



PATIENT

Kable Vargas

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Carter

INVOICE

18919

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: was here on 11-22; diarrhea improved but never normal. Twice a day, smaller than usual amounts. Even when more formed ; alot of mucus. There had been a lot of blood. Some straining at first, now not as much. Now he's not eating at all. Vomiting and dry heaving mucus and bile last night. Vomited liquid, partially digested food this morning. This whole thing been going on 2 weeks. Prior to this he's had a few days here and there of soft stool, hyporexia, but nothing this severe. Exam yesterday: 1. two weeks duration of large bowel diarrhea; frequent, mucus, blood, some tenesmus 2. has progressed to anorexia and vomiting 3. tense abdomen, painful abdomen 4. mm; dark pink, tacky 5. prior negative fecal and neg parvo test 6. wt loss; 9% of body wt in a week (confirmed current wt) r/o: pancreatitis, dietary indiscretion (no known), IBD, parasites (neg fecal) , addison's, other metabolic, neoplasia_

Abnormal PE/Chem/CBC/UA Results: TP 7.6 globulin 4.1 AST 1129 ALT 3196 ALP 1002 GGT 51 cholesterol 389 platelets 604 monocytes 999 usg 1.014, 1+ proteinuria cortisol normal 3.6

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. Likely mild dependent luminal mineral noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

The residual prostate 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. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length. Pinpoint to focal areas of minor nonobstructive medullary mineral noted in both kidneys.

Adrenal Glands

Both adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Symmetrical contour and homogenous parenchymal were noted. The left adrenal gland measured 1.9 cm in length x 0.72 cm width at the caudal pole. The right adrenal gland measured 1.7 cm in length x 0.66 cm width at the caudal pole. No adrenal tumors noted.

Spleen

The spleen was overall normal in size and contour with primarily finely textured homogenous parenchyma. A solitary mildly expansive well demarcated hypoechoic nodule was noted in the caudolateral spleen, measuring 1.4 cm in diameter. No evidence of capsular escape.

Liver

The liver was normal in size. Normal to mildly mixed echogenic hepatic parenchyma was noted, exhibiting moderate coarse echotexture. No masses or nodules were noted.

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

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing echogenic ingesta/chyme.
Kable Vargas	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed to shadowing fecal matter in lumen.
BREED	Pancreas
Shih Tzu	The right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
SEX	Free Abdomen
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
13 Years	<ul style="list-style-type: none"> • Likely mild dependent urinary bladder mineral • Bilateral mild chronic renal changes with minor nonobstructive medullary mineral
WEIGHT	<ul style="list-style-type: none"> • Nonspecific mildly expansive splenic nodule- hyperplasia, hematopoiesis, small hematoma, focal splenitis, emerging neoplastic nodule possible
16 Pounds	<ul style="list-style-type: none"> • Hepatopathy- subjectively benign, vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy, hepatotoxic insult, hyperplasia, hematopoiesis or other hepatopathy with occult neoplasia considered unlikely. No evidence of posthepatic obstruction. • Sonographically normal gastrointestinal tract with mild retained gastric ingesta/chyme, formed fecal material in the colon- suspect persistent metabolic to inflammatory mild gastroenterocolonopathy, no evidence of gastroenterocolic neoplasia.
INTERPRETED BY	<ul style="list-style-type: none"> • Possible mild to chronic active pancreatitis in the right limb • Mildly prominent bilateral adrenal glands- nonspecific
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HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Willamette VH	This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
REFERRING VET	Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further assessment. Leptospirosis titers/PCR is warranted if potential exposure. Correlation of the pancreatic presentation with spec CPL or given the weight loss in this patient, full GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out occult intestinal disease as a contributing factor. Concurrent FNA cytology of the splenic nodule, using a 25-gauge needle could be considered if hepatic FNA is elected. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be reasonable.
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Empirically, hospitalization with as needed hepatogastrointestinal supportive care and empirical therapy for possible mild pancreatitis with assessment of clinical response would be reasonable.

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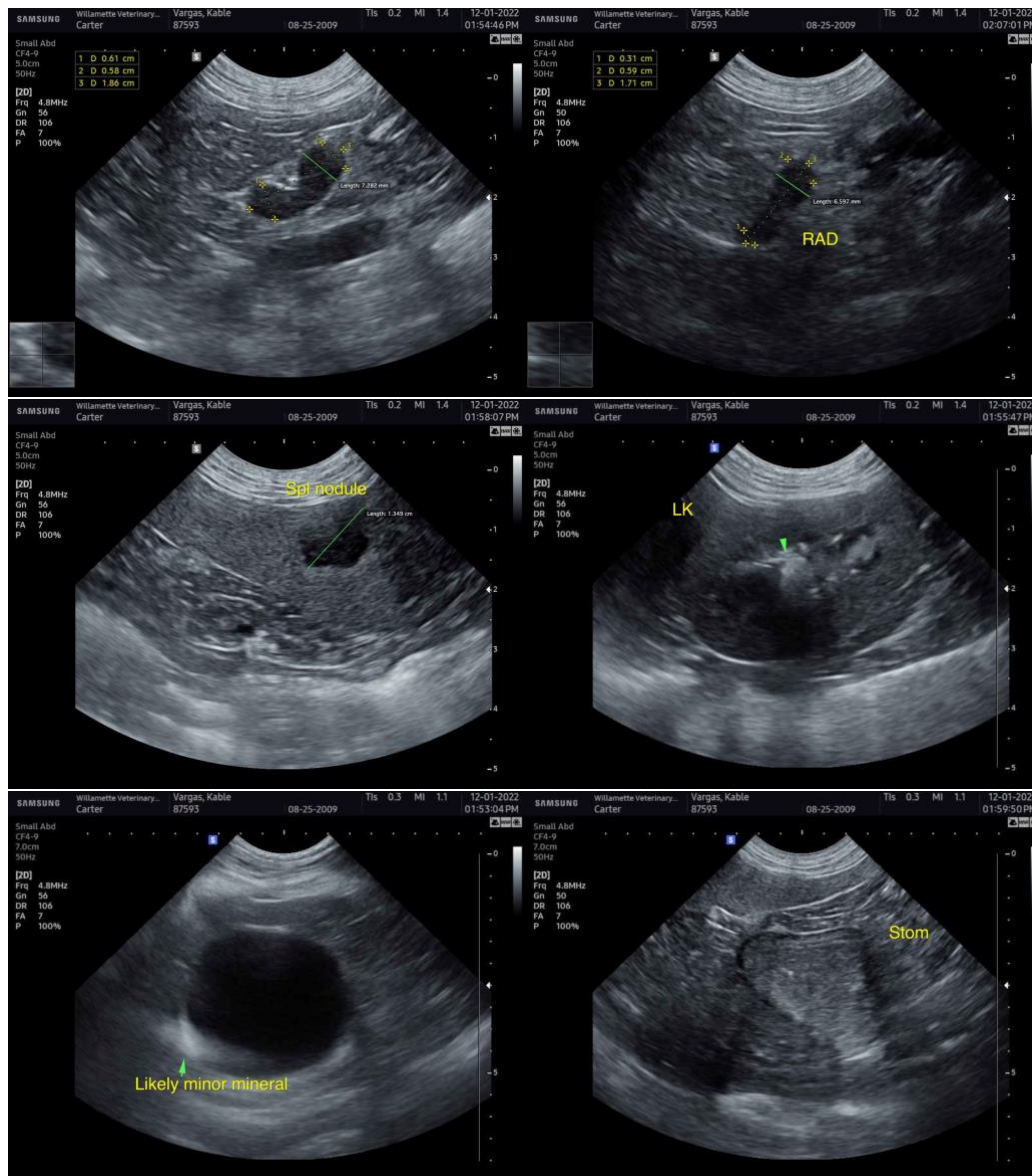
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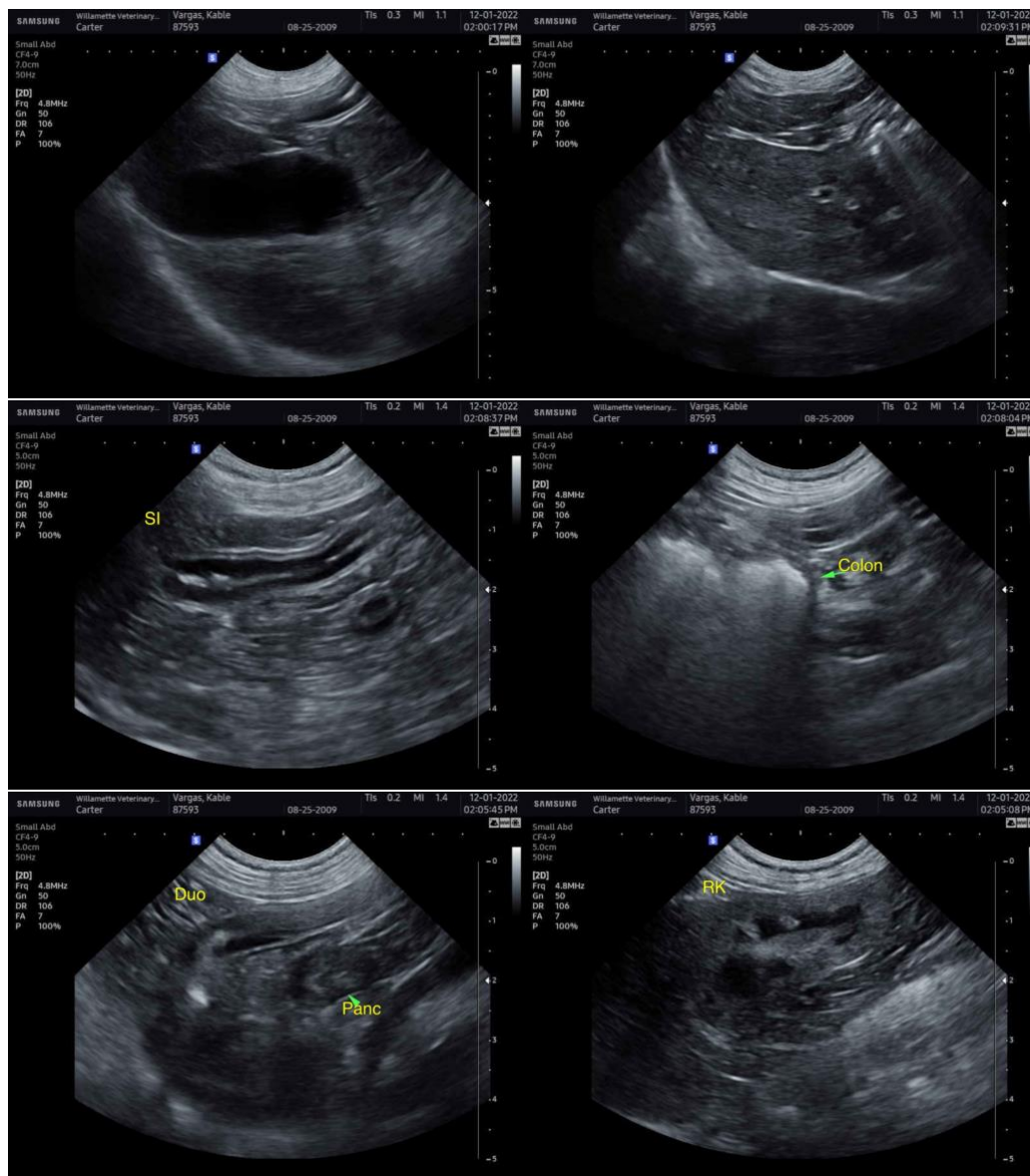
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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