



PATIENT

Charley Paws
of All Kinds

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 Months

WEIGHT

17 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

33299

DATE

12/6/21

PRESENTING CLINICAL SIGNS

Presented for swelling at spay incision and Purlant d/c and not hernia mass at spay sight

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. The bladder exhibited neither subnormal size or overdistention. Anechoic urine was present with potential for mild particulate sediment, which may indicate mild 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.

The left kidney was indistinctly visualized owing to subcutaneous overlaying artifact. The left kidney measured 4.3 cm.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild pyelectasia noted. Potential mild retroperitoneal inflammation noted around the right kidney, although not definitive. The right kidney measured 4.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

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.

Liver

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.

Gastrointestinal

The stomach exhibited moderate distention with retained non-shadowing to echogenic fluid along with chyme to mild ingesta. Pylorus wall measured 0.40 cm. Gastric body wall measured 0.46 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. Jejunum wall measured 0.20 cm.

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



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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Yorkie

Marked to severe subcutaneous cellulitis exhibiting cobblestone appearance to the subcutaneous fat with concurrent edema was present. Definitive evidence of a hernia or overt ventral body wall stoma was not definitively present in this study, yet could not be excluded.

SEX

Spayed Female

- Severe ventral subcutaneous cellulitis
- Mild right kidney pyelectasia
- Hypomotile stomach exhibiting moderate retained fluid and chyme

AGE

11 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the right kidney is non-specific and may be owing to IV fluid therapy, right kidney inflammation such as pyelonephritis, while given the recent history of spay, the potential for right ureter ligation cannot be definitively excluded. Serial sonographic monitoring of the right kidney for evidence of progressive pyelectasia or hydronephrosis +/- contrast study is recommended. Overt evidence of concurrent left kidney pyelectasia was not definitively present, yet the left kidney was indistinctly visualized. Antibiotic therapy and supportive care for significant subcutaneous cellulitis is recommended. Potentially, re-exploration in the area of the ventral abdominal incision as well as gross inspection of the right kidney and right ureter may be indicated.

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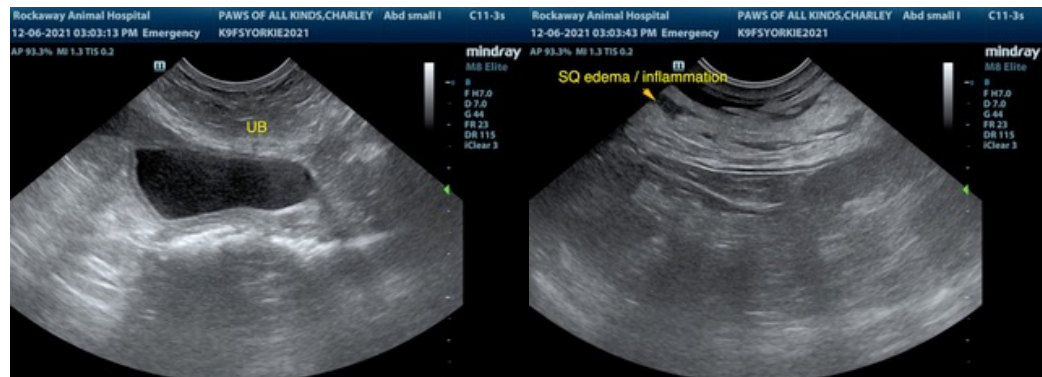
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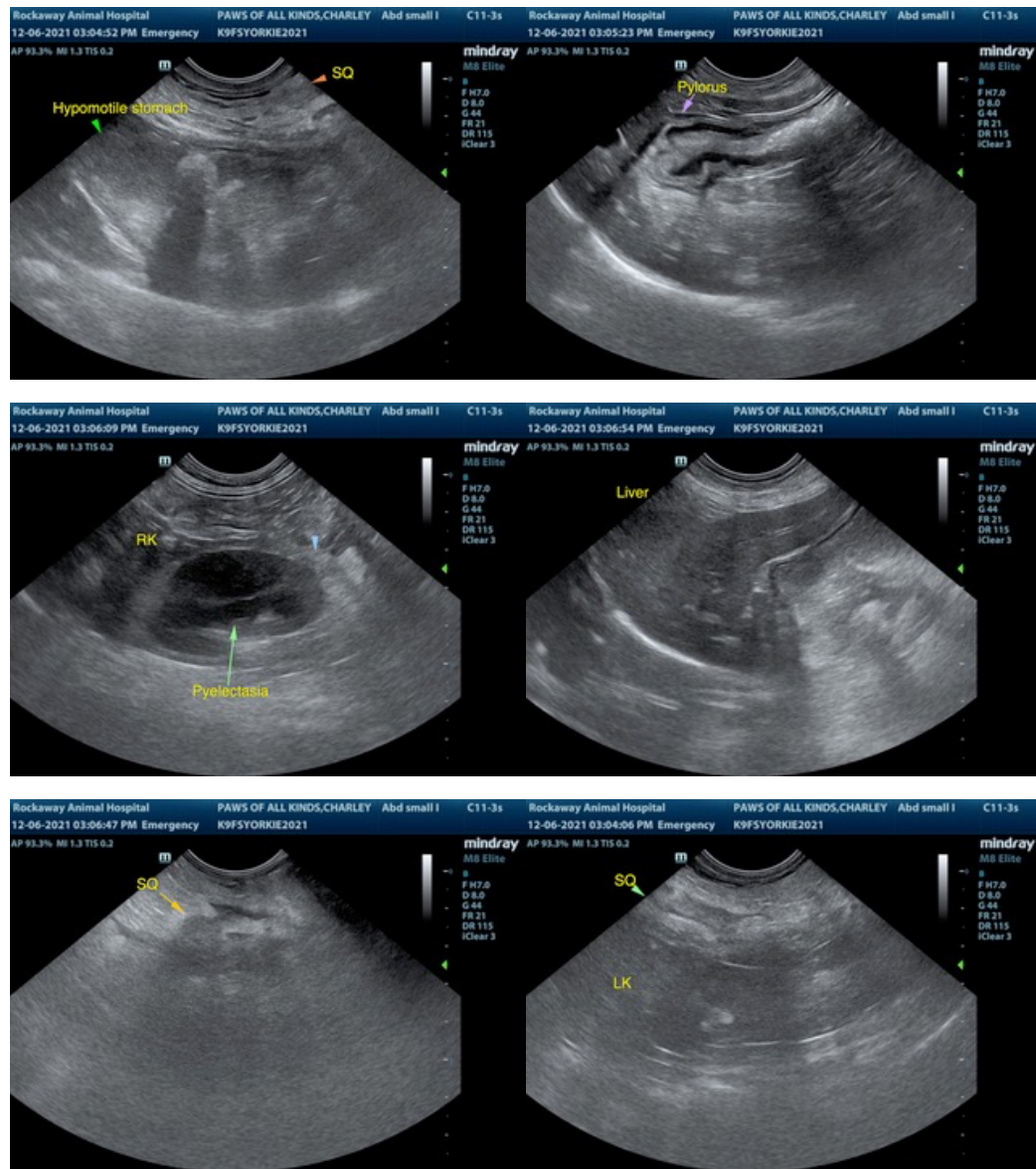
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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