



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Trixie Hendry
History: P lethargic yesterday but was doing fine up to that point. E/D normally. No V/D. fO mentioned P was doing well on once-a-day dose of Pred. Discussed next options, cont with steroid course and repeat CBC in 2-3weeks. Finished prednisolone 2 weeks ago.

SPECIES

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: Decrease in HCT, RBC, HGB, elevation in retic. R/O tick borne disease, IMHA (neg. agglutination test) RBC- 3.08 HGB- 4.7 HCT- 13.5 RETIC- 253.8

BREED

BREED Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

SEX Spayed Female

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 with mild dependent to nondependent hyperechoic sand to sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

AGE

AGE 10 Years

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. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

WEIGHT 4.0 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal 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 1.3 cm length x 0.45 cm at the caudal pole in width.

IMAGING

PERFORMED BY

Crystal Hill

Spleen

No evidence of pathology or neoplastic criteria in the area of the spleen.

HOSPITAL NAME

Beatties Burlington PH

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.

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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.

INVOICE

4/11/22

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. Mild to moderate shadowing gastric ingesta was present.

DATE

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.



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED

Chihuahua

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Mild dependent to nondependent urinary bladder sand
- Mild chronic renal changes with pinpoint to focal medullary mineral
- Sonographically unremarkable gastrointestinal tract with mild to moderate shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

Overall, no overt evidence of significant abdominal visceral pathology with largely geriatric changes noted. This patient maybe passing small amounts of mineral from the kidneys into the urinary bladder. Urine culture and sensitivity on sterile urine sample is suggested.

WEIGHT

4.0 kg

The shadowing gastric ingesta is nonspecific and may indicate postprandial presentation. Technically, the possibility of gastric foreign material, given the strongly shadowing presentation of the ingesta, cannot be excluded. Correlation with abdominal radiographs and/or monitoring for normal gastric emptying recommended.

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An obvious cause of the anemia was not definitively evident.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

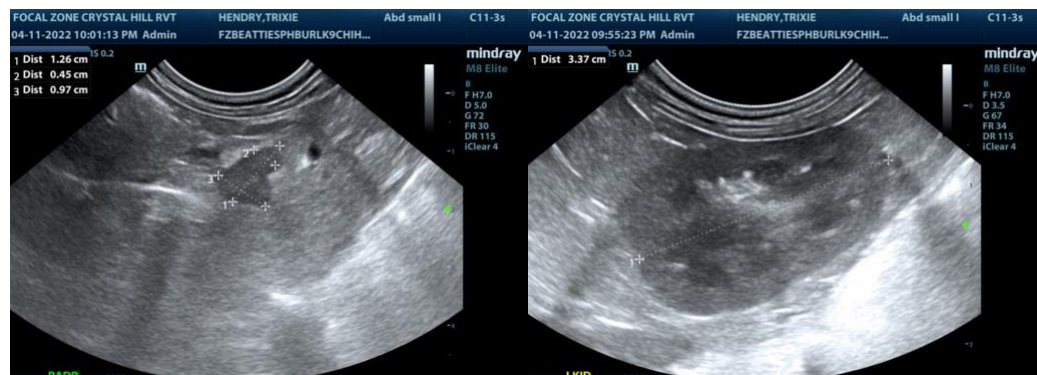
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PATIENT

