

**PATIENT PRESENTING CLINICAL SIGNS**

Shylow Zabriskie Addisonian that has dropped weight progressively over the past 6 months. Previously elevated ALT. On Prednisolone, Zycortal

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

Yorkshire Terrier X 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 were noted.

**SEX**

Spayed Female The area of the aortic trifurcation was free of pathology. 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of mild medullary mineral noted. The left kidney measured 4.5 cm. The right kidney measured 5.0 cm.

**AGE**

14 Years

**Adrenal Glands**

**WEIGHT**

7.7 Pounds

Both of the adrenal glands were small in size with flattened contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.18 cm at the cranial pole and 0.18 cm at the caudal pole. The left adrenal gland measured 0.13 cm at the cranial pole and 0.17 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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**

Pamela Harrigan, RDCS

**Liver**

**HOSPITAL NAME**

Wod River AH

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.

**REFERRING VET**

Dr. Leah Fischer

**Gastrointestinal**

**INVOICE**

33578

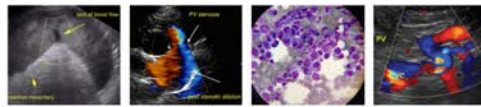
The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate ingesta exhibiting strong distal acoustic shadowing. Ventral gastric body wall measured 0.30 cm.

**DATE**

12/19/21

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. Mild intermittent duodenojejunal mucosal speckling noted.

Normal visible colon wall layers were present with subjective semi formed to soft feces present in the proximal colon.



**PATIENT**

**Pancreas**

Shylow Zabriskie

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Yorkshire Terrier X

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Subnormal bilateral adrenal glands – consistent with hypoadrenocorticism.
- Mild chronic renal changes with pinpoint medullary mineral
- Strongly shadowing gastric ingesta
- Mild small intestinal mucosal speckling
- Heterogeneous to mildly echogenic pancreas – age related pancreatic changes, mild remodeling owing to previous inflammation, or low-grade chronic pancreatitis possible.

**AGE**

14 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The strongly shadowing gastric ingesta may correlate with post-prandial presentation. However, technically given the strongly shadowing nature of the ingesta, potential for intermixed foreign material within the ingesta cannot be excluded.

**WEIGHT**

7.7 Pounds

Radiographic monitoring for evidence of normal gastric emptying would be ideal. Otherwise, no overt evidence of significant gastrointestinal structural pathology as an obvious cause of weight loss, although structurally insignificant gastrointestinal disease cannot be excluded. GI panel to include PLI, TLI, cobalamin and folate for further assessment could be considered. 3-view chest radiographs and thorough musculoskeletal/neurological examination is suggested to rule out occult pathology, which may cause weight loss.

**INTERPRETED BY**

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**REFERRING VET**

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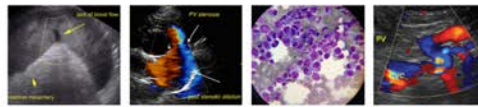
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**PATIENT**

Shylo Zabriskie

**SPECIES**

Canine

**BREED**

Yorkshire Terrier X

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

7.7 Pounds

**INTERPRETED BY**

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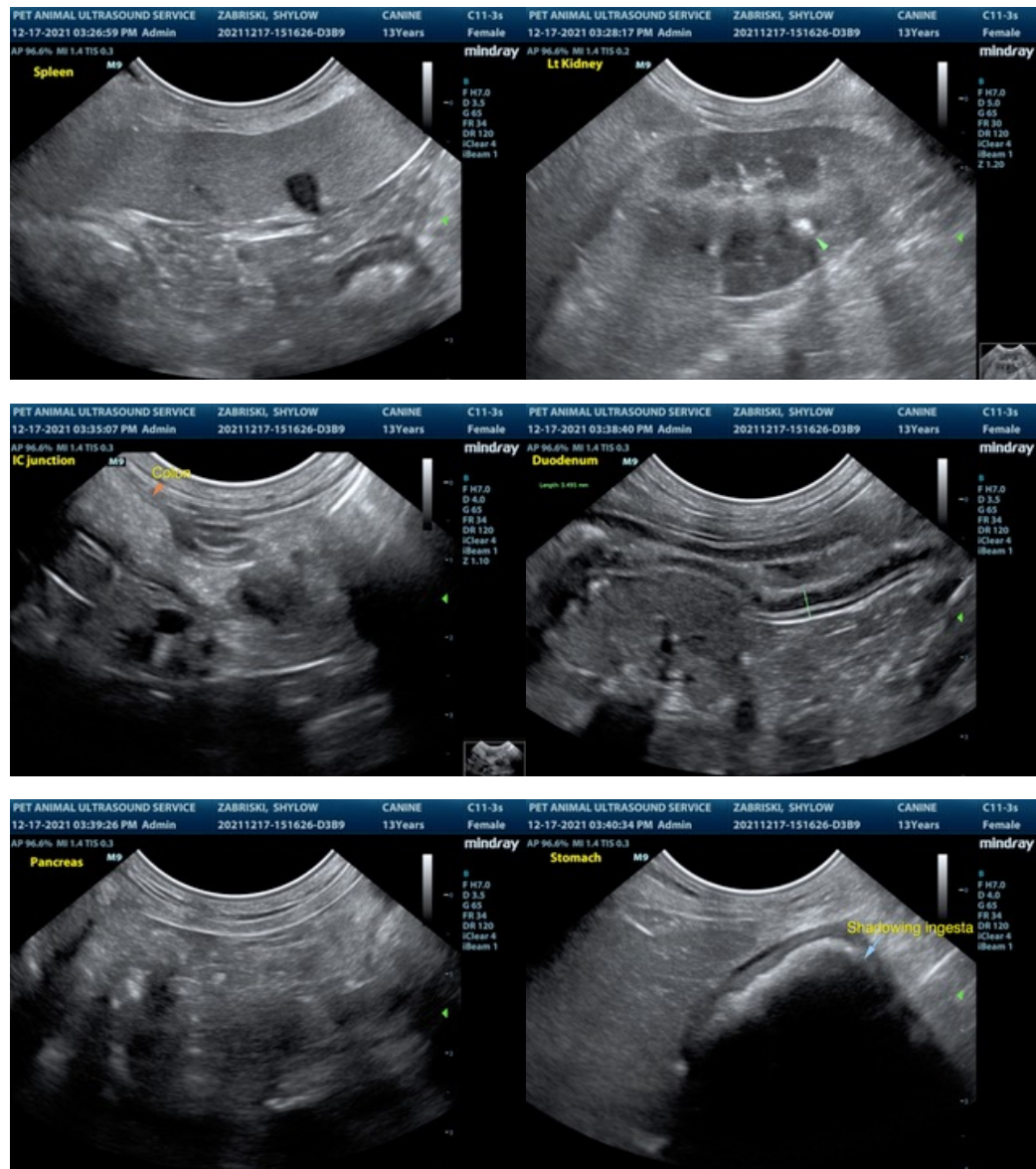
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**DATE**

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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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