


PATIENT

Nina Soto

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

8y, 8m

WEIGHT

12.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

16489

DATE

3/30/23

PRESENTING CLINICAL SIGNS

9 y/o FS poodle mix presented for exam w/ possible AUS. P has been in appatant, vomiting bile with small amounts of diarrhea for the past week. Went to previous dvm on Monday for diagnostics; antibiotics and barium were prescribed. P did eat a little bit of food yesterday afternoon. Shaking but does not seem painful per O. excessive drinking, not eating. V/D- mild coughing

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade III/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. Expiratory dyspnea-chronic EENT: Clear AU. OU: corneal pigmentation, neovascularization and mild thick light green mucoid discharge. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4 Skin: Multifocal flaky skin, hyperkeratosis/lichenification on rear limbs, yeasty odor. Good hair coat. No ectoparasites seen Mentation: QAR Hydration: < 5% dehydration)

CBC: WBC 18.07 (5.05-16.76), NEU 12.86 (2.95-11.64), MONO 1.90 (0.16-1.12), PLT 120 (148-484)
 CHEM: BUN 32 (7-27), CREA 1.4 (0-5-1.8), TP 8.4 (5.2-8.2), GLOB 5.8 (2.5-4.5), ALKP 618 (23-212)
 SDMA: 19ug/dL (0-14) TT4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
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. Small dependent nonobstructive calculus measuring 0.40 cm in diameter was present. No evidence of urinary bladder inflammatory criteria or tumors. 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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Mild medullary mineralization to small renoliths were present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size, position, and shape. No evidence of adrenomegaly or tumors was noted. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.51 cm width at the caudal pole.

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/ Gallbladder

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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No signs of ileus, obstruction, or foreign material was noted.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with no obstructive pattern. Segmental nonspecific jejunal hyperechoic mucosal speckling was present.

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Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Small nonobstructive solitary cystic calculus
- Bilateral medullary mineralization / small renoliths with mild pyelectasia
- Benign hepatopathy, sonographically unremarkable gallbladder - suspect vacuolar hepatopathy pattern
- Heterogeneous pancreas - not sonographically consistent with active pancreatitis, potential for low-grade / chronic pancreatitis possible
- Mild nonspecific small bowel mucosal speckling - suggestive of nonspecific enteritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is suspected to have passed small amounts of mineral from the kidneys into the urinary bladder.

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The mild pyelectasia may be secondary to pelvic scarring owing to previous calculi / mineral passage, early chronic renal changes, and less likely pyelonephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade to mild pancreatitis, +/- Spec cPL is suggested. Empirical therapy for gastroenteritis, inflammatory bowel which may include hydrolyzed diet trial with possible long-term dietary therapy, high colony count probiotics such as Provable, as well as empirical deworming even



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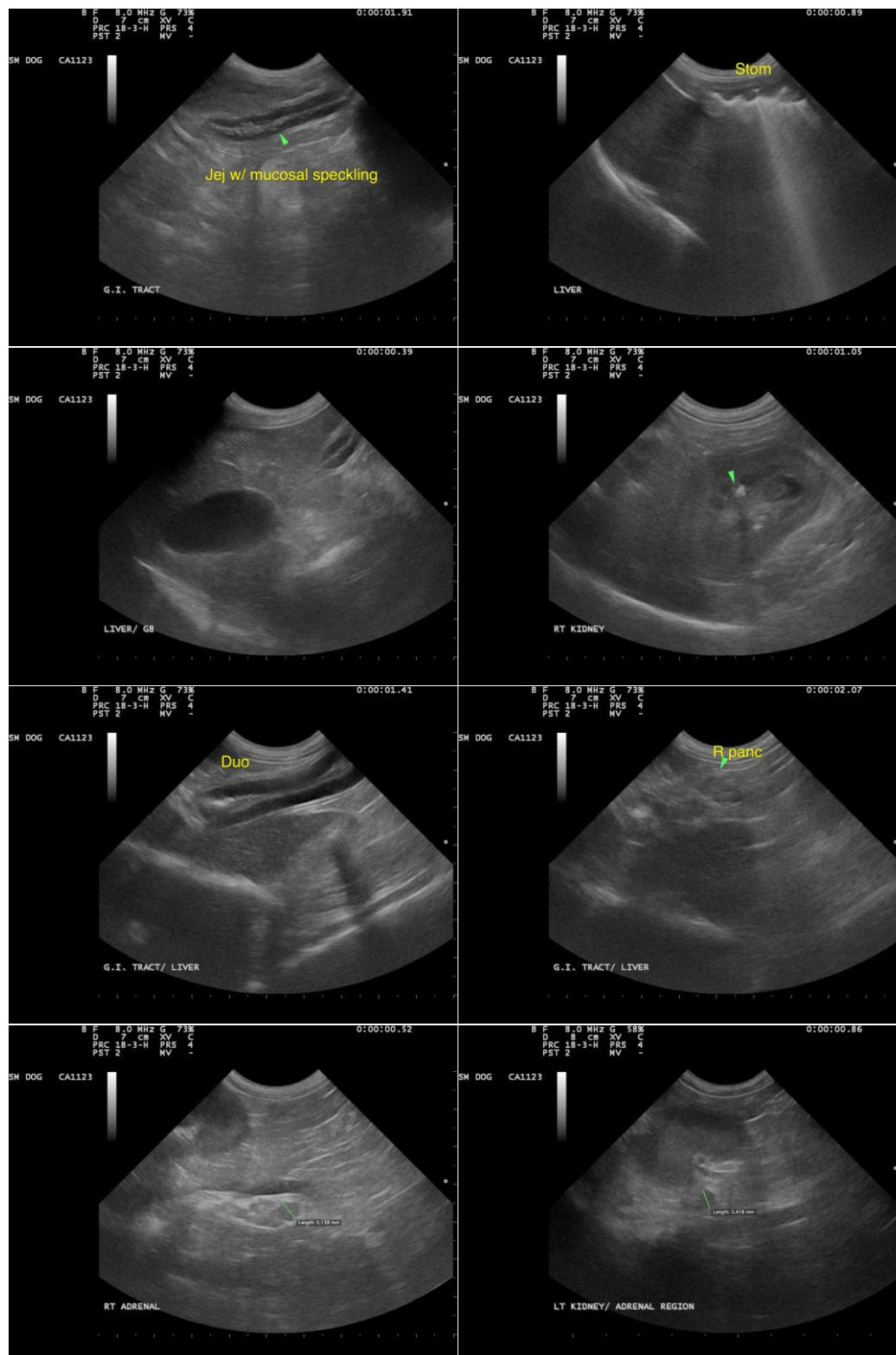
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if fecal testing is negative is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if persistent gastrointestinal signs or signs of pancreatitis are noted.





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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.

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