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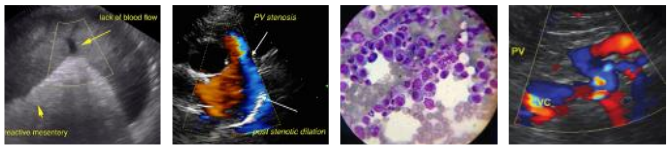



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Evie Netza

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**AGE**

2yr

**WEIGHT**

9.04

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Fearing

**HOSPITAL NAME**

Lanier Animal Hospital

**REFERRING VET**

Dr. Fearing

**INVOICE**

13010ag

**DATE**

02/18/2023

## PRESENTING CLINICAL SIGNS

Started last Thursday; will only eat Rotisserie. Chicken (normal diet); stopped eating, and noisy stomach; some diarrhea has not been drinking very well either; also having dark urine, circling and licking - this started today after starting the Rx kibble (I/D) stool got a lot better - wasn't eating again this AM but about 4 pm ate a big plate of rice and veggies from G-ma; Bloodwork done elsewhere at BUN elevated at 33 r/o dehydration vs renal; elevated ALT 145 r/o liver/GI; amylase low 332 In house UA today normal other than USG 1.050; snap cpl neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

Normal size and margination were present in the kidneys. 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 with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width 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.

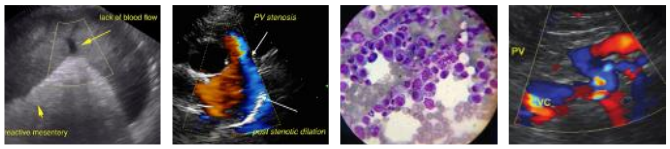
### *Liver/Gallbladder*

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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and luminal gas. Mildly prominent pyloric wall was present measuring 0.37 cm in width. No signs of ileus, obstruction or foreign material.

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.

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

***Pancreas***

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.

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

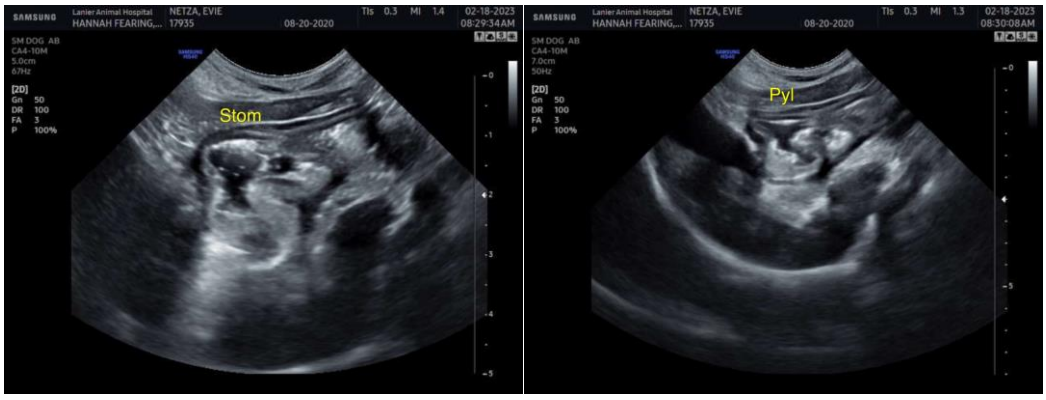
## ULTRASONOGRAPHIC FINDINGS

- Normal bilateral kidneys
- Low-grade hepatopathy
- Mild gastritis/gastric stasis pattern, sonographically unremarkable small bowel

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs, including no evidence of mechanical obstructive pattern or foreign material. No evidence of intra-abdominal neoplastic criteria. Potential for mild gastritis or more generalized inflammatory gastroenteropathy with primary or secondary low-grade reactive/inflammatory hepatopathy given the mild ALT elevation is possible. No sonographic evidence of active pancreatitis.

Empirically GI supportive care should prove beneficial. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease could be considered given vague GI signs and mild BUN elevation. If clinically indicated, hospitalization with 24 hour IVF and as needed GI support may prove beneficial.



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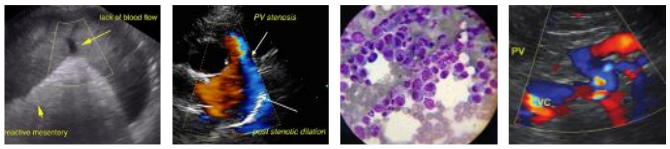


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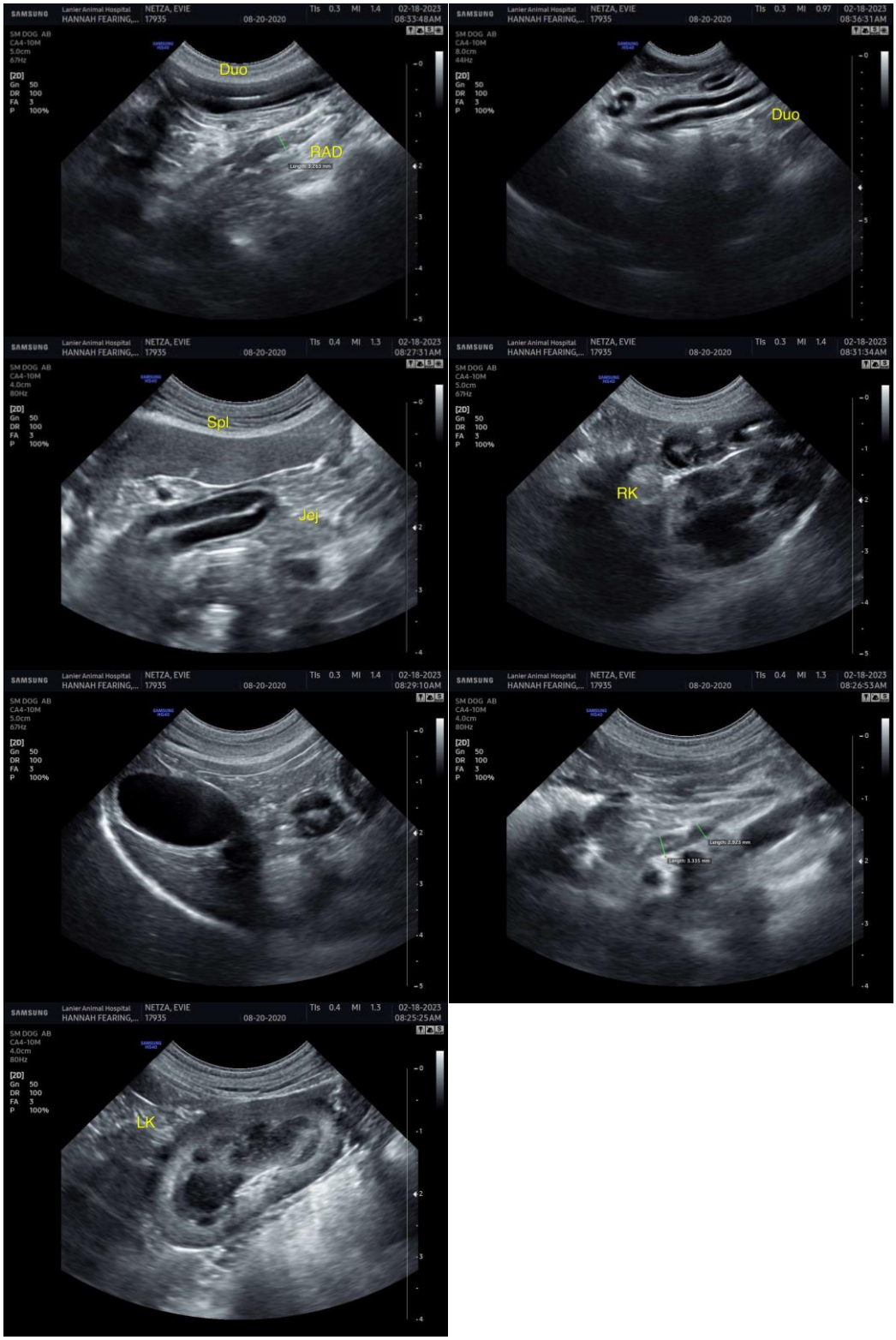


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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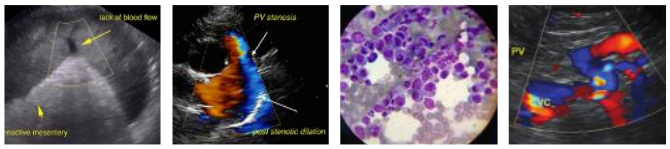


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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**
mac.daniel@sonopath.com