Trixie Hendry

SPECIES

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AGE

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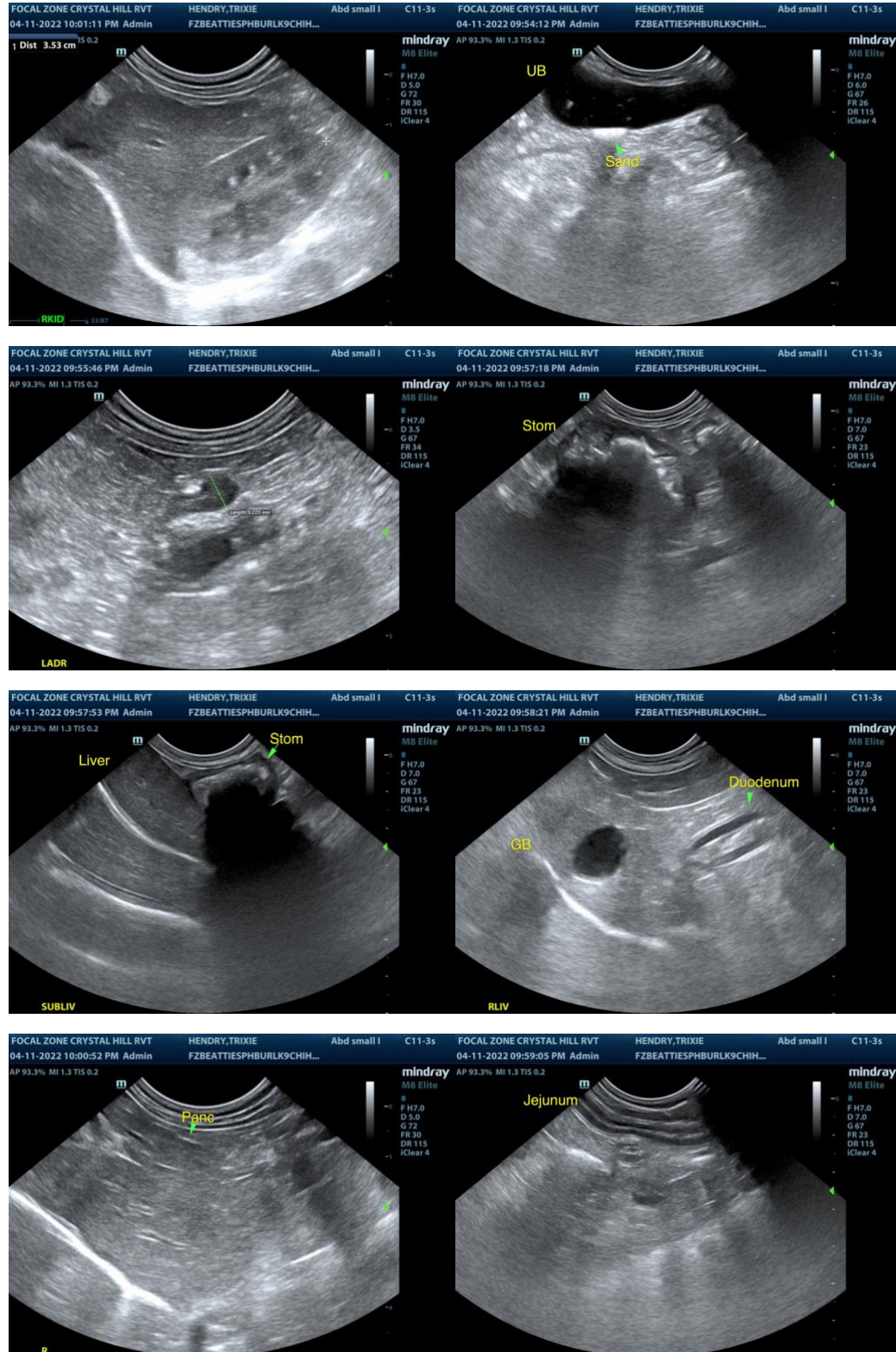
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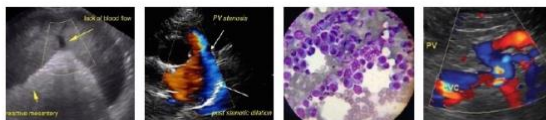
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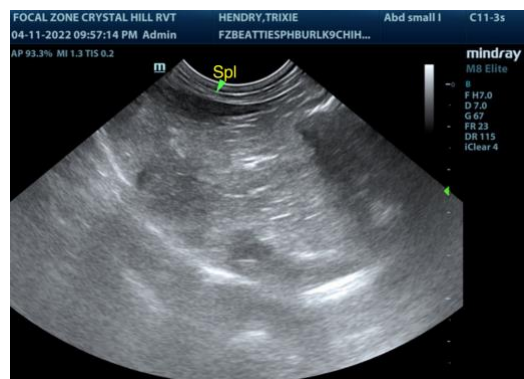
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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