



PATIENT

Joey Yoon

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

6.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ksaren Zelinski

INVOICE

13494

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Decreased appetite, lethargy, possible abdominal pain, panting overnight, loose stool. History of PLN and elevated UPC. Current meds: telemesartin, aspirin, amlodipine, SQ fluids, Alum. hydroxide, and Entyce.

Abnormal PE/Chem/CBC/UA Results: Elevated renal values. 2/8/22 U/A: culture (neg), high WBC, high squamous epi., USG 1.030.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no calculi. Mild subjective yet nonspecific thickening in the area of the ventral and dorsal urinary bladder neck was present. The dorsal urinary bladder neck wall measured 0.57 cm width. No evidence of mural mineralization was noted.

No overt pathology was noted in the area of the residual prostate, although indistinctly visualized owing to periprostatic artifact.

The area of the aortic 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Multiple, variably sized, cortical to medullary cysts were present, more prominent in the right kidney with a cranial right kidney cyst measuring 2.0 cm in diameter. The cysts were thinly walled containing anechoic fluid. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.4 cm length x 0.50 cm width in the caudal pole. The right adrenal gland measured 1.5 cm length x 0.60 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting mild splenic parenchyma heterogeneity with indistinct subtle hyperechoic parenchymal changes. No evidence of splenic neoplastic criteria was noted. The splenic parenchymal changes are consistent with benign or age-related changes and incidental.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size containing anechoic content primarily with moderate, nondependent yet nonorganized luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall measured 0.53 cm width. The stomach was primarily empty with luminal gas.

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 colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft feces, consistent with loose stool, was present in the colon lumen with lumen dilation.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective mildly thickened urinary bladder neck - nonspecific
- Moderate bilateral chronic renal changes exhibiting multifocal variably sized cysts
- Mild gastritis / colitis
- Pancreatic parenchymal remodeling
- Mild to moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild subjective mural thickening in the area of the gallbladder neck may indicate nonspecific inflammation / regional cystitis, although potential for emerging neoplasia cannot be definitively excluded. Screening BRAF Assay could be considered. Sonographic monitoring of this area with initial recheck in 4 weeks to assess for progression is suggested.

The pancreatic presentation may indicate age-related pancreatic changes or parenchymal remodeling associated with previous inflammatory episode, although potential low-grade to chronic pancreatitis may be suspected if discomfort is noted in the cranial abdomen / subxiphoid region. Correlation with a Spec cPL is warranted.



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Given the lack of reported hepatic enzyme elevations, the gallbladder debris is likely incidental, potentially owing to fasting or nonclinical cholestasis. No evidence of gallbladder or peripheral gallbladder Inflammation was noted.

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Continued CKD / PLN therapy, assessment of systemic blood pressure, and as-needed gastrointestinal support would be reasonable.

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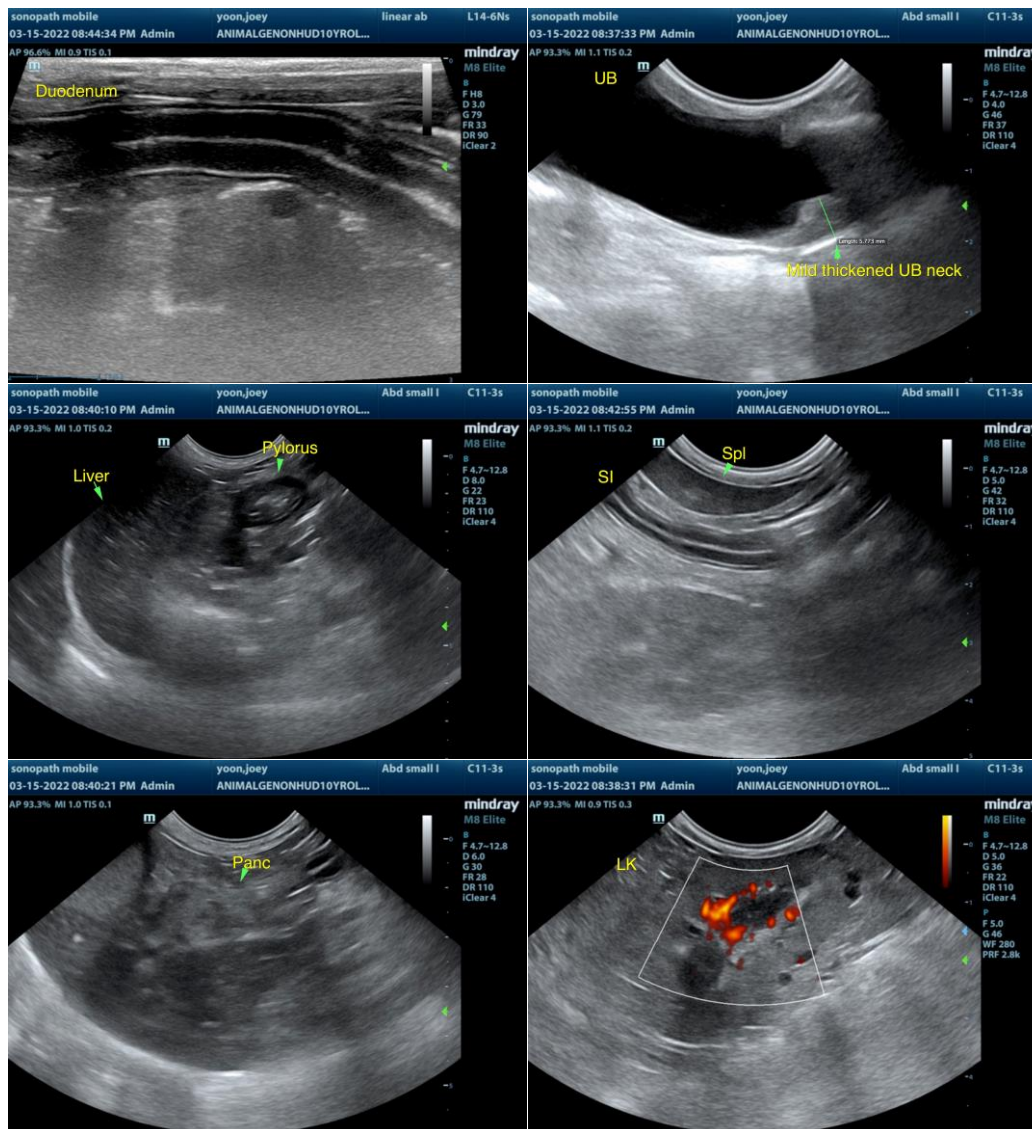
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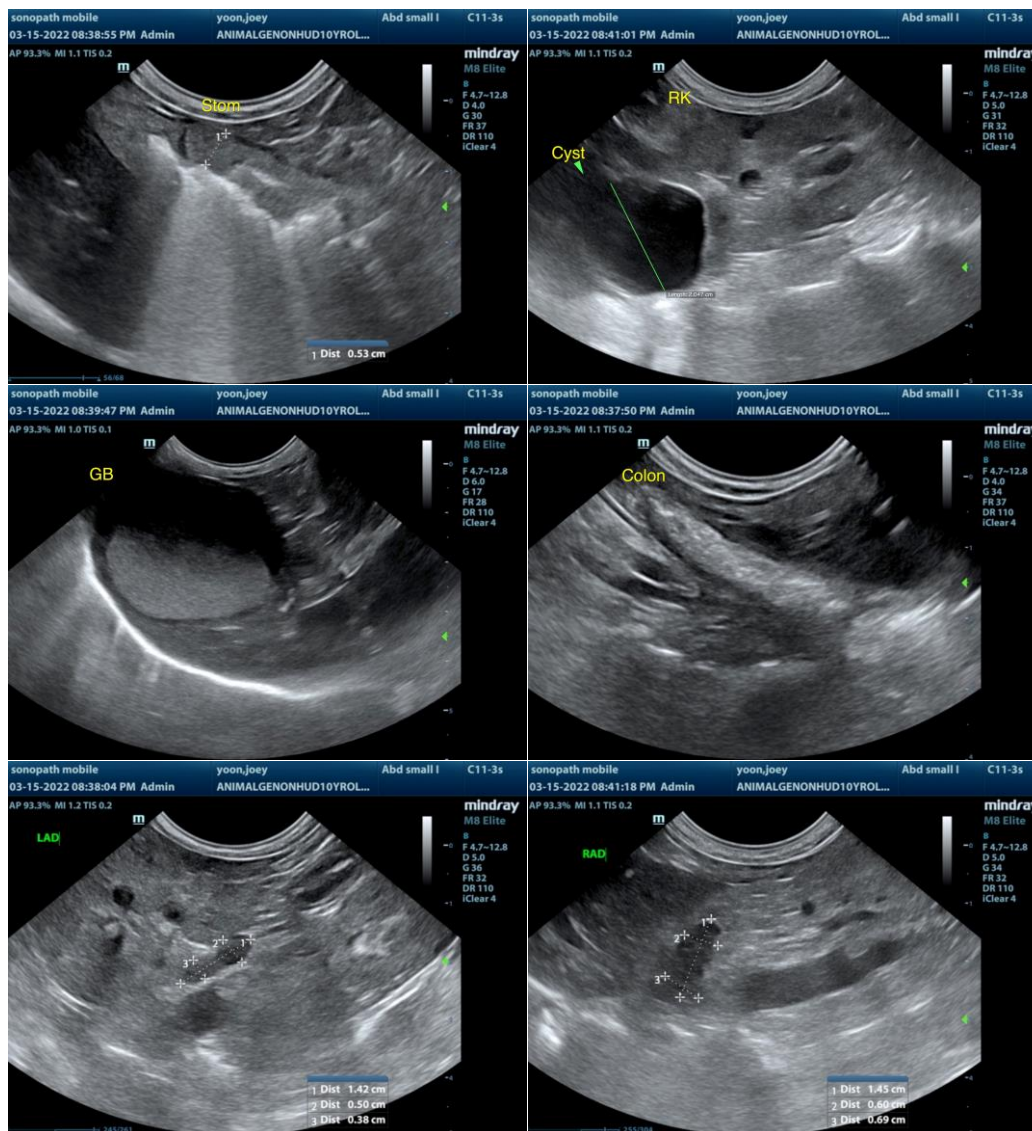
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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