



**PATIENT PRESENTING CLINICAL SIGNS**

Chewbacca Zorrilla

History: History of bad dental disease. Abdominal discomfort, no vomiting, but is having diarrhea, coughed up blood, seems lethargic. Has been on Cerenia and Clinacin.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Elevated WBCs, elevated PSL, normal T4.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Bichon

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal with no evidence of medial iliac or sublumbar lymphadenopathy.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.89 cm in diameter.

**AGE**

10 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

**WEIGHT**

15.1 Pounds

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm in length x 0.43 cm width at the caudal.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm in length x 0.41 cm width at the caudal pole.

**IMAGING**

**PERFORMED BY**

Crystal Hill

**Spleen**

**HOSPITAL NAME**

The Maples AH

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.

**REFERRING VET**

Dr. Kazienko

**Liver**

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.

**INVOICE**

14873

The gallbladder was non-distended. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Primarily anechoic content was present with mild to moderate centralized inspissated hyperechoic non-shadowing debris, measuring approximately 2.0 cm in diameter. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation.

**DATE**

4/25/22

**Gastrointestinal**



**PATIENT**

Chewbacca Zorrilla

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.

**SPECIES**

Canine

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.

**BREED**

Bichon

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was largely empty with mild semi-formed to soft feces, consistent with reported diarrhea.

**Pancreas**

**SEX**

Neutered Male

The pancreas was normal in size and contour. Heterogeneous to mildly echogenic parenchyma was noted in the pancreas base and right pancreatic limb.

**Free Abdomen**

**AGE**

10 Years

Probable focal, mildly prominent hypoechoic to mildly swollen mesenteric lymph node noted in the left lateral abdomen, adjacent to and slightly caudal to the left kidney, measuring 1.0 cm in diameter. Associated mild perilymphatic reactive mesentery and focal scant free fluid were present. No evidence of additional lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

15.1 Pounds

- Mild urinary bladder sediment. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**INTERPRETED BY**

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

- Mild age-related kidneys- no evidence of nephritis
- Suspect focal mesenteric lymphadenitis, adjacent to the left kidney
- Mild to moderate inspissated gallbladder debris (non-mucocele)
- Heterogeneous to mildly echogenic pancreas- nonspecific, patient or