



PATIENT	PRESENTING CLINICAL SIGNS
Reggi Meyers	Clinical Exam Findings: vomiting, diarrhea, not eating well
SPECIES	Current Medications metronidazole, endosorb, fortiflora
Canine	Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 965IU/L Alk Phosphatase 1,257IU/L Total Bilirubin 0.5MG/DL Neutrophils 20826 /UL, WBC 23.41000/UL urine shows 4+ protein and 3+ bilirubin
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shih Tzu Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with a small dependent cystic calculus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Mn	
AGE	
11yr	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal areas of non-obstructive medullary mineral was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.9 cm in length.
WEIGHT	
37lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology measuring 0.6 cm in diameter.
	Adrenal Glands
IMAGING PERFORMED BY	The bilateral adrenal glands were borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Indistinct nodular changes were present in the left adrenal gland. The left adrenal gland measured 2.4 cm length and 0.68 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length and 0.59 cm width in the caudal pole. No adrenal tumors.
Jenna Walsh CVT	
HOSPITAL NAME	Spleen
VCA Vitality AH	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.
REFERRING VET	
Dr. Burgt	
INVOICE	Liver/Gallbladder
13051ag	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. 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 distended in size with mildly prominent hyperechoic walls containing
DATE	
02/21/2023	



PATIENT	non-dependent mildly organized variably echogenic debris and mucus. Subtle evidence of peripheral gallbladder inflammation with mild echogenic pericholecystic tissue present. The cystic and common bile ducts were normal. Reported mild positive Murphy sign when scanning gallbladder area.
Reggi Meyers	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing with no signs of ileus, obstruction or foreign material.
BREED	
Shih Tzu Mix	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild hyperechoic duodenal mucosal speckling and minor duodenal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.
SEX	
Mn	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
AGE	Pancreas
11yr	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.
WEIGHT	Free Abdomen
37lb	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Gallbladder mucocele with evidence of mild peripheral inflammation-no overt bile peritonitis Hepatopathy-subjectively benign Gastroenterocolitis pattern with subjective mild to moderate duodenitis Bilateral borderline prominent mildly irregular to heterogenous adrenal glands-nonspecific
IMAGING PERFORMED BY	Secondary
Jenna Walsh CVT	<ul style="list-style-type: none"> Small dependent cystic calculus Non-specific chronic renal changes with non-obstructive medullary mineral
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
VCA Vitality AH	Assuming normal clotting status and with perioperative antibiotics, cholecystectomy with hepatic and GI biopsies recommended given the gallbladder appearance with evidence of peripheral inflammation, concurrent hepatopathy, reported positive Murphy sign and degree of hepatic enzyme elevation. The gallbladder is not likely to respond to medical therapy.
REFERRING VET	
Dr. Burgt	
INVOICE	Adrenal testing if clinically indicated and assessment of T4 levels if not done is recommended. Empirical as needed GI support pending cholecystectomy would be appropriate. A urine C/S and baseline UPC is recommended.
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DATE	
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PATIENT

