



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Wood	Was seen 13 days ago for lethargy. She has a long history of episodic lethargy. In the last few weeks has had episodic anorexia which lasts for about 2 days. She is not drinking much. There is no diarrhea noted and no coughing. She will occasionally vomit her food or have bilious vomiting from time to time.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Severe dental disease otherwise unremarkable PE Marked elevation in AMYLASE/LIPASE Normal CBC and leukogram Isosthenuria otherwise unremarkable urine
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkie Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
FS	
AGE	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. Pinpoint medullary mineral was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length
11	
WEIGHT	The area of the aortic trifurcation was free of pathology.
2.4kg	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 1.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 1.3 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Westcott	Liver
HOSPITAL NAME	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 with moderate irregularly to asymmetrical congealed debris exhibiting variable hyperechogenicity. Potential for focal areas of debris mineralization. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Dr. Alastair Westcott	Gastrointestinal
REFERRING VET	
Dr. Westcott	
INVOICE	
12495ag	
DATE	
12/20/2022	



PATIENT

Daisy Wood

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The gastric body wall measured 0.38 cm in width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild nonshadowing duodenal fluid and chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm width.

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

BREED

Yorkie Mix

Pancreas

The left and right pancreatic limb exhibited mild to variable prominent size with capsule asymmetry. Non-homogeneous mixed echogenic to hyperechoic parenchyma and evidence of parenchyma remodeling was present. No overt evidence of peripancreatic omental inflammation.

SEX

FS

Free Abdomen

No omental masses or peritoneal effusion was present.

AGE

11

Intermittent mildly prominent to enlarged gastric and pancreaticoduodenal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.0 cm x 0.43 cm

WEIGHT

2.4kg

ULTRASONOGRAPHIC FINDINGS

- Gastritis/gastroduodenitis pattern with possible mild gastric hypomotility
- Chronic pancreatitis pattern with parenchymal remodeling
- Mild chronic renal changes with discrete pinpoint medullary mineral
- Irregular congealed gallbladder debris-possible emerging non-obstructive cholelithiasis
- Intermittent benign/reactive gastric/pancreaticoduodenal lymph nodes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of discomfort in the cranial abdominal or subxiphoid area suggestive of chronic pancreatitis is suggested. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for or rule out occult intestinal disease as a contributing factor.

IMAGING PERFORMED BY

Dr. Westcott

Empirical therapy for chronic pancreatitis and gastritis which may include a low fat or bland diet and as needed GI support would be reasonable.

HOSPITAL NAME

Dr. Alastair Westcott

The gallbladder debris is likely incidental given the lack of hepatic enzyme elevations or cholestasis, monitoring for these clinical signs is suggested. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered.

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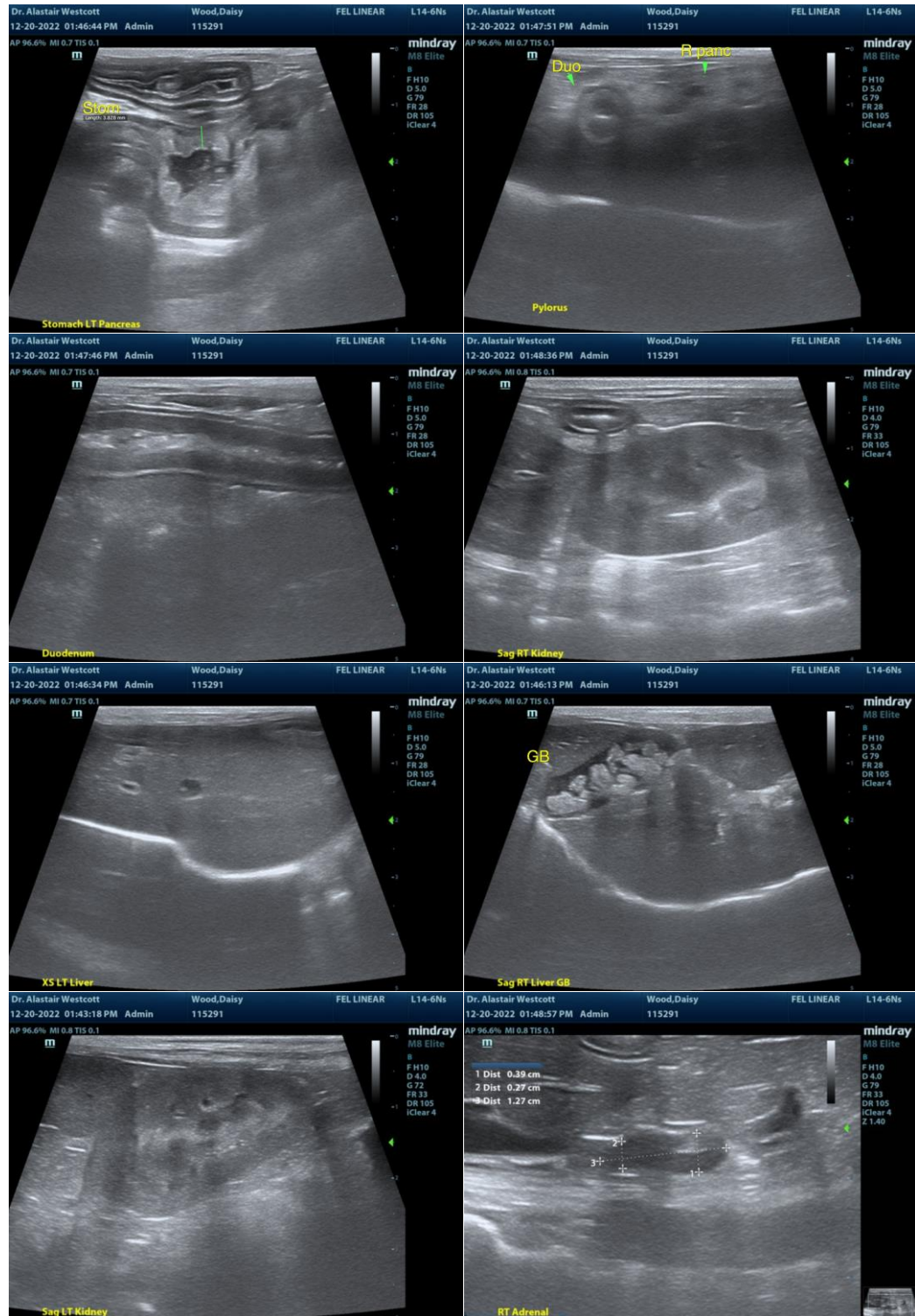
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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