

**PATIENT**

Zoey Juarez

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.6 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VETKimberly L. Stevens,
DVM**INVOICE**

21245

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: Anorexia, lethargy. Second opinion after seeing a veterinarian in Kewanee and the AEC for anorexia. Was diagnosed with renal failure at AEC and placed on abx there.

Abnormal PE/Chem/CBC/UA Results: Thin, tachycardia, lethargy, BUN - 74 mg/dL, ALT 215 U/L, ALKP 213 U/L, PLT 611,000.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size, which prohibited full evaluation of the urinary bladder walls. No overt neoplastic criteria were noted. Minimal anechoic urine was present. No sediment or calculi were noted. The urethra was normal to a depth of 2.0 cm. No evidence of medial iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length. Pinpoint medullary mineral was present bilaterally.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm length x 0.41 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 1.7 cm length x 0.40 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.

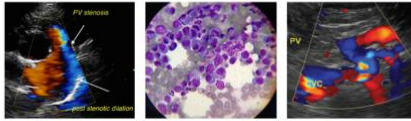
Liver

The liver exhibited subjective mild enlargement. 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 non-distended in size with thin walls and primarily anechoic luminal content and mild nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. 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 was empty with no signs of ileus, obstruction or foreign material.

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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.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Thinly walled cystic structure was noted in the area of the pancreas base, dorsal to the stomach, measuring 1.6 cm in diameter. The cyst contained anechoic fluid without evidence of echogenic debris or evidence of peripheral inflammation.

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Free Abdomen**SEX**

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No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with bilateral pinpoint medullary mineral
- Nonspecific yet subjective benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract
- Mild heterogenous pancreas with pancreas base cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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

Subjectively, the kidneys did not appear to be end-stage.

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Vacuolar hepatic changes, nonobstructive cholestasis, nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin), or less likely occult hepatic neoplasia are all potentials. Further assessment of the liver may include, assuming normal clotting status, hepatic FNA cytology +/- Leptospirosis titers/PCR (if clinically indicated).

Low grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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A GI panel to include PLI/TLI/Cobalamin/Folate is warranted to assess for nonstructural intestinal disease or low-grade pancreatitis as potential contributing factors to the patients decreased body condition and anorexia. Three view chest radiographs are suggested if not done. Although considered unlikely, a resting cortisol level is to rule out occult Addisons disease given the azotemia is suggested in light of the patients vague clinical signs. Empirically, hospitalization with IV fluids, hepatogastrointestinal support and assessment of clinical response would be reasonable.

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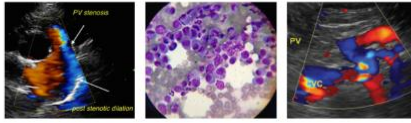
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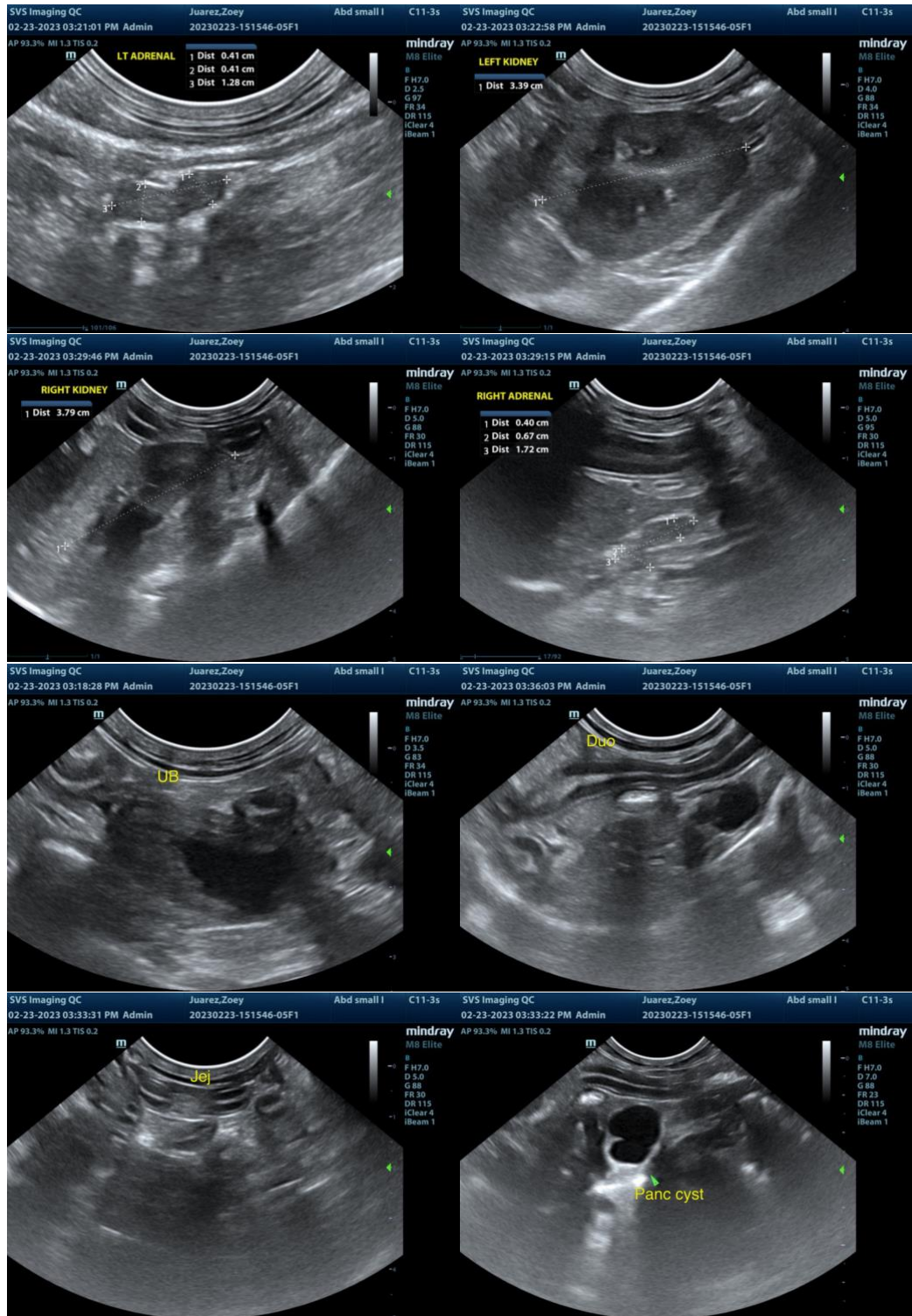
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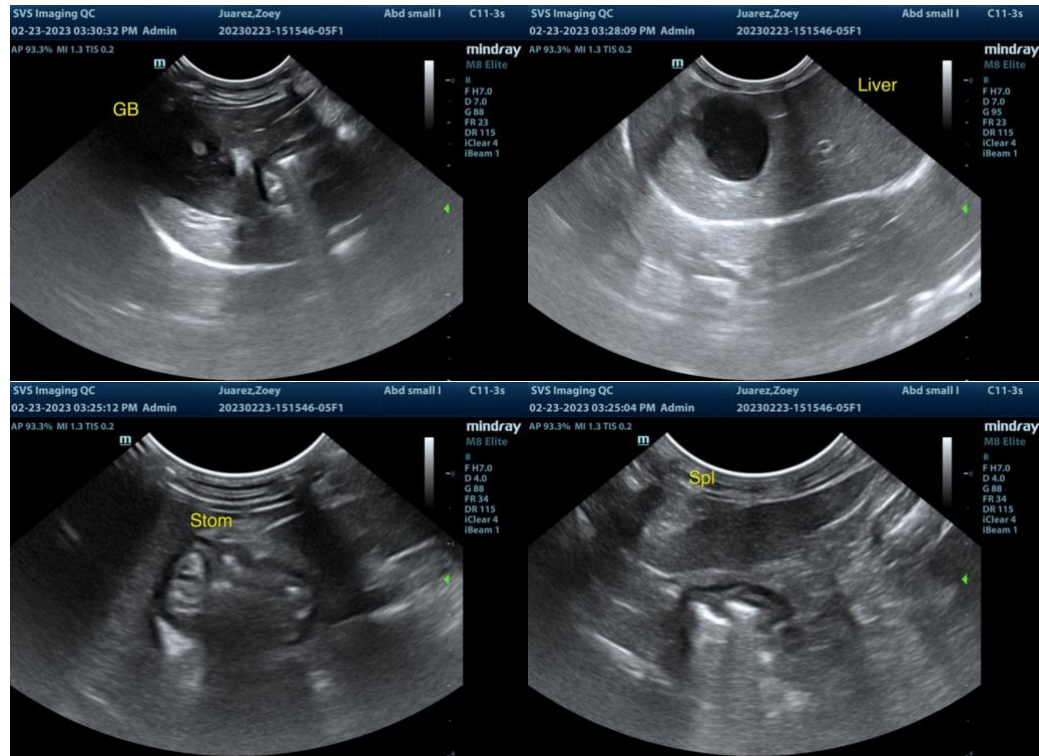
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com