



PATIENT

Tater Nash

SPECIES

Canine

BREED

Long Coated
Chihuahua

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Jason Christensen

INVOICE

35430

DATE

2/3/22

PRESENTING CLINICAL SIGNS

Chronic history of pancreatitis and kidney dysfunction/pyelonephritis O is doing SQF at home regularly. P is currently on Entyce, Sucralfate, Enrofloxacin
Abnormal PE/Chem/CBC/UA Results: Undulating leukocytosis and neutrophilia BUN/Creat elevated this summer and fall Now BUN is slightly elevated Radiographic findings: No significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.8 cm in width.

The kidneys exhibited subjective borderline subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor areas of medullary mineral present in both kidneys along with small cortical cysts. No evidence of pelvic dilation was present. The left kidney measured 2.7 cm. The right kidney measured 3.2 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.50 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

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 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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. Intermittent to focal areas of duodenojejunal mucosal speckling.



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

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Moderate chronic renal changes with minor medullary mineral
- Pancreatic remodeling
- Intermittent small bowel mucosal speckling – non-specific.
- Mild gallbladder debris – incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

AGE

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

15 Years

Further renal staging to include urine culture and sensitivity on sterile urine sample recommended to rule out underlying infection (considered unlikely), as well as baseline UPC may be considered.

WEIGHT

The pancreatic remodeling may be an age related pancreatic change, remodeling secondary to previous inflammation, or low-grade chronic pancreatitis, which may present essentially sonographically normal. Correlation with a spec cPL could be considered.

7.5 Pounds

The intermittent small bowel mucosal speckling is non-specific, yet if previous or current history of gastrointestinal signs, may suggest some degree of low-grade enteritis.

INTERPRETED BY

If clinically indicated, continued supportive care for potential low-grade chronic pancreatitis/enteritis recommended.

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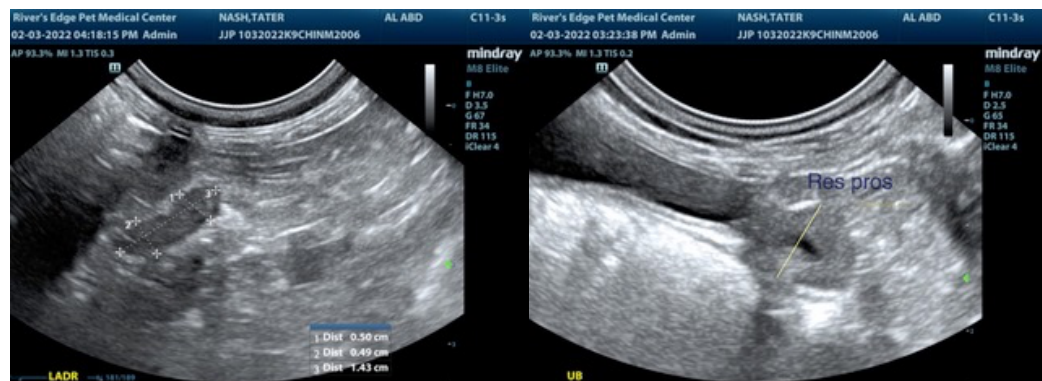
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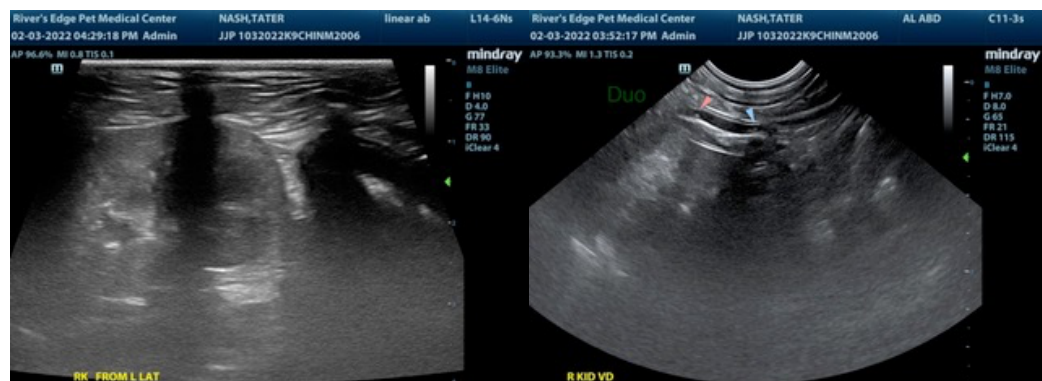
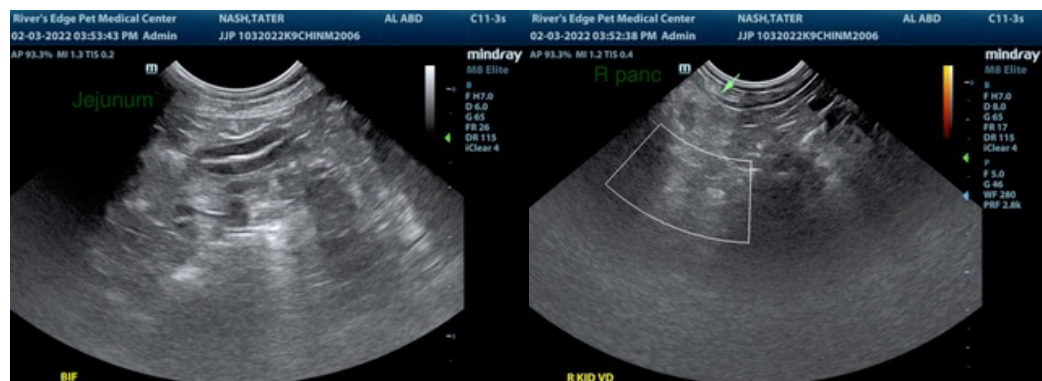
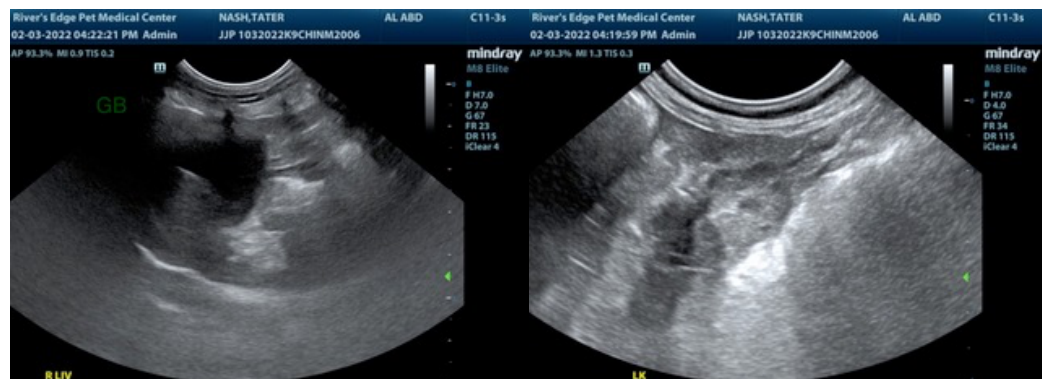
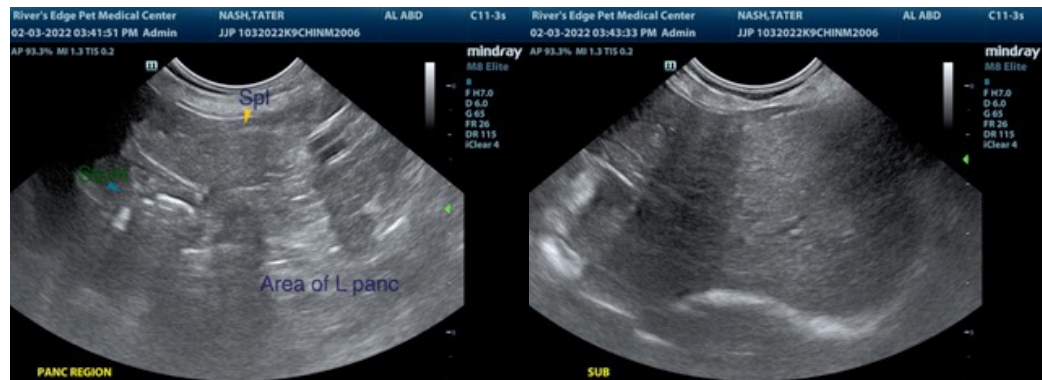
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

info@SonoPath.com

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