



PATIENT	PRESENTING CLINICAL SIGNS
Gizmo Simmons	Owner was at another facility, according to owner AUS recommended. Pet brought in for AUS. owner states pet is drinking more than usual and will vomit water. Eating normal. No other concerns noted.
SPECIES	Per owner bloodwork normal. no treatment performed. Radiographs taken elsewhere and attached below
Canine	
BREED	
Shih tzu	
SEX	
NM	
AGE	
4 years 3 months	
WEIGHT	
11.15 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
	The area of the residual prostate was free of overt pathology.
	The area of the aortic trifurcation was free of pathology.
	Normal renal size with asymmetrical margination were 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 nonobstructive medullary mineral were present in the left kidney and suspected in the right kidney. No pyelectasia was noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Michaleen	The left and right adrenal glands were not definitively visualized.
	Spleen
HOSPITAL NAME	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.
DPC VH	
REFERRING VET	Liver/ Gallbladder
Dr. Axelband	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. Normal hepatic vascular volume was present. No evidence of a porta systemic shunt was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INVOICE	Gastrointestinal
13149	The stomach exhibited intact yet variably prominent wall layering and subjective mild reduced mural echogenicity. The stomach was empty at the time of the ultrasound, without evidence of gastric
DATE	
2/3/22	



PATIENT	distention secondary to retained fluid, ingesta, or foreign material. Minor luminal gas was present. The ventral gastric body wall width measured 0.50 cm width.
Gizmo Simmons	
SPECIES	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 jejunum wall width measured 0.39 cm.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Shih tzu	
SEX	<i>Pancreas</i> 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.
NM	
AGE	<i>Free Abdomen</i> No overt lymphadenopathy or peritoneal effusion was present.
4 years 3 months	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.15 lbs.	<i>Primary Findings</i>
	<ul style="list-style-type: none"> • Bilateral chronic nephrosis renal pattern with focal nonobstructive medullary mineral • Gastritis pattern, sonographically unremarkable small bowel • Normal liver - no evidence of a porta systemic shunt
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The appearance of the bilateral kidneys is consistent with chronic nephrosis / nephropathy with potential considerations including dysplasia given the relatively young age of the patient, nonspecific nephritis (glomerulonephritis, interstitial nephritis, or other), or other nephropathy possible.
IMAGING PERFORMED BY	Concurrent or potential secondary gastritis or possible uremic gastritis if azotemia is present is suspected. Correlation with a recheck CBC / Chemistry Panel, urinalysis +/- further renal staging to include urine C/S on a sterile urine sample and baseline UPC Is recommended.
Michaleen	
HOSPITAL NAME	
DPC VH	
REFERRING VET	Given the evidence of gastric distention or bloat on submitted x-rays, yet without evidence of gastric distention at the time of the ultrasound, possible intermittent areas of gastric hypomotility may be possible. Smaller more frequent feedings of a canned diet may be considered if clinically indicated.
Dr. Axelband	
INVOICE	Gastroprotectant protocol and as-needed antiemetics is suggested. If no current evidence of azotemia, serial sonographic monitoring of chemistry panel for evidence of progressive renal disease is suggested.
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SPECIES

Canine

BREED

Shih tzu

SEX

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INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

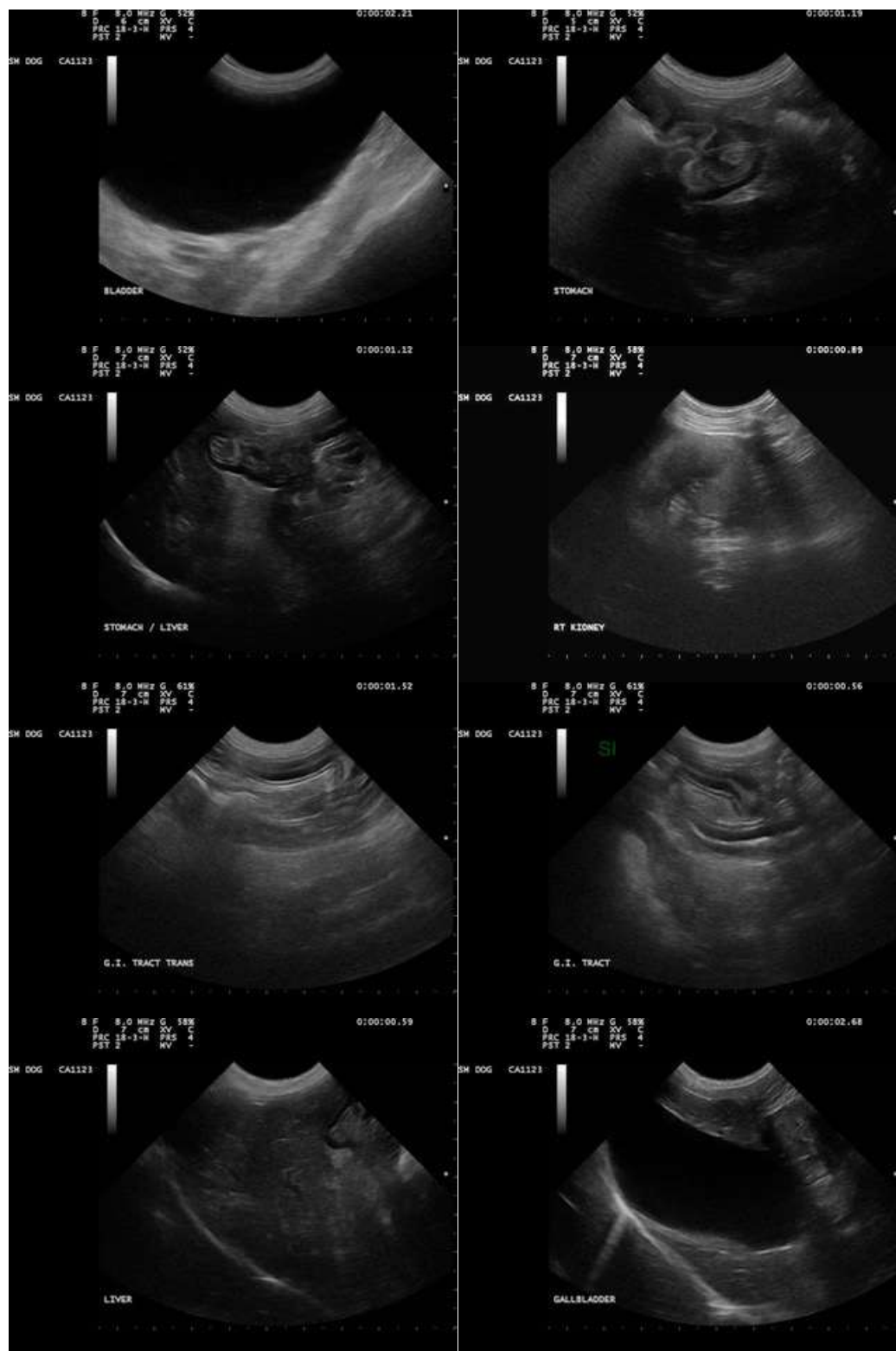
Dr. Axelband

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**IMAGING
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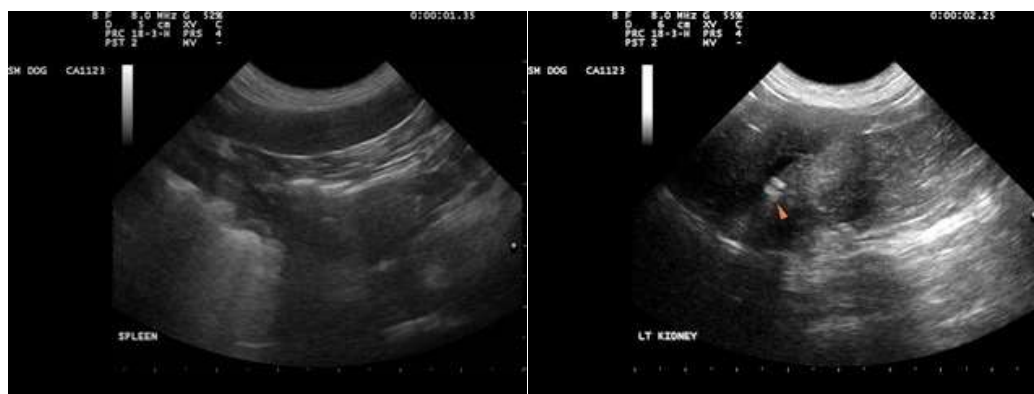
Dr. Axelband

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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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