



PATIENT PRESENTING CLINICAL SIGNS

Lila Johnson PE wnl mild dental DZ, palpation normal. black tarry stool not eating well

SPECIES Current Medications Provable

Canine Abnormal PE/Chem/CBC/UA Results: ALT 344 WBC 3.6

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua **Urinary System**

SEX The urinary bladder exhibited normal thickness and tone. The urethra exhibited normal structure with subjective reduced tone to a depth of 2 cm. 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.

AGE 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. Bilateral pinpoint medullary mineral was present. The left kidney measured 2.7 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT 4.66lb The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 1.6 cm length.

IMAGING PERFORMED BY

Jenna Walsh CVT

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.

HOSPITAL NAME

VCA Vitality AH

Liver/Gallbladder

REFERRING VET

Dr. Surro

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. Normal to adequate hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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Gastrointestinal

DATE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.



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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 generalized soft feces in lumen.

SPECIES

Canine

Pancreas

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

BREED

Chihuahua

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

7yr

- Normal urinary bladder with subjective mild reduced proximal urethral tone-no evidence of mineral/calculi.
- Mild gastritis/gastroenteritis pattern.
- Soft fecal matter in colon.
- Mild heterogenous pancreas.
- Low grade hepatopathy-potential low grade inflammatory hepatopathy.

WEIGHT

4.66lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant GI mural pathology i.e., masses, definitive ulceration or obstructive criteria. The appearance of the GI tract is suggestive of mild inflammatory criteria.

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(Canine and Feline)

Potential for concurrent low grade pancreatitis possible. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic active pancreatitis is recommended. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

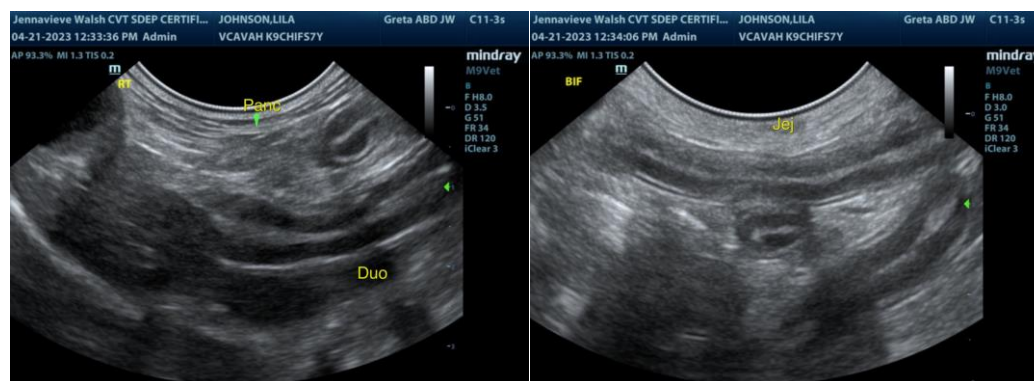
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Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease may be considered. Gastrointestinal support which may include current high colony count probiotic, gastroprotectants and bland hydrolyzed diet trial may prove beneficial. No evidence of intra/extra hepatic macroscopic shunt.

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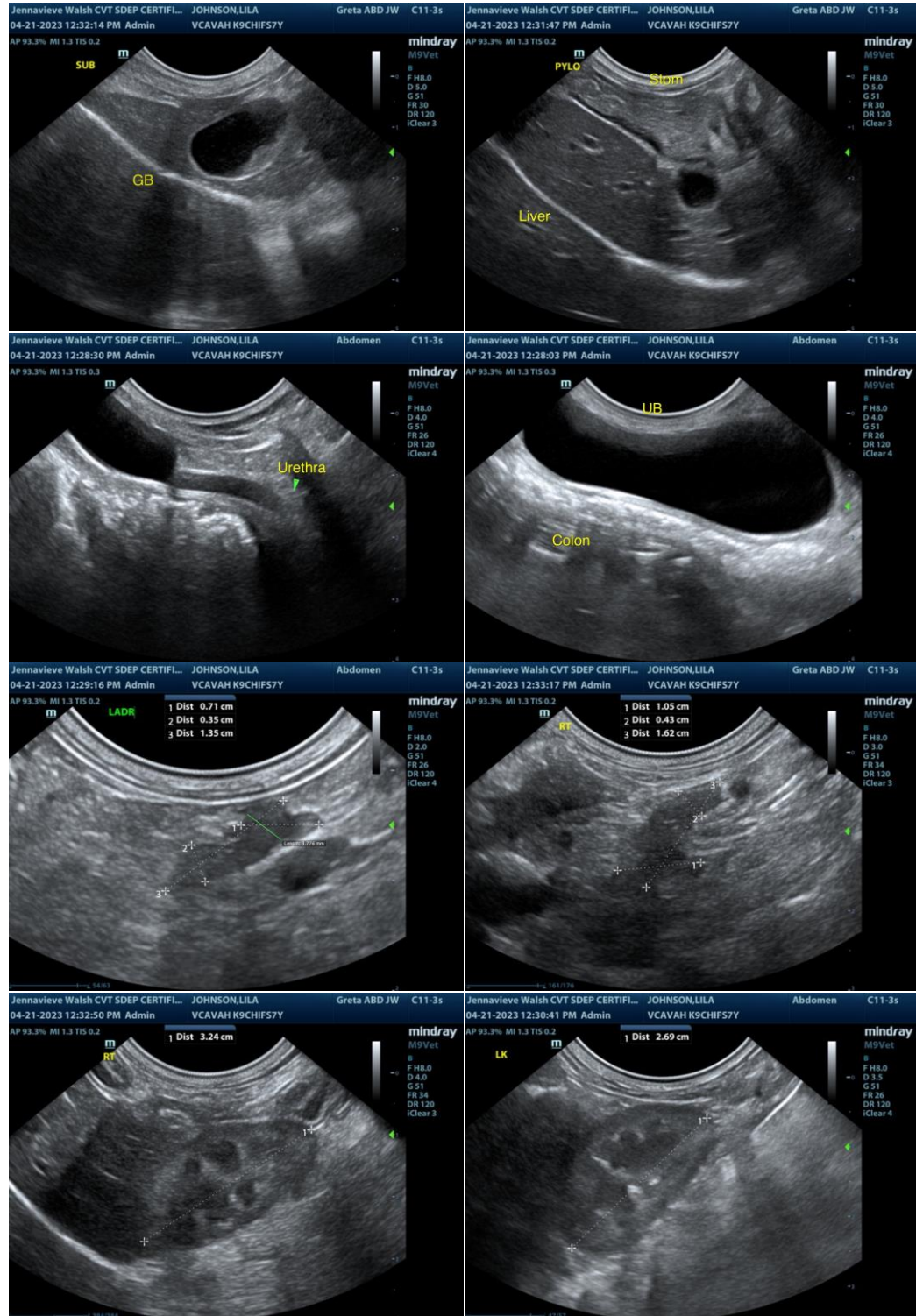
Dr. Surroz

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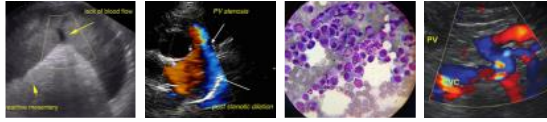
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Lila Johnson 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.

SPECIES R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

Canine **info@SonoPath.com**

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