



**PATIENT**

Yuki Buckner

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

FS

**AGE**

11

**WEIGHT**

19

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Cassidy Braverman,  
CVT

**HOSPITAL NAME**

Bush AH

**REFERRING VET**

Dr. Blystone

**INVOICE**

16303

**DATE**

2/23/23

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Chronic weight loss. Clinically normal

Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC/Chem NSA Current Medications: Clavamox chronically for Radiographic Findings: N/a Need UA for 910 if can get

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No evidence of pathology was noted In the area of the uterine remnant.

The area of the iliac trifurcation was free of pathology.

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. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was mild to variably enlarged exhibiting mild asymmetrical contour and mild nonhomogeneous focally cystic parenchyma without evidence of left adrenal parenchymal mineralization. The left adrenal gland measured 2.6 cm length x 1.0 cm width at the cranial pole and 1.3 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the cranial pole and 0.55 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.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. The ingesta is sonographically consistent with food.

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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 fecal matter in lumen.

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***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 were evident.

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***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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**ULTRASONOGRAPHIC FINDINGS**

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- Sonographically unremarkable gastrointestinal tract with gastric ingesta
- Normal pancreas
- Mild age-related kidneys
- Enlarged, irregular, mild nonhomogeneous to focally cystic left adrenal gland - nonspecific

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural gastrointestinal pathology. If documented NPO, some degree of mild functional or metabolic gastric metabolic stasis, given the presence of gastric ingesta, could be considered. Further assessment, given the patient's weight loss, may include an assessment of caloric plane or for a competitive eating environment if clinically applicable, as well as a GI panel to include PLI/TLI/Cobalamin/Folate.

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Given the lack of clinical signs in this patient and without evidence of structural hepatic disease, or hepatic enzyme elevations, the clinical significance of the left adrenal gland is unclear. Potential for overlying variably irregular to cystic regional mesenteric lymph node with a non-visualized left adrenal gland is considered a less likely differential diagnosis.

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Screening blood pressure to assess for evidence of hypertension, which may allude to a more aggressive left adrenal pathology i.e., pheochromocytoma, is suggested. No overt indication for adrenal testing, given the lack of clinical signs, i.e., PU/PD, polyphagia, etc., in conjunction with a lack of hepatic enzyme elevations or hepatomegaly. A sonographic reassessment of the left adrenal gland in 3-4 weeks for evidence of progression is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor if not done.

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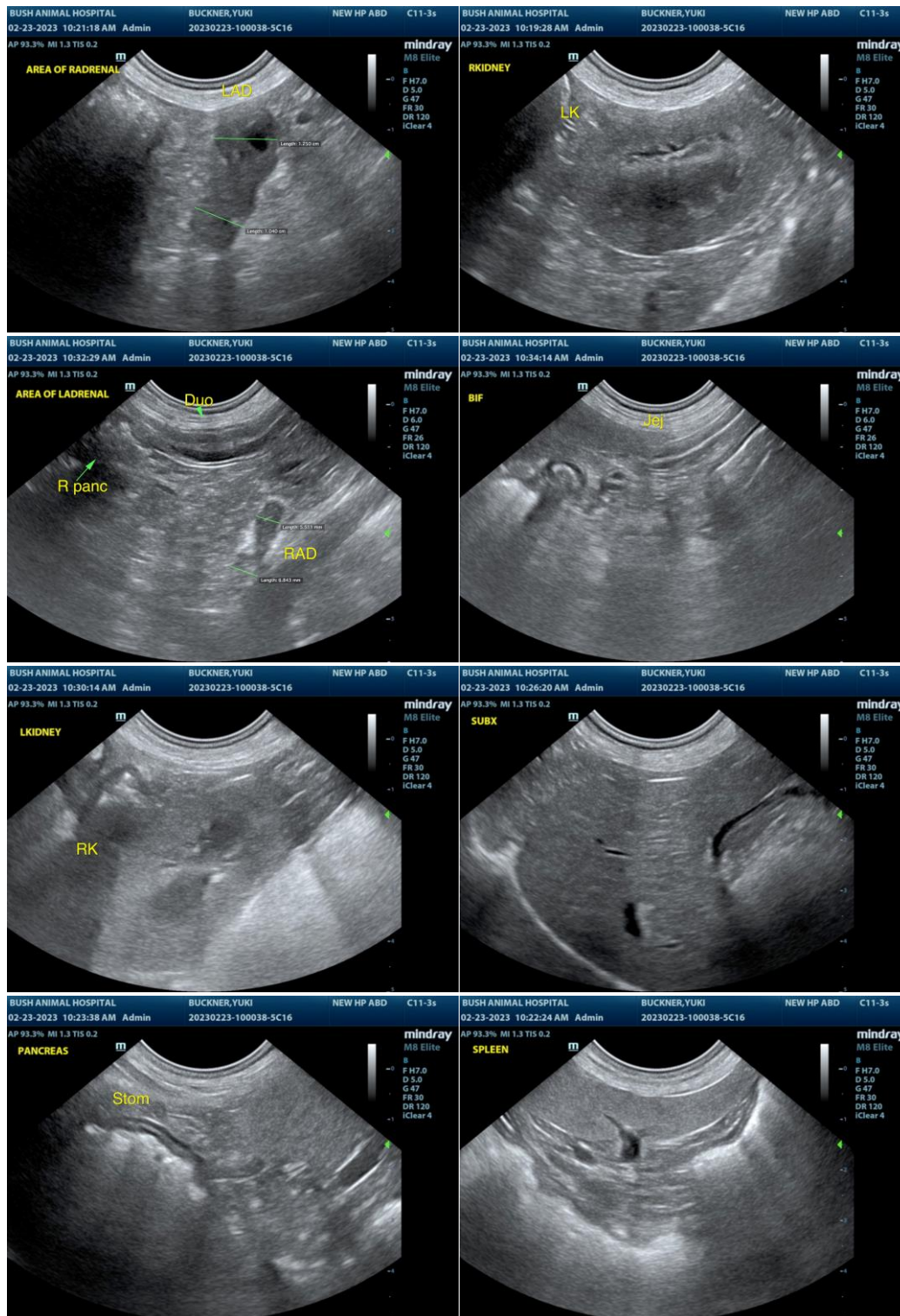
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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