



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Christman
SPECIES History of being a picky eater, early kidney disease, dental disease - cleaning and extractions done in March, appetite worse since Pimobendan, Benazepril, Spironolactone, Cerenia, Entyce, Gabapentin, Dasuquin, OmegaBenefits, Cranmate, Solid Gold Powder, Carprofen (owner continued when advised to stop), Apoquel

Canine Unremarkable CBC, ALT 1928, ALP 344, AST 451, GGT 23, TBILI 0.4, BUN 71, Creatinine 3.9, SDMA 40

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

YORKIE MIX *Urinary System*

SEX 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 was noted.
 FS

AGE The area of the aortic trifurcation was free of pathology.

2007 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 border demarcation expected for the age of the patient. Mild pyelectasia was present in both kidneys, which although nonspecific is suspected to be owing to pelvic scarring secondary to chronic renal changes. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

8.9

INTERPRETED BY *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) 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 1.3 cm length x 0.56 cm width in the caudal pole. The right adrenal gland measured 1.5 cm length x 0.46 cm width in the caudal pole.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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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Stanglein VC

REFERRING VET

Liver/ Gallbladder

Dr. DiNello The liver exhibited potential for mildly increased size with a maintained symmetrical to mildly rounded contour. Generalized mild increased parenchyma echogenicity with intermittent, variably sized, subtle hypoechoic intraparenchymal nodules were present. An example of a nodule measured 1.0 cm in diameter. The gallbladder was non-distended in size. The gallbladder walls were overtly normal without evidence of inflammatory criteria. Primarily anechoic content with mild nondependent echogenic sludge was present in the gallbladder. The cystic and common bile ducts were normal.

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PATIENT *Gastrointestinal*

Daisy Christman The stomach presented intact yet subjective mild prominent wall layering with very minor retained anechoic fluid present in the stomach. The gastric body wall width measured 0.35 cm.

SPECIES 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. The duodenum wall width measured 0.30 cm.

Canine

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

Yorkie Mix **Pancreas**

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

FS **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2007
- Chronic renal changes with mild bilateral pyelectasia
 - Hepatopathy exhibiting echogenic to subtly nodular parenchyma
 - Mild gallbladder debris (non-mucocele)
 - Overtly normal gastrointestinal tract with possible mild gastritis

WEIGHT
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INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation was nonspecific with potential etiologies including metabolic, vacuolar, or reactive hepatopathy, chronic hepatitis / cholangiohepatitis, areas of subtle hematopoiesis, nodular to regenerative hyperplasia, or other hepatopathies with infiltrative neoplasia considered a less likely differential diagnosis.

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Aside from possible mild gastritis, no evidence of gastrointestinal structural disease was noted. The inappetence in this patient may potentially be owing to a combination of chronic hepatopathy and CKD. Further assessment may include a full urinary workup including urinalysis, culture and sensitivity, and baseline UPC on a sterile urine sample and (assuming normal clotting status), hepatic FNA using a 25-gauge needle for screening cytology.

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Dr. DiNello

Empirically, hepatosupportive medications such as Denamarin and Ursodiol, continued gastrointestinal support and empirical therapy for possible mild gastritis, as well as CKD therapy which may potentially include subcutaneous or intermittent hospitalized judicious IV fluids may prove beneficial.

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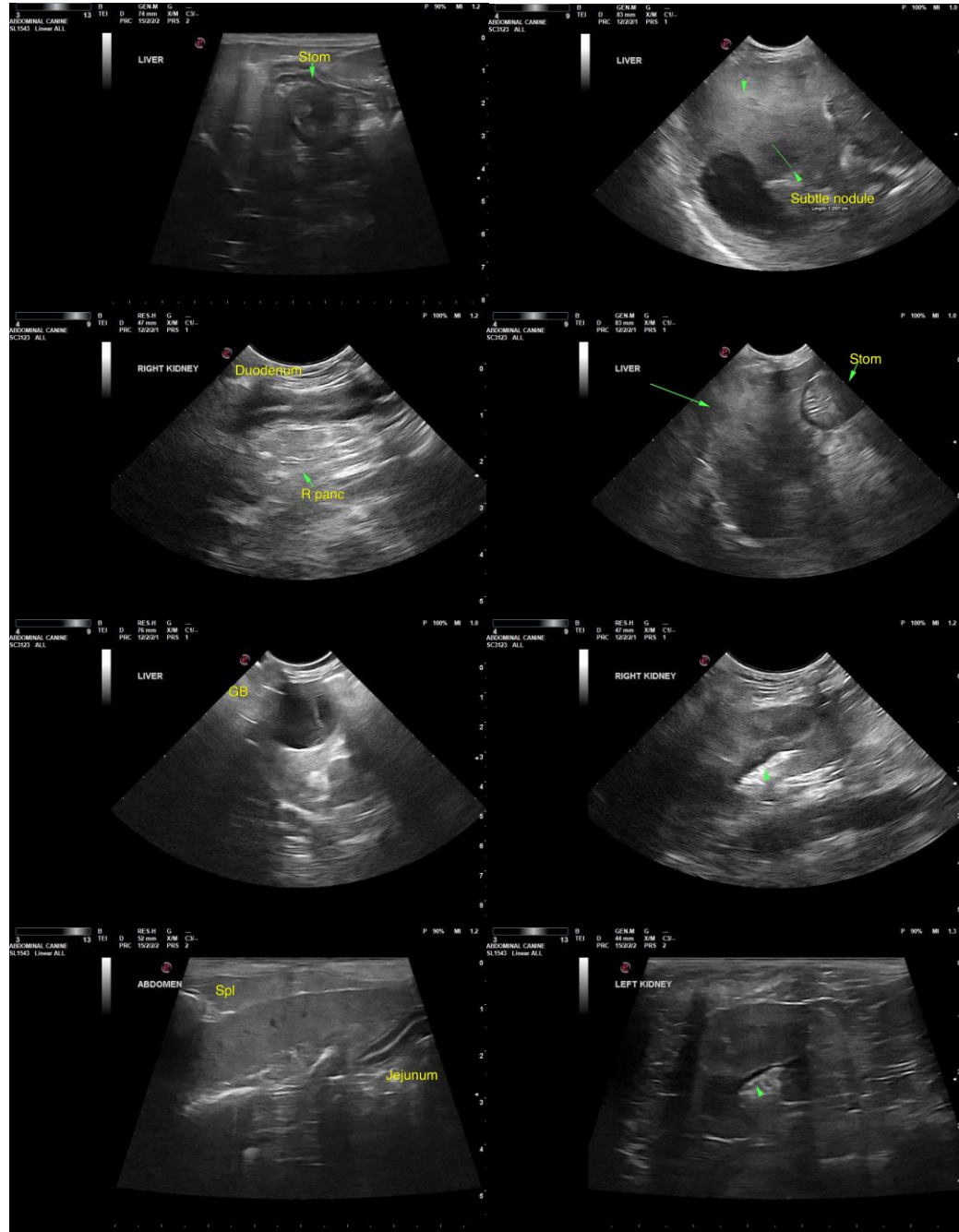
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com