

PATIENT PRESENTING CLINICAL SIGNS

Peanut Moreau History: not eating past two days, gallbladder was removed 2019 currently on ursodiol

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Very minor particulate sediment likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Yorkie X

SEX

No overt pathology in the area of the residual prostate.

Neutered Male

AGE

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Increased medullary echogenicity with pinpoint dystrophic mineral present in both kidneys. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

14 Years

WEIGHT

Adrenal Glands

9.2 Lbs.

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm in length x 0.52 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.44 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

IMAGING

PERFORMED BY

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Kelly Reschny

HOSPITAL NAME

Mountain AH

Liver

REFERRING VET

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 to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Dr. Mckenzie

INVOICE

The gallbladder was not present owing to previous cholecystectomy. No evidence of pathology in the area of the previous gallbladder or in the area of the common bile duct.

13059

Gastrointestinal

DATE

The stomach presented intact yet subjective mild prominent wall layering. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material.

12/14/21



PATIENT

Peanut Moreau

The small intestine exhibited intact yet segmental to generalized prominent wall layering owing to propensity for prominent duodenojejunal mucosa. Intermittent duodenojejunal mucosal speckling and segmental duodenojejunal corrugation. No evidence of loss of intestinal wall layering, overt intestinal masses or small intestinal mechanical/metabolic ileus.

SPECIES

Canine

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

Pancreas

BREED

Yorkie X

The pancreas exhibited variable prominent size and mild asymmetrical contour. Mixed echogenic pancreatic parenchyma ranging from areas of hypoechoic to heterogeneous parenchyma to echogenic parenchyma present in the area of the right pancreas.

SEX

Neutered Male

Free Abdomen

Subtle evidence of periintestinal reactive mesentery along with small pockets of minor peritoneal free fluid. No overt lymphadenopathy.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Inflammatory enteropathy pattern exhibiting segmental duodenojejunal corrugation
- Variably echogenic pancreas- suspect mixed pattern chronic to chronic active pancreatitis
- Hepatic parenchymal remodeling – subjectively benign (no evidence of pathology associated with the previous gallbladder or common bile ducts)
- Periintestinal reactive mesentery and minor peritoneal free fluid

WEIGHT

9.2 Lbs.

INTERPRETED BY

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

Secondary Findings

- Bilateral moderate chronic renal changes

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs in this patient likely owing to non-specific inflammatory enteropathy, chronic to chronic active pancreatitis or likely combination of the two. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate as well as correlation with full lab work. The minor peritoneal free fluid, assuming normal albumin levels, suspected to be owing to intestinal inflammation and/or pancreatitis. Hospitalization with aggressive therapy for inflammatory enteropathy and chronic to chronic active pancreatitis with assessment of clinical response. Recheck sonogram could be considered to assess for progressive inflammatory pancreatic or gastrointestinal changes as well as the possibility of progressive peritoneal free fluid.

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Mckenzie

INVOICE

13059

DATE

12/14/21



PATIENT

Peanut Moreau

SPECIES

Canine

BREED

Yorkie X

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.2 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

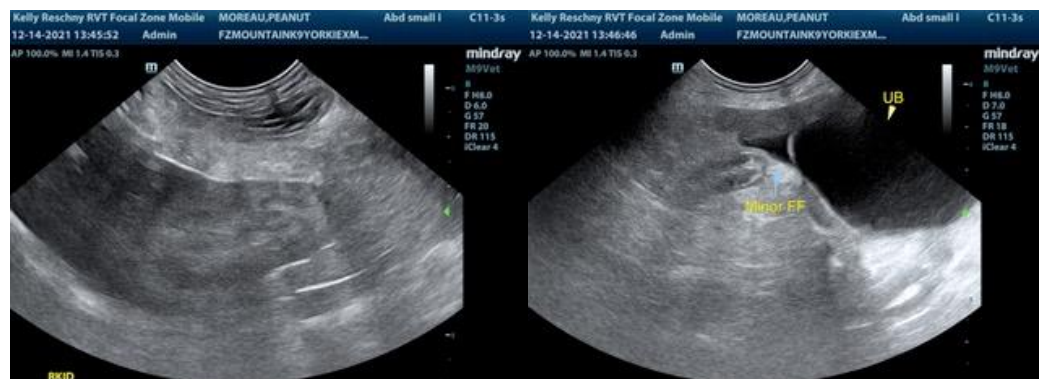
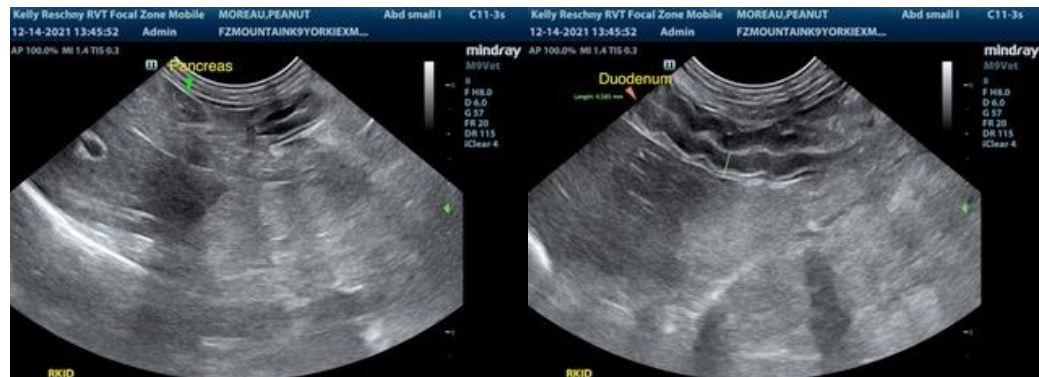
Dr. Mckenzie

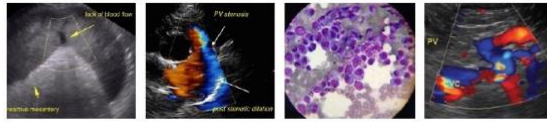
INVOICE

13059

DATE

12/14/21





PATIENT

Peanut Moreau

SPECIES

Canine

BREED

Yorkie X

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.2 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Mckenzie

INVOICE

13059

DATE

12/14/21



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