



**PATIENT**

Kirby Cosco

**PRESENTING CLINICAL SIGNS**

regurgitation (fluid only) still keeping food down / normal BM's, lethargy hx heart disease - current meds vetmedin, sucralfate, famotidine, cerenia, metoclopramide mild lethargy

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC NSF, Chem: hyperalbuminemia, ALKP 693, rest WNL no UA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shih Tzu

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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**

MN

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. Left kidney small medial cortical cysts were present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

**AGE**

14

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

14.2lb

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was mildly enlarged based on caudal pole measurement and body weight with symmetrical contour and subtle non-homogenous non-mineralized parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Pesola

**HOSPITAL NAME**

Stuga North  
Veterinary Care

**Liver/Gallbladder**

The liver was subjectively mildly enlarged with symmetrical capsule contour and mild generalized parenchyma remodeling. Intermittent discrete yet well demarcated hyperechoic nodules were present, an example measuring 0.9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Pesola

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The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**Gastrointestinal**

**DATE**

02/13/2023



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate possibly retained variably echogenic ingesta/chyme along with a non-specific mild irregular strongly shadowing echo within the gastric body measuring ~ 2.7 cm in diameter.
Kirby Cosco	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild duodenal ingesta/chyme with no signs of ileus, obstruction or foreign material.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Shih Tzu	
<b>SEX</b>	<b>Pancreas</b>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b>Free Abdomen</b>
14	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
14.2lb	<ul style="list-style-type: none"> <li>• Variably echogenic gastric ingesta/chyme with non-specific yet suspicious gastric shadowing echo</li> <li>• Pancreatic remodeling</li> <li>• Mild chronic renal changes with left kidney cortical cysts</li> <li>• Hepatopathy with non-specific subjective benign intraparenchymal nodules-probable vacuolar hepatopathy with mild intermittent nodular hyperplasia, lipogranulomas or similar</li> <li>• Gallbladder debris, possible very early to emerging mucocele (non-inflamed)</li> <li>• Prominent left adrenal gland-non-specific</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The presence of gastric ingesta along with the non-shadowing luminal echo may indicate recent meal ingestion or medication. However, the possibility of non-obstructive gastric foreign material is of concern although not definitive. Given the time frame between study and interpretation, sonographic reassessment of the stomach for evidence of resolution or persistence of retained ingesta and the shadowing echo is recommended ideally following documented fast. If evidence of persistent retained ingesta and/or shadowing echo, endoscopy if available is likely ideal for further clarification.
<b>IMAGING PERFORMED BY</b>	<b>HOSPITAL NAME</b>
Dr. Pesola	Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. The prominent left adrenal gland is of unclear clinical significance given current reported clinical signs. Sonographic monitoring of the gallbladder and left adrenal gland is suggested if evidence of increasing cholestasis or if clinical signs suggestive of adrenal disease arise.
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Dr. Pesola	Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A spec cPL may be considered.
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**REFERRING VET**

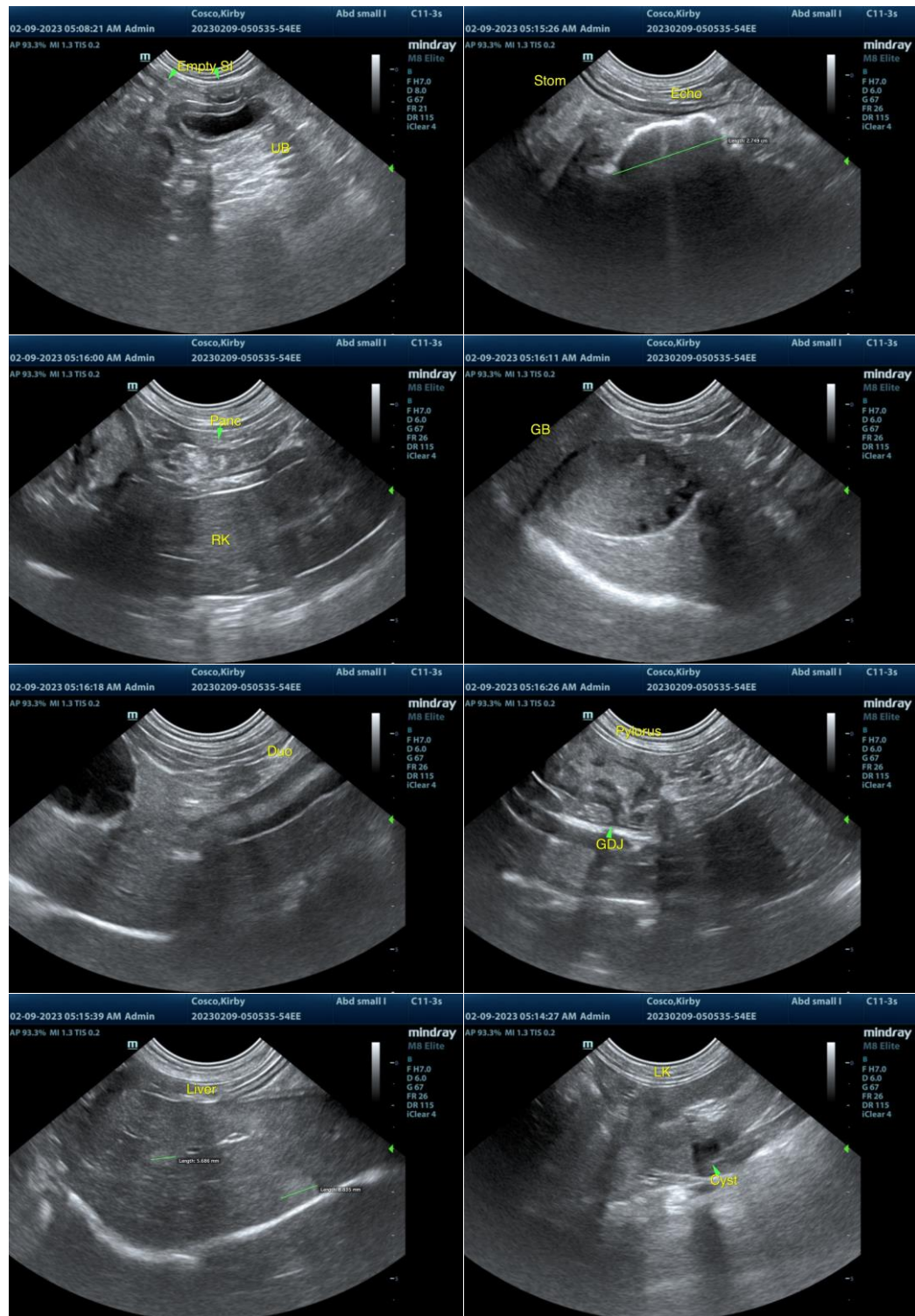
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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