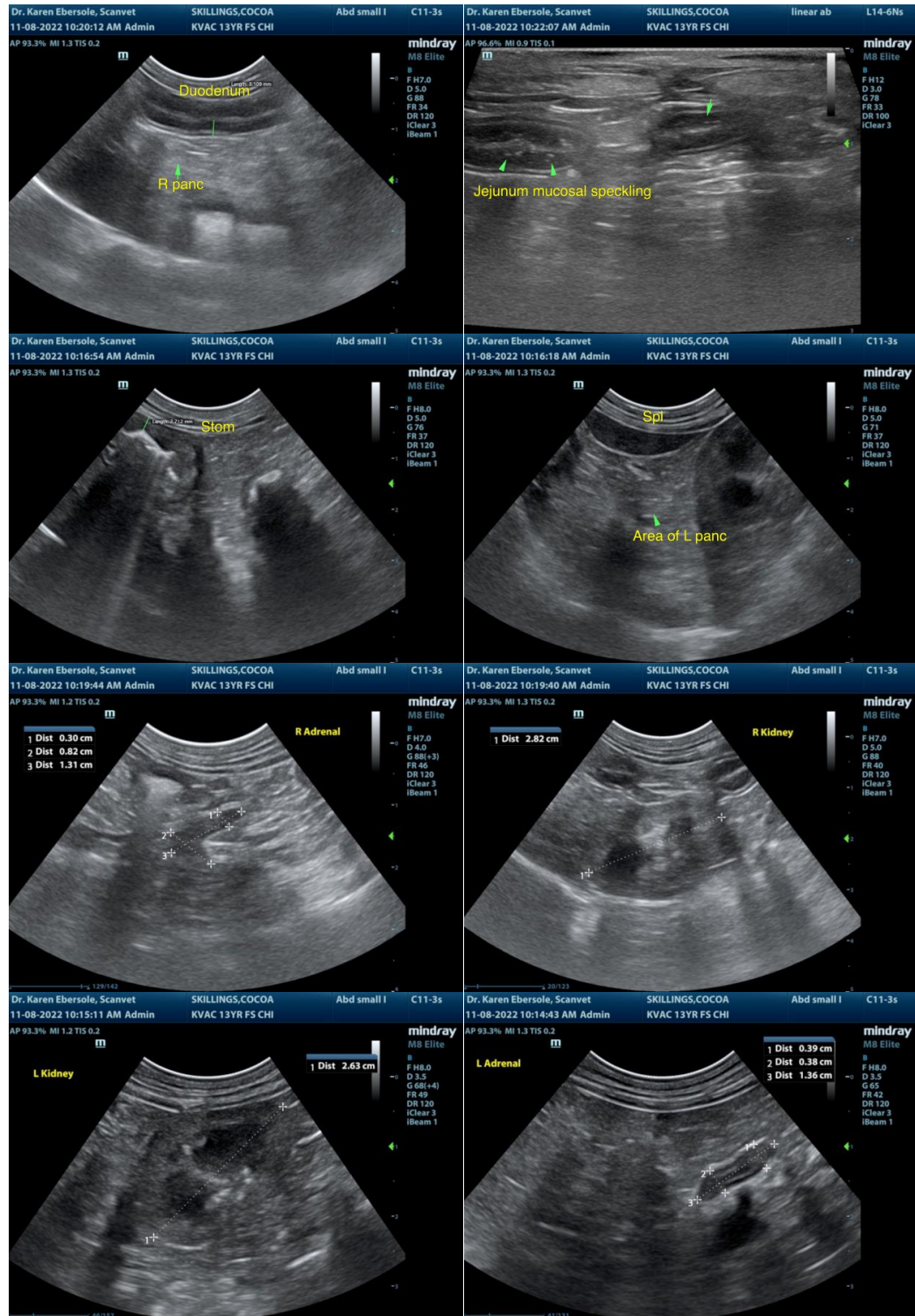
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**info@SonoPath.com**

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