

**PATIENT**

Nacho Kryzanek

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Male

**AGE**

16 years

**WEIGHT**

3.9 pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Khatter

**INVOICE**

10358ag

**DATE**

04/12/2022

**PRESENTING CLINICAL SIGNS**

History: Chronic neutrophilia in spite of multiple rounds of antibiotics. PLE On enalapril, and Vitamin K inj and I/D diet.

Abnormal PE/Chem/CBC/UA Results: Low Albumin increased WBC

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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. A small cortical cyst was observed in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.4 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.47 cm width at the cranial pole.

**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.

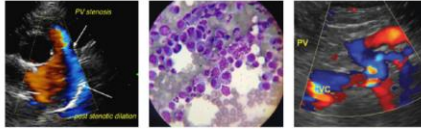
**Liver**

The liver exhibited mild enlargement. The liver parenchyma contained intermittent nondisruptive discreetly hypoechoic nodules an example measuring 0.92 cm in diameter.

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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SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



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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 no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.32 cm in width.

The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent to echogenic submucosa along with segmental generalized mild mucosa speckling to indistinct fogging. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.26 cm in width. The duodenum wall measured 0.30 cm in width.

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

**Pancreas**

The parenchyma of the pancreas was hyperechoic 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.

**Free Abdomen**

Scant pocket of free fluid noted around the outer urinary bladder apex. No evidence of significant free fluid or lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

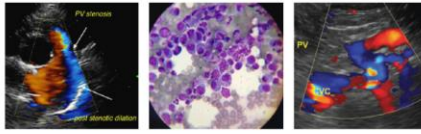
- Chronic enteropathy-consistent with chronic PLE/IBD given the patient history.
- Hepatic parenchymal remodeling with intermittent nondisruptive intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Mild benign prostatic hyperplasia-no overt evidence of prostatitis or prostatic neoplastic criteria.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall hepatic presentation was nonspecific given lack of reported hepatic enzyme elevation. Benign hepatopathy such as vacuolar or potential inflammatory hepatopathy with parenchymal remodeling and discrete areas of hematopoiesis or nodular to regenerative hyperplasia is suspected with neoplasia considered a less likely differential diagnosis. Assuming normal clotting status an ultrasound FNA of the liver using a 25g needle could be considered for screening cytology and further clarification. If previous or future hepatic enzyme elevation are noted or prophylactically, hepatosupportive medications including Denamarin and ursodiol may be considered. Overall, an obvious cause of the patient's chronic neutrophilia was not evident in this study. CBC pathology and review with potential internal medicine consult are recommended.

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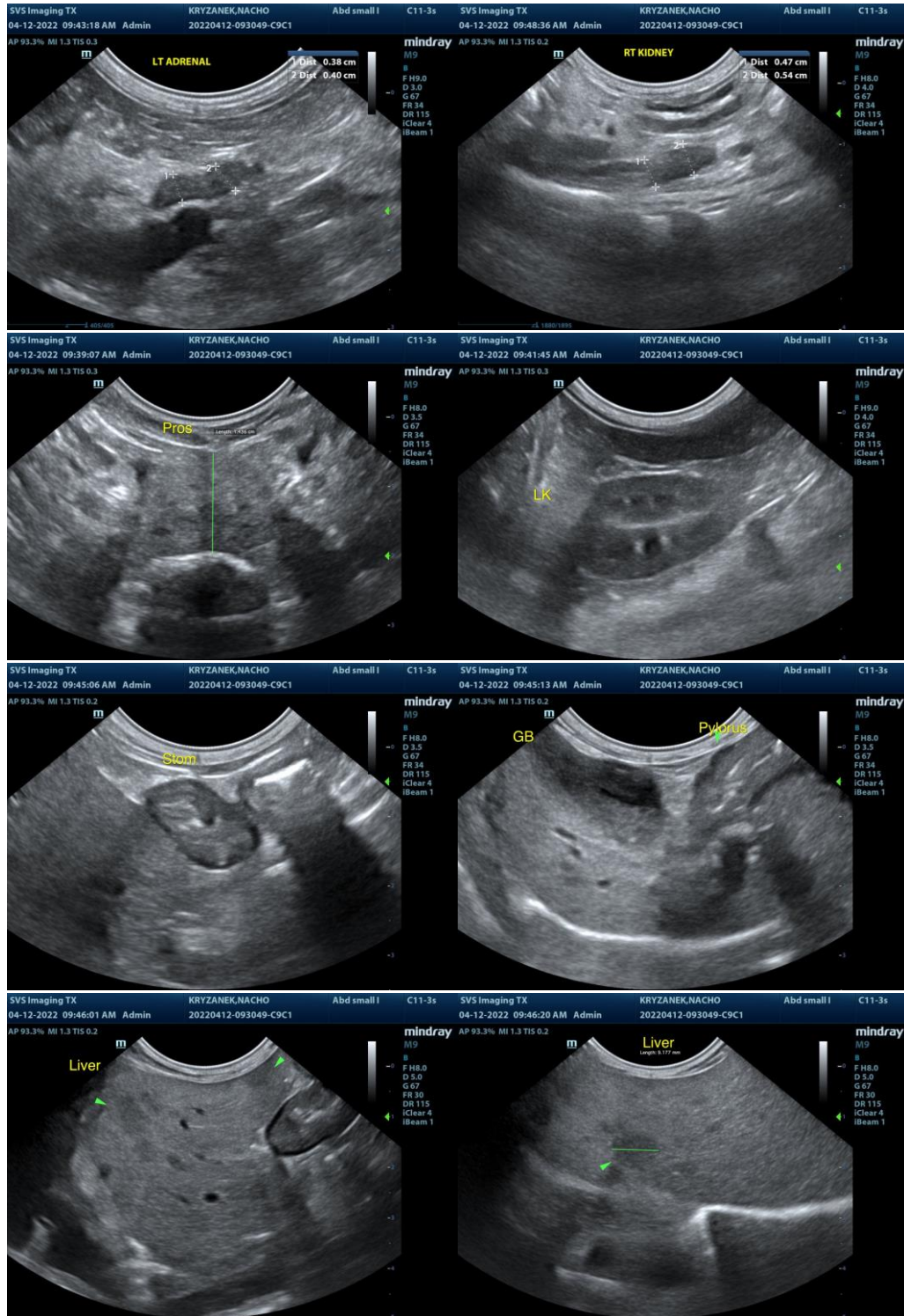
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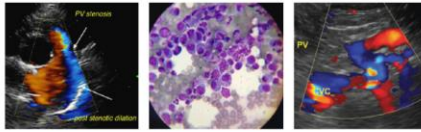
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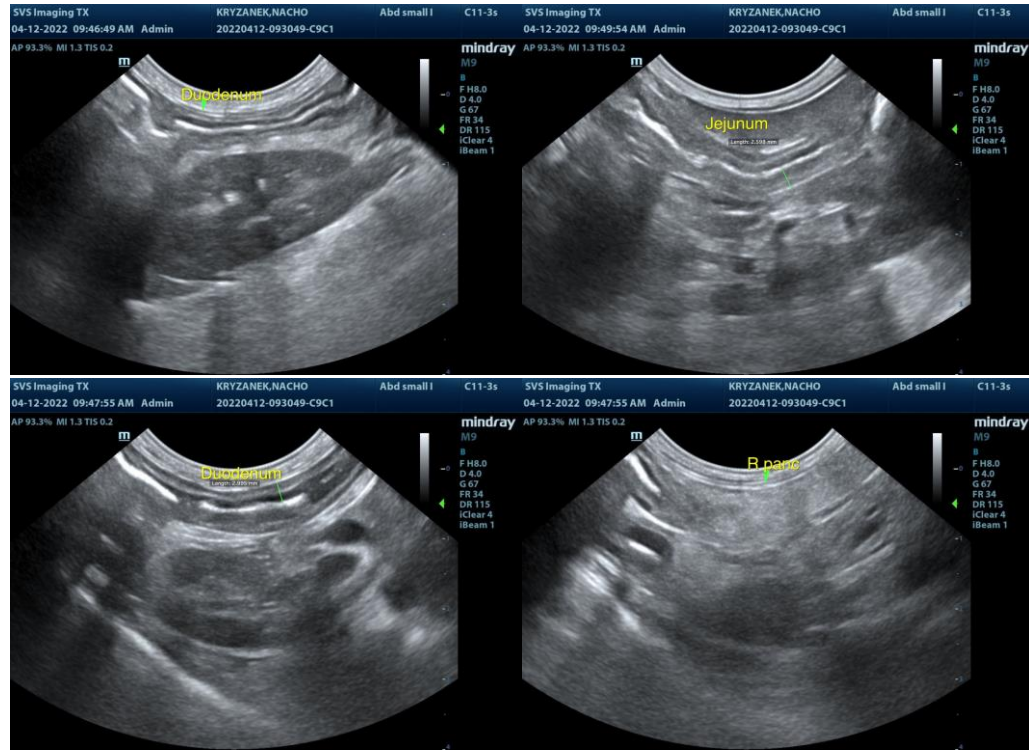
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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