



PATIENT

Doolee Cho

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

15y

WEIGHT

5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

16493

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Patient presented to the hospital due to having blood in the urine and straining to urinate. Patient is currently on low fat diet dry food and eats chicken breast as well. During presentation patient was BAR, pink MM.

Abnormal PE/Chem/CBC/UA Results: (Bloodwork done on 03/16/23): Urea Nitrogen 53 6-31 mg/dL HIGH /BUN/Creatinine Ratio 59 4-27 HIGH PrecisionPSL 276 24-140 U/L HIGH PrecisionPSL elevations correlate closely with abnormal PLI concentrations. In dogs with appropriate clinical signs, a PrecisionPSL result >216 is supportive of, but not definitive for, a diagnosis of pancreatitis. Platelet Count 524 170-400 103/mL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone exhibiting variably thickened primarily ventral to ventroapical urinary bladder wall with mild asymmetrical luminal surface contour and potential luminal micropolyploid changes. Suspect congealed variably echogenic to focally mineralized sediment was noted in the cranial lumen. Potential for adherence of sediment to the urinary bladder wall is possible. An ill-defined atypical, mineralized polyp is possible yet thought less likely. No evidence of macro calculi was noted. The urethra exhibited overtly normal structure and tone 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Nonobstructive pelvic renolithiasis was noted. Pelvic renolith in the left kidney measured 0.72 cm. Pelvic renolith in the right kidney measured 0.60 cm. Solitary left kidney lateral cortical cyst was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

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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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with moderate, nonorganized, gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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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.

15y

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

WEIGHT

Pancreas

5 lbs.

The parenchyma of the pancreas was mildly hyperechoic, nonhomogeneous to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Variably thickened primarily ventral to ventroapical urinary bladder with congealed nondependent sediment / pinpoint mineral
- Moderate chronic kidneys with nonobstructive pelvic renolithiasis
- Hepatic parenchymal remodeling
- Moderate gallbladder debris (non-mucocele)
- Chronic pancreatitis / pancreatic fibrosis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically, the appearance of the urinary bladder may suggest chronic cystitis. Potential for neoplastic criteria i.e., transitional cell carcinoma is possible. Full urinary workup including urinalysis, C/S, and screening BRAF Assay for further assessment is recommended.

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This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. No obvious evidence of urethral obstruction. Pending additional urinary diagnostics, sonographic monitoring of the urinary bladder for evidence of progressive wall thickening or urinary pathology, or if clinically indicated, is suggested.



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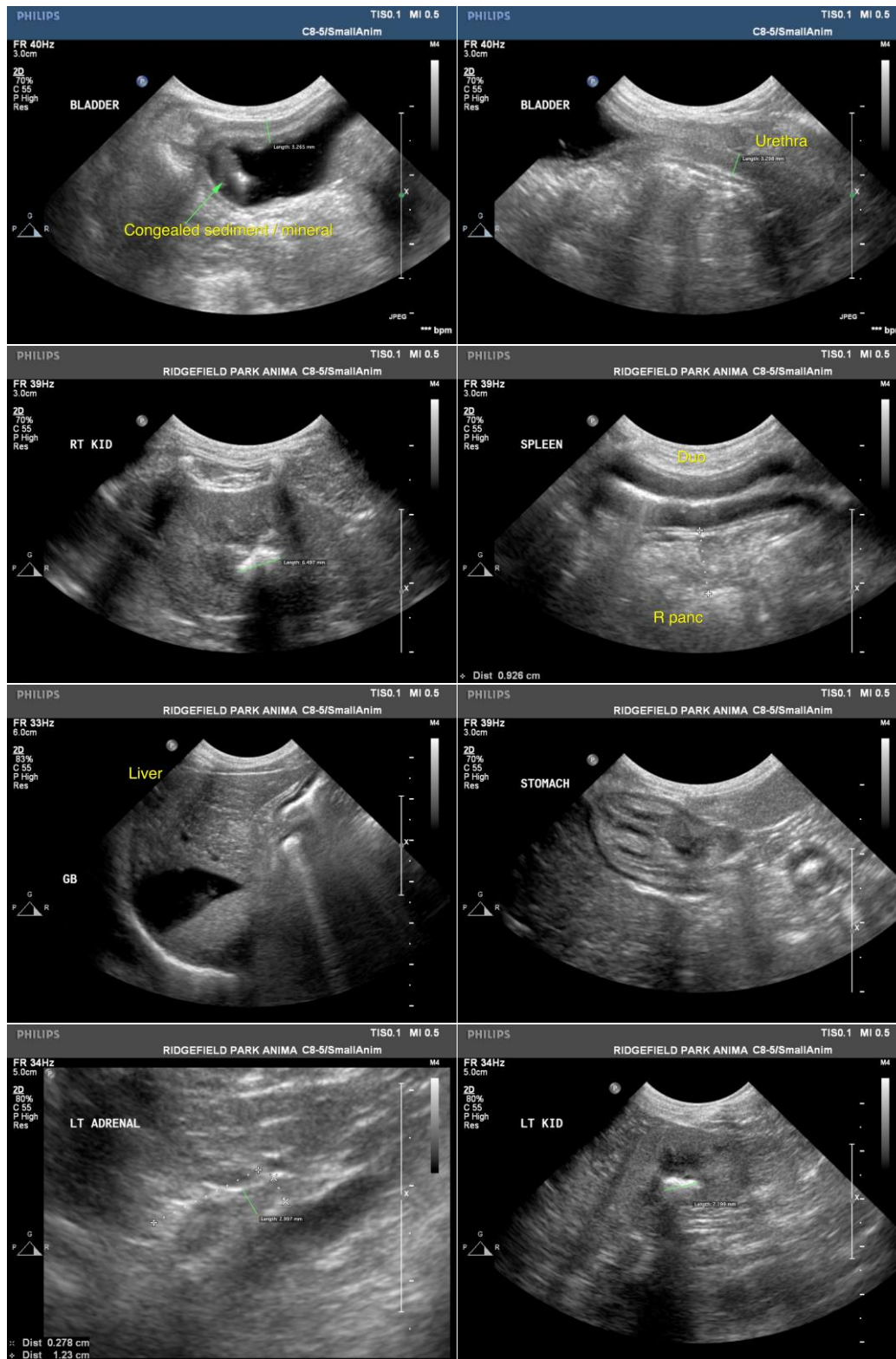
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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