



**PATIENT**

Choco Insu

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Kim

**INVOICE**

33391

**DATE**

12/9/21

**PRESENTING CLINICAL SIGNS**

Patient came in for recheck- ate a potato chip and began throwing up and having diarrhea. Today, the doctor did an ultrasound and noticed three prospective masses in the abdomen and would like a confirmation/plan of action.

Abnormal PE/Chem/CBC/UA Results: (Superchem): Albumin, (Results): 2.2 LOW, (Range): 2.7-4.4g/dL (Superchem): Urea Nitrogen, (Results): 7 LOW, (Range): 6-31mg/dL (CBC): WBC, (Results): 38.7 HIGH, (Range): 4.0-15.5  $10^3/uL$  (Urinalysis): Bacteria, (Results): Cocci >100 HPF HIGH, (Range): None Seen (Urine Protein Creatine Reflex): Protein/Creatine Ratio, (Result): 1.5 HIGH, (Range): <0.5mg/dL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*The submitted study contained 9 videos and 24 still images for review.**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

The left kidney presented mild loss of corticomedullary border demarcation with pelvic nephrolithiasis. Mild pyelectasia with fluid dilation extending into the lateral diverticuli was noted. The left kidney measured 4.7 cm. The right kidney exhibited moderate fluid dilation with secondary loss of medullary parenchyma. The fluid contained moderate cellular component extending into moderate to significantly dilated proximal ureter, extending at least 3-4 cm distal to the right kidney. Proximal right ureter dilation 1.3-1.4 cm. Concurrent cellular component noted within the fluid within the dilated right ureter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.39 cm at the caudal pole.

**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 mildly distended with mild gallbladder wall edema and mild to moderate non-dependent yet non-organized echogenic luminal debris.

**Gastrointestinal**

The stomach presented sonographically unremarkable wall layering. The stomach was moderately dilated with primarily anechoic fluid and mild retained ingesta/chyme. Gastric body wall measured 0.35 cm.



**PATIENT**

Choco Insu

The small intestine presented segmental non-obstructive jejunal ileus pattern with intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Jejunum wall measured 0.32 cm.

Normal visible colon wall layers were present with semiformal feces present.

**SPECIES**

**Pancreas**

Canine

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.

**BREED**

Yorkshire Terrier

**Free Abdomen**

Small pockets of scant peritoneal free fluid. Unspecified uniform, primarily ovoid mass versus moderate to significant focal gastric or pancreaticoduodenal lymphadenopathy present caudal to the gallbladder and ventral to the area of the gastric pylorus. This mass versus lymph node measured approximately 2.5 cm in diameter.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

5 Years

- Left kidney pelvic renolithiasis with mild pelvis to lateral diverticuli fluid dilation
- Right kidney moderate fluid dilated medulla exhibiting moderate cellular component extending into significantly dilated proximal right ureter – suspect right kidney pyonephrosis +/- ureteral abscess or significant hydronephrosis exhibiting cellular component.
- Gastroenteritis with gastric and segmental small intestinal hypomotility
- Possible unspecified right cranial abdominal mass versus significant gastric or pancreaticoduodenal lymphadenopathy
- Gallbladder wall edema with moderate non-organized luminal debris

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided centesis into the right kidney for fluid analysis +/- culture and sensitivity is warranted. Potential for obstructive right hydronephrosis cannot be excluded. Concurrent FNA of the unspecified mass versus lymph node in the right cranial abdomen (assuming normal clotting status) would be warranted. Empirical therapy for acute gastroenteritis with monitoring of albumin levels suggested, as potential for protein losing enteropathy cannot be excluded.

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Kim

**INVOICE**

33391

**DATE**

12/9/21





**PATIENT**

Choco Insu

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

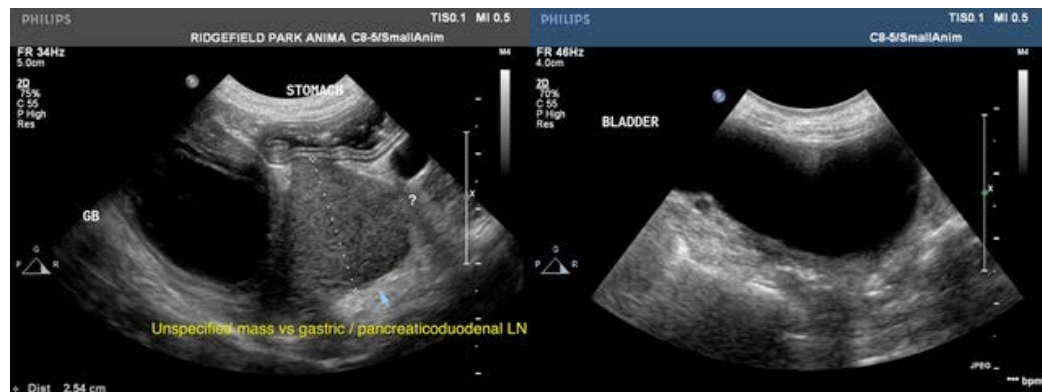
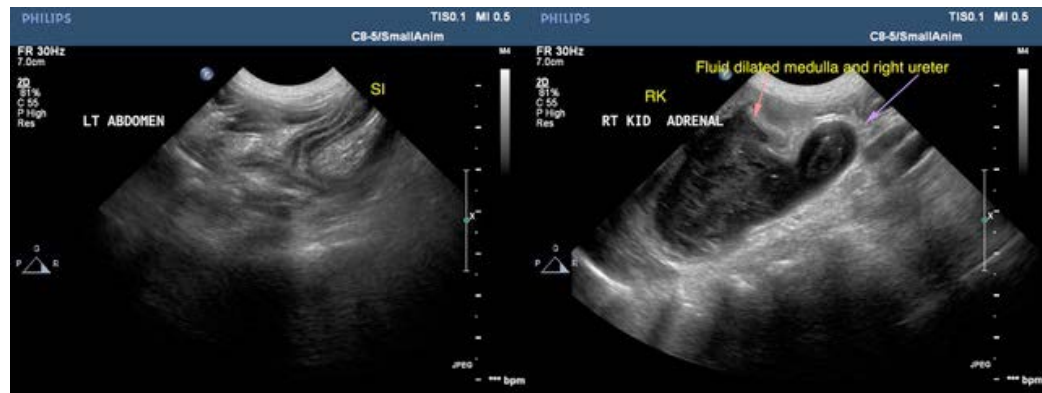
Dr. Kim

**INVOICE**

33391

**DATE**

12/9/21



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