**PATIENT**

Claire Decker

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

10.8 Pounds

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

Rachel Runnels, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Mervin

**INVOICE**

36958

**DATE**

4/15/22

**PRESENTING CLINICAL SIGNS**

Coughing, worse in last month. Urinating in house. Owners think abdomen is frequently distended. Abnormal PE/Chem/CBC/UA Results: Very large cardiac silhouette on films. No obvious murmur. Moderate tracheal wheeze present. Collapsing trachea.

**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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal medullary mineralization noted in both kidneys. The left kidney measured 4.4 cm. The right kidney measured 4.4 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.58 cm at the cranial pole and 0.48 cm 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.

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with primarily anechoic content. Mild luminal debris present. No evidence of peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

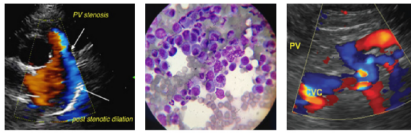
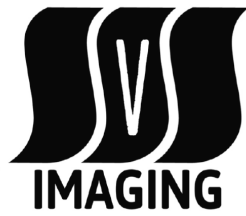
**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

**IMAGING PERFORMED BY**

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

Claire Decker

**Pancreas**

**SPECIES**

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

Canine

**Free Abdomen**

**BREED**

No omental masses, lymphadenopathy or effusion.

Yorkie

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Chronic renal changes with focal medullary mineral
- Mild hepatomegaly – subjective vacuolar hepatopathy pattern.
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with ingesta – suspect recent meal ingesta.
- Sonographically unremarkable urinary bladder and visible proximal urethra

Spayed Female

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11 Years

Overall, mild geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If hepatic enzyme elevations or evidence of cholestasis, supportive medications including Denamarin and Ursodiol could be considered. Correlation with full CBC/Chem panel, urinalysis, and T4 levels suggested.

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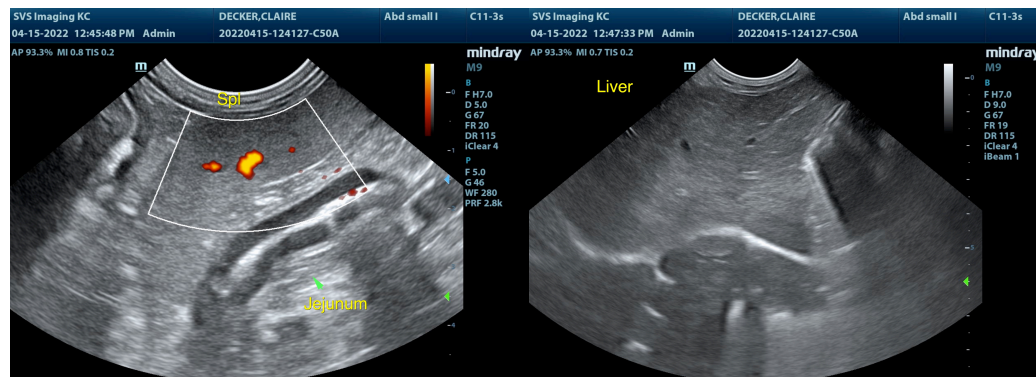
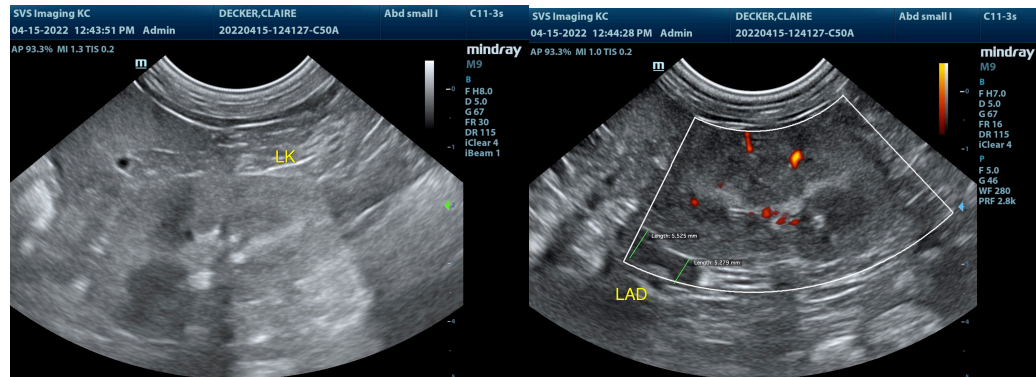
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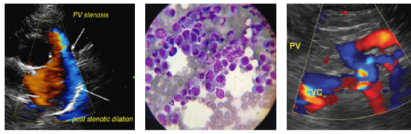
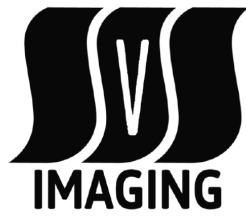
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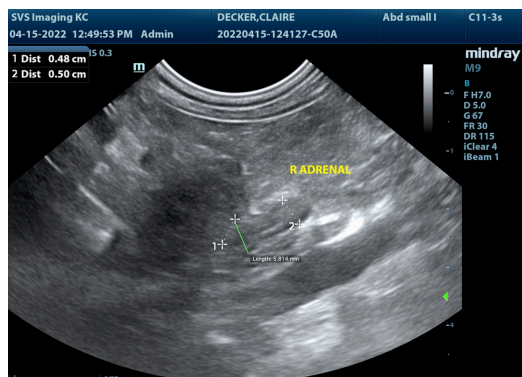
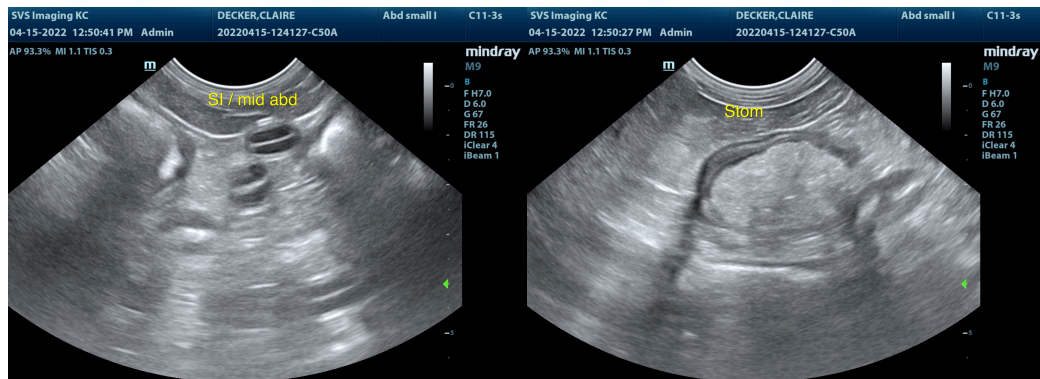
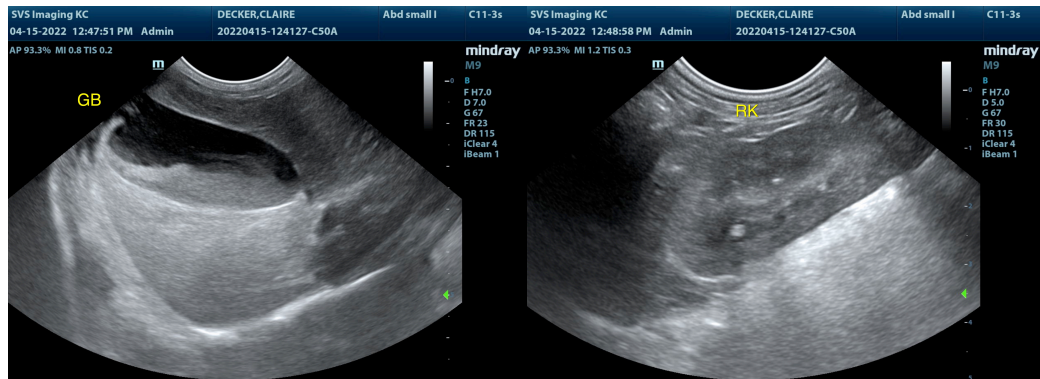
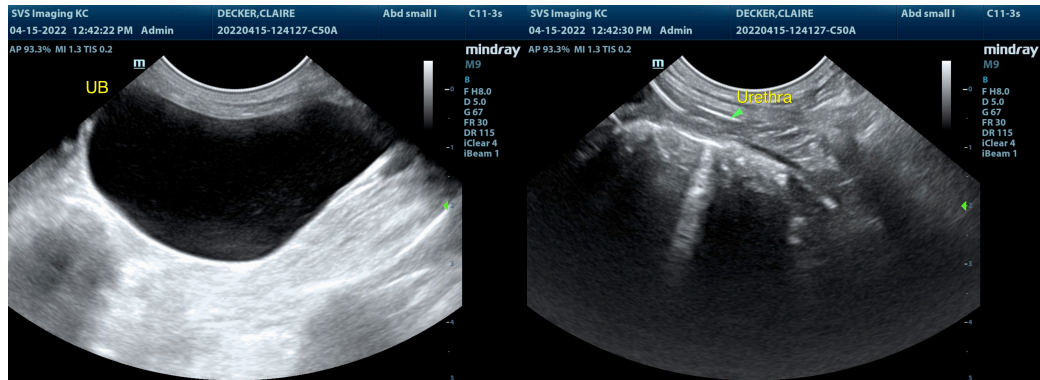
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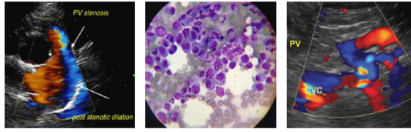
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**Clinical Sonography & Telectology**  
EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

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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.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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