



PATIENT	PRESENTING CLINICAL SIGNS
Oreo Zage	Patient presents for hyporexia for 2 months; will not eat his regular food, but will eat treats. When patient defecates it appears as if the treats have not digested and are visible in the stool.
SPECIES	On mirtazapine TID.
Canine	Abnormal PE/Chem/CBC/UA Results: BUN 36, creat. 1.6, SDMA 14.2, Phos. 6.7, PSL 556. U/A: 1+ protein, USG 1.022.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shih Tzu	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
MN	
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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney small cortical cyst and mild pyelectasia was present. Minor bilateral pinpoint medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.
14yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
13lb	The area of the residual prostate appeared normal and free of pathology measuring 0.88 cm in diameter.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	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.
HOSPITAL NAME	Liver/Gallbladder
Our House Call Vet	The liver presented enlarged in size. 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. A solitary non-disruptive uniform hyperechoic nodule was present. 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.
REFERRING VET	Gastrointestinal
Dr. Mazzola	
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12954ag	
DATE	
02/13/2023	



PATIENT	
Oreo Zage	The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.37 cm in width.
SPECIES	
Canine	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 measured 0.44 cm width. The jejunum wall measured 0.28 cm width.
BREED	
Shih Tzu	Normal visible colon wall layers were present with apparent formed feces in the descending colon and soft to possible non-formed fecal matter in the area of the cecum and proximal colon.
	Pancreas
	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.
SEX	
MN	Free Abdomen
AGE	
14yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Subjective mild hypomotile gastritis with variably echogenic possibly retained gastric ingesta • Sonographically unremarkable small bowel/colon with possible non-formed proximal colon fecal matter • Heterogenous pancreas • Chronic renal changes with mild left kidney pyelectasia • Non-specific subjective benign hepatic nodule-likely benign nodular hyperplasia or lipogranuloma
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Kelly Vazquez	
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable) or less likely chronic pyelonephritis. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The appearance of the stomach is suggestive of mild inflammatory criteria with possible secondary mild metabolic stasis. Correlation with most recent meal ingestion is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level is recommended to rule out occult disease as a contributing factor. No evidence of intra-abdominal neoplastic criteria or mechanical GI stasis present. Low-grade or chronic pancreatitis as a contributing factor could be possible. Empirically gastroprotectant protocol i.e. omeprazole, canned bland diet trial and empirical deworming may prove beneficial.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



PATIENT

Oreo Zage

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

14yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Our House Call Vet

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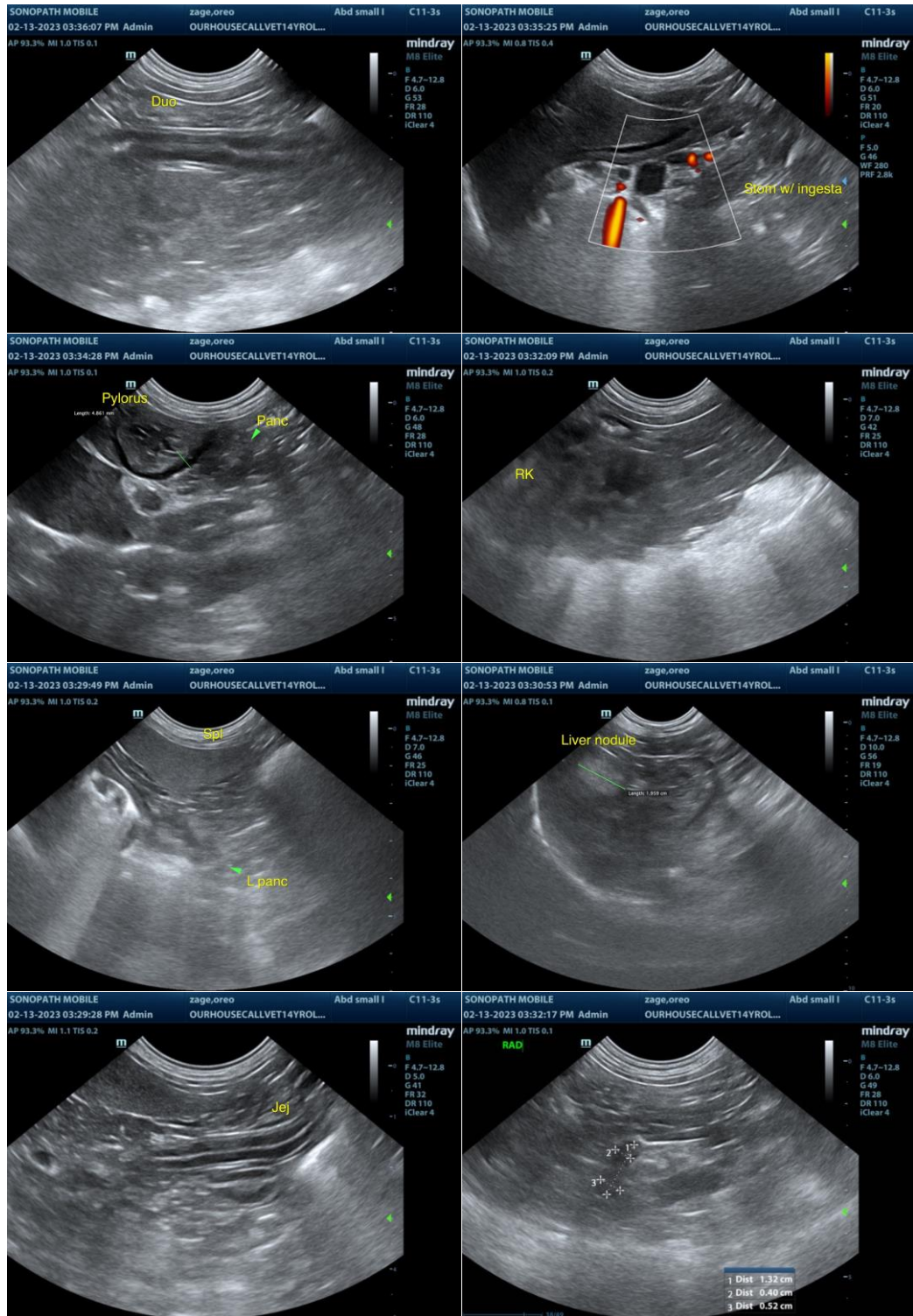
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PATIENT

Oreo Zage

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

14yr

WEIGHT

13lb

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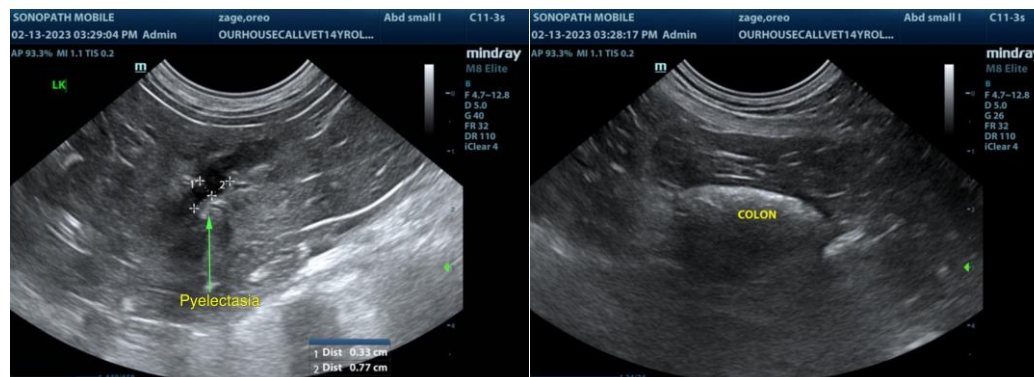
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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