Reggi Meyers

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Mn

AGE

11yr

WEIGHT

37lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Vitality AH

REFERRING VET

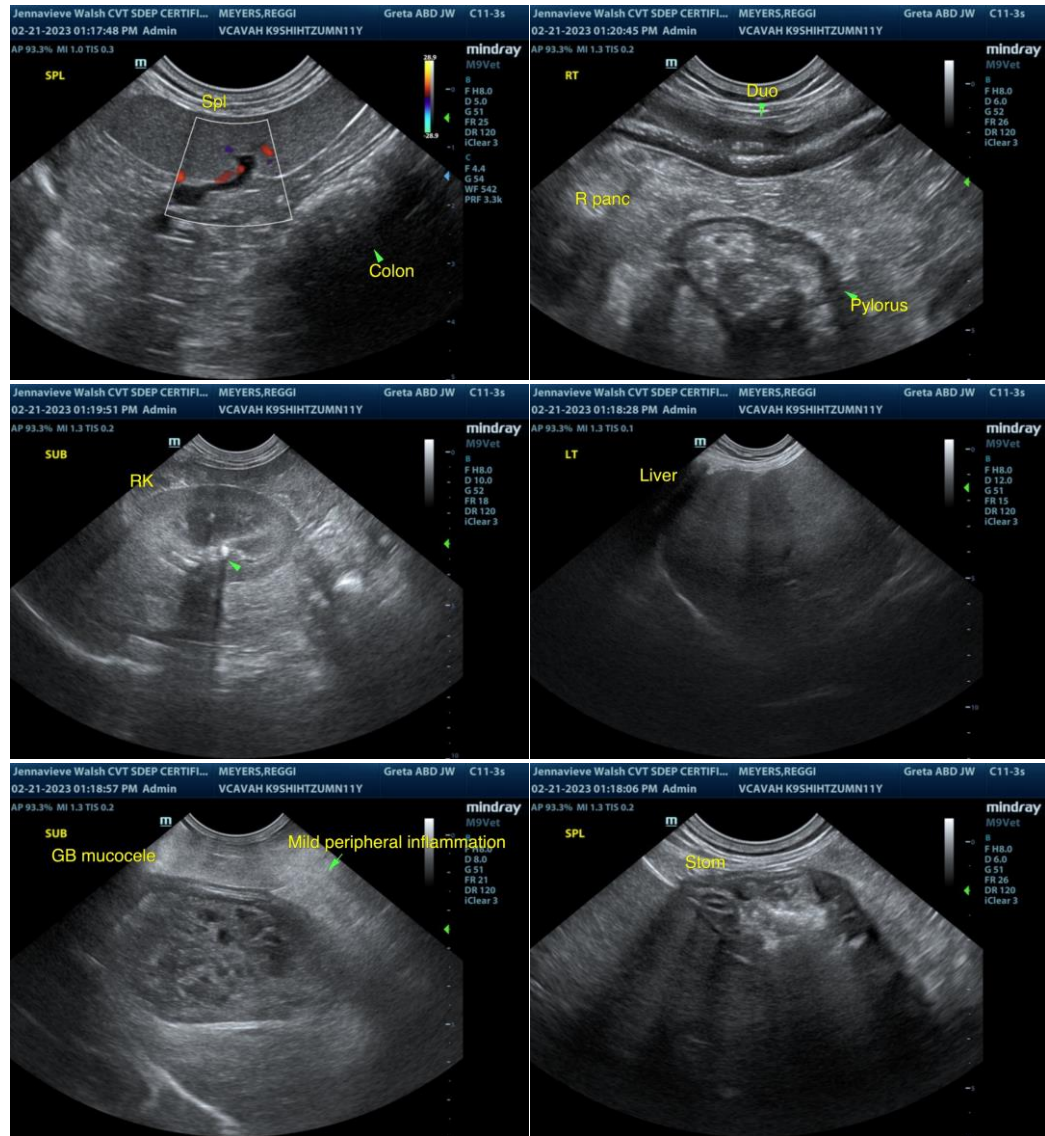
Dr. Burgt

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PATIENT

Reggi Meyers

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

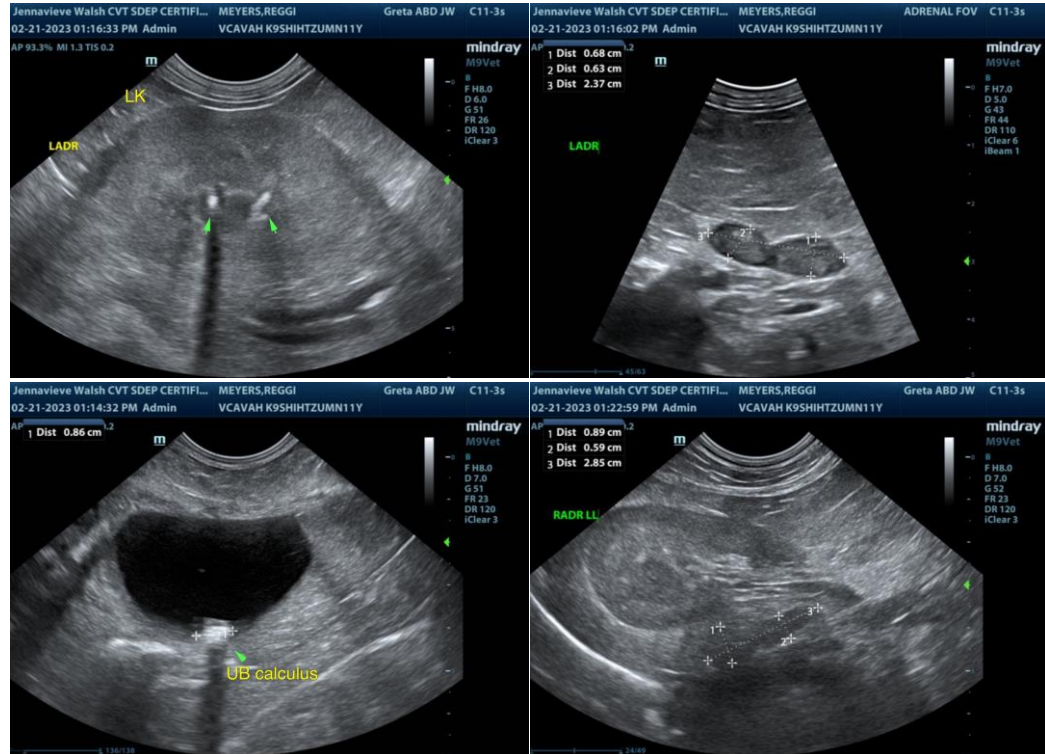
Mn

AGE

11yr

WEIGHT

37lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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