



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Toby Clavell	bad breath, decreased appetite
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
Yorkie	
<b>SEX</b>	No evidence of pathology associated with the residual prostate was noted.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
11	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. Mild nonobstructive medullary mineral, primarily in the lateral diverticuli of the left kidney, was present. No evidence of pyelectasia was noted. The left kidney measured 4.0 cm in length. The right kidney measured 3.5 cm in length.
<b>WEIGHT</b>	
11.3	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were mild prominent in size, given the patient's size and breed, with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.99 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Rockaway AH	The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
12886	
<b>DATE</b>	
12/28/21	



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Toby Clavell

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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material with mild luminal gas. The gastric body wall width measured 0.33 cm.

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. The duodenum wall width measured 0.40 cm.

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

***Pancreas***

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

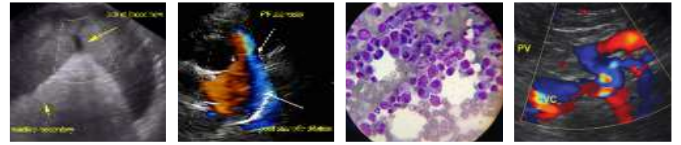
***Primary Findings***

- Chronic pancreatitis, potential for pancreatic fibrosis
- Possible mild gastroenteritis
- Mild age-related kidneys with minor nonobstructive left kidney medullary mineral
- Subjective mild benign hepatomegaly
- Nonspecific mildly prominent bilateral adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The decreased appetite in this patient may be owing to chronic pancreatitis if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with Spec fPL could be considered. The subjective bilateral prominent adrenal glands are of unclear clinical significance, given the lack of reported clinical signs suggestive of underlying endocrinopathy. This may be a patient variant or potential minor stress hyperplasia. No evidence of adrenal neoplastic criteria was noted.

Full oral exam could be considered to rule out a primary oral cause of the patient's decreased appetite. Continued gastrointestinal supportive care and conservative therapy for chronic pancreatitis would be appropriate.



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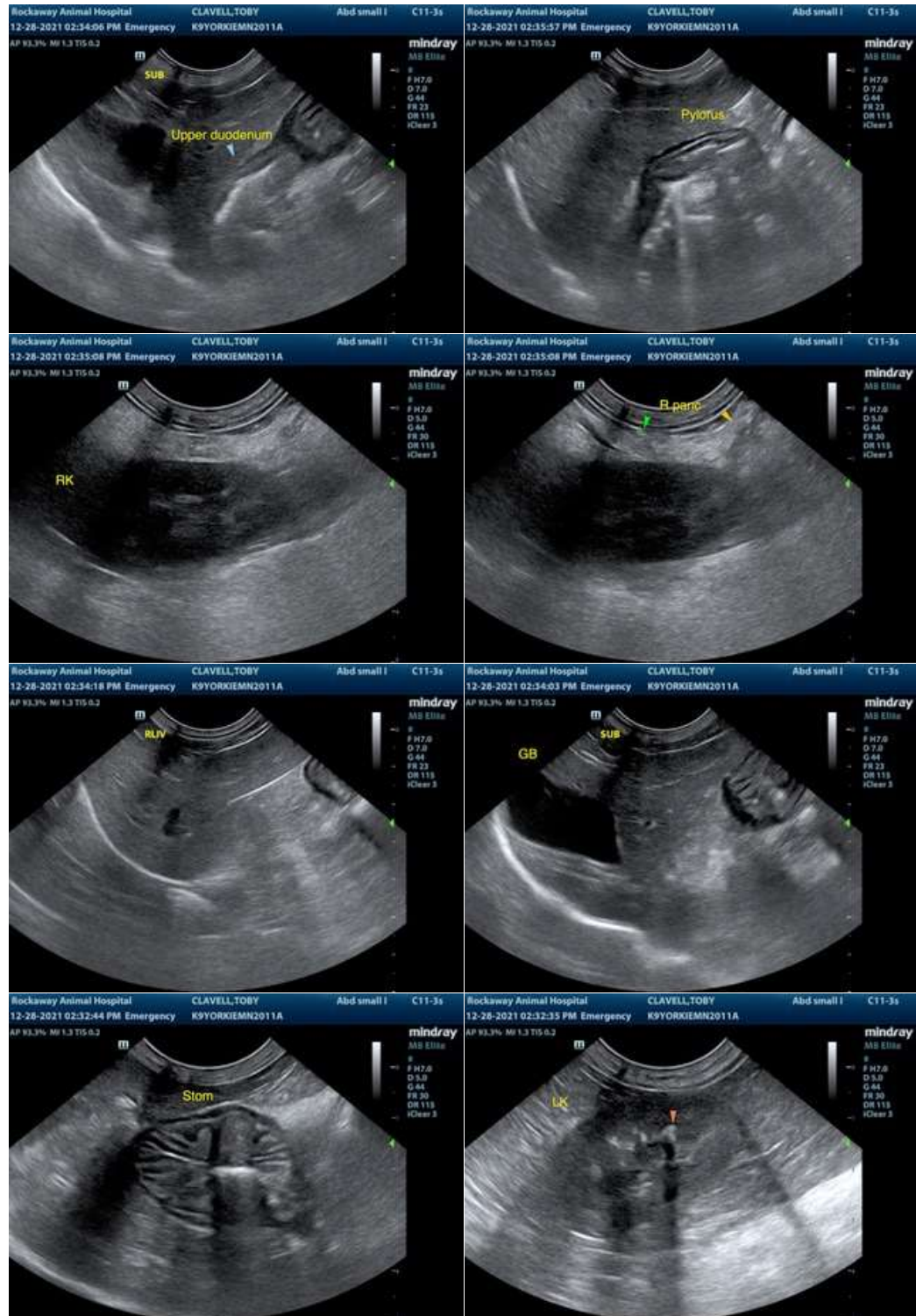
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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