



**PATIENT**

Luna Monalve

**PRESENTING CLINICAL SIGNS**

No reason for ultrasound given. Hx of AUS at ER vet 2/17/22.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Poodle/Chihuahua

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with pinpoint to focal dependent mineral. No evidence of macro-calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory urinary bladder changes or masses was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

14 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral to small renoliths were present primarily in the lateral diverticuli of both kidneys. Mild pyelectasia was noted in the right kidney. No pyelectasia was noted in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

**WEIGHT**

10.6 lbs.

**INTERPRETED BY**

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

**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 1.7 cm length x 0.56 cm width in the caudal pole. The right adrenal gland measured 1.4 cm length x 0.54 cm width in the caudal pole.

**IMAGING PERFORMED BY**

Jessica Miller

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout primarily the medial parenchyma adjacent to the hilus. Potential for mild medial splenic capsule fibrosis is possible. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**HOSPITAL NAME**

Animal General  
Hudson

**REFERRING VET**

Dr. Lang

**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 mild gallbladder debris. The gallbladder was otherwise normal. 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 no 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 was empty with no signs of ileus, obstruction, or foreign material.

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

***Pancreas***

The pancreas exhibited subtle prominent size with mild capsule asymmetry and mild nonhomogeneous to subtly hypoechoic parenchyma compared to adjacent subtly reactive peripancreatic omentum. Focal thinly walled cyst was present in the right pancreatic limb, measuring 0.4 cm in diameter. The cyst contained anechoic fluid.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Minor pinpoint to focal dependent urinary bladder mineral
- Chronic renal changes with nonobstructive medullary mineral / renolithiasis, mild right kidney pyelectasia
- Benign splenic nodules - consistent with myelolipomas with potential for medial capsule fibrosis
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract
- Mildly prominent nonhomogeneous focally cystic pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia in the right kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder.

If recent or current gastrointestinal signs are present, dietary indiscretion / food Intolerance, dysbiosis, low-grade to chronic pancreatitis, structurally insignificant Inflammatory bowel, or occult parasitism could be considered. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to rule out parasitic ova / Giardia if clinically applicable.

Empirically, or if clinically indicated, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome),



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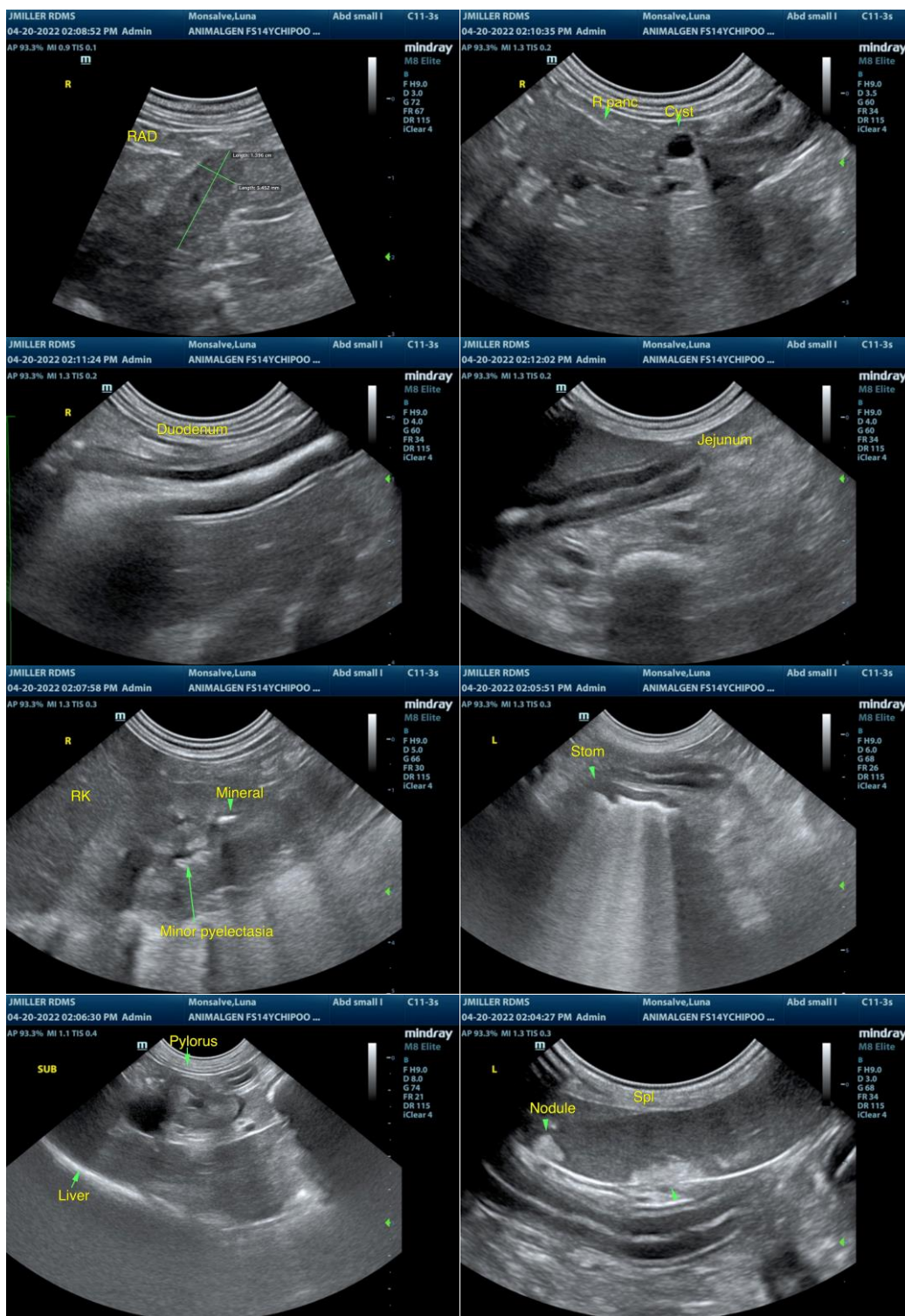
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antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.





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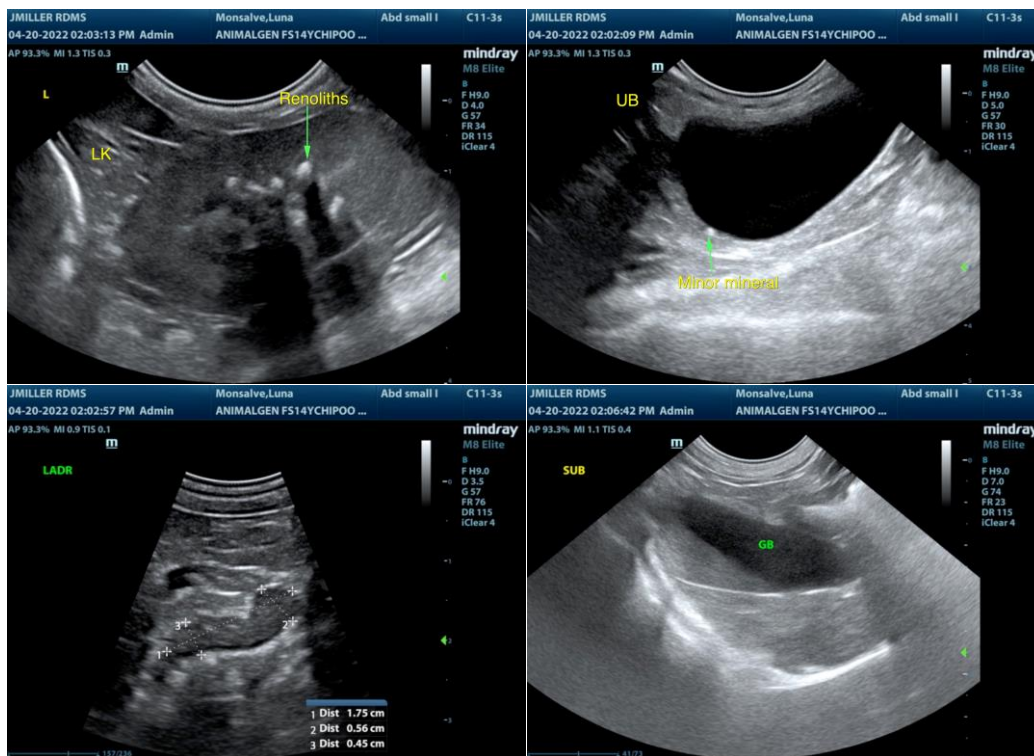
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com