

**PATIENT**

Letty Noble

PRESENTING CLINICAL SIGNS

History: Had a seizure last week
 Abnormal PE/Chem/CBC/UA Results: Increased ALT and GGT

SPECIES

Canine

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. Primarily anechoic urine was present in the lumen. Significant nondependent to congealed mildly swirling particulate sediment to mucus was present without evidence of macro calculi. The ureteral papillae were normal. The ureters were not visible which is normal. The urinary bladder was otherwise normal without overt evidence of inflammatory mural changes.

BREED

Chihuahua Mix

SEX

Spayed Female

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 5.0 cm in length.

AGE

16 Months

The left kidney was normal in size and margination. Moderate hydronephrosis, exhibited by replacement of medullary and pelvic parenchyma with primarily hypoechoic fluid, exhibiting moderate cellular to mineral component. The fluid appeared to extend into the lateral diverticuli. Estimated approximately 50% parenchyma remaining. No overt evidence of retroperitoneal inflammation. Mineral noted in the area of the renal sinus. The left kidney measured 5.0 cm.

WEIGHT

12.8 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.34 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.45 cm width at the cranial pole.

IMAGING PERFORMED BY

Sarah Pender, CVT

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.

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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 visualized portal vein exhibited subjective normal volume and cranial branching. Portal vein measured 0.59 cm in diameter. By comparison, the normal appearing caudal vena cava measured 0.60 cm in diameter.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal**DATE**

3/21/22

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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.

SPECIES

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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.

Pancreas**BREED**

Chihuahua Mix

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 was evident.

SEX

Spayed Female

Free Abdomen

No overt peritoneal effusion was present.

AGE

16 Months

No overt evidence of pathology in the aortic trifurcation, including no evidence of sublumbar or medial iliac lymphadenopathy.

Other

No overt pathology in the area of the uterine remnant.

WEIGHT

12.8 Pounds

ULTRASONOGRAPHIC FINDINGS

- Significant nondependent urinary bladder sediment/mucus
- Left kidney, moderate hydronephrosis, exhibiting moderate cellular to mineral component within medullary to pelvic fluid- potential for pyelonephritis or obstructive renolithiasis/pelvic mineral
- Sonographically unremarkable right kidney
- Overtly normal liver, exhibiting normal hepatic vascular volume- potential for primary parenchymal disease (i.e., inflammatory hepatopathy, portal hypoplasia/microvascular dysplasia) possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intrahepatic or extrahepatic shunting. Assuming normal clotting status, hepatic FNA could be considered for screening cytology and potential assessment of inflammatory cell type, if present. Core or surgical biopsy may be necessary for further definition, as to whether portal hypoplasia/microvascular dysplasia is present. Correlation with fasting and postprandial bile acids recommended.

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Full urinary work up, including urinalysis and culture and sensitivity on sterile urine sample suggested. Likewise, potential pyelocentesis, for collection of urine, directly from the left kidney, for culture and sensitivity, is warranted. Additional assessment of the left kidney and proximal left ureter, which may include CT, which may also prove beneficial for further assessment of the liver, may be ideal, given this presentation, if significantly elevated postprandial bile acids or if strong clinical suspicion of non-obvious portosystemic shunt.

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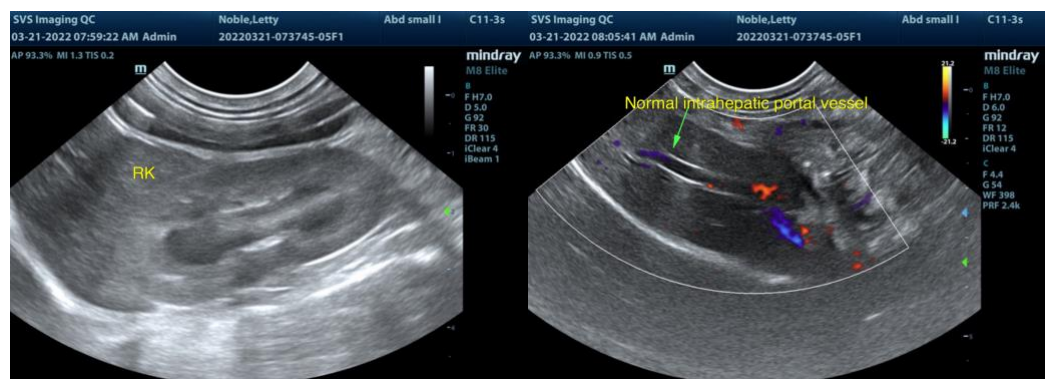
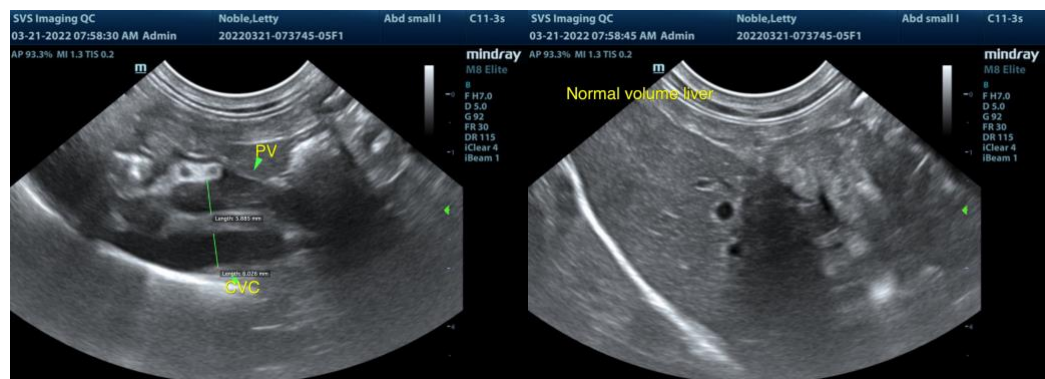
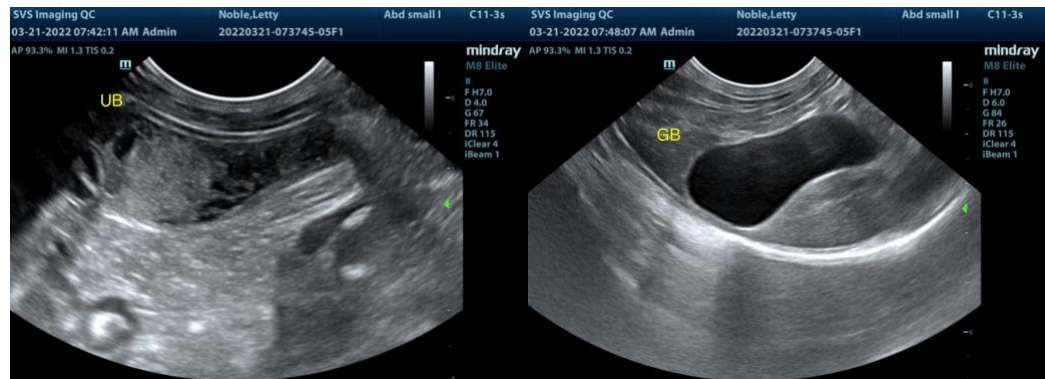
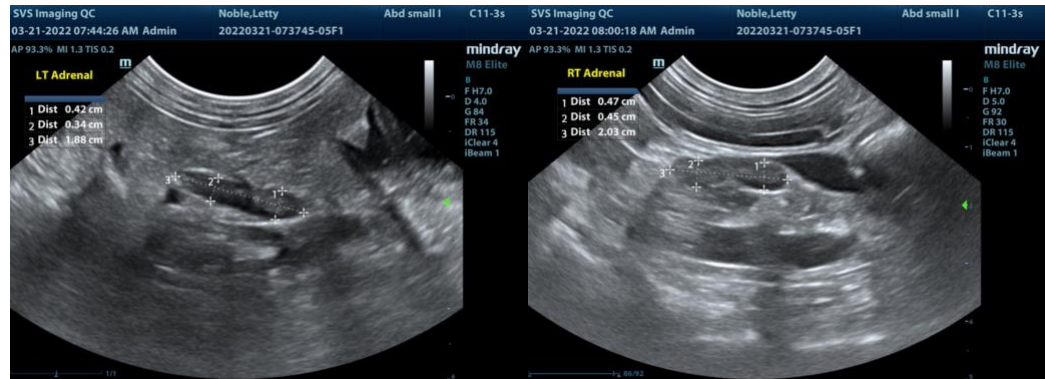
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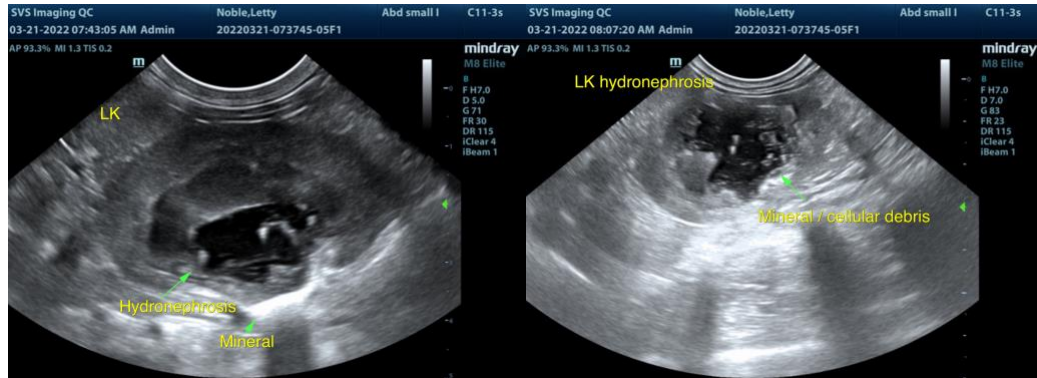
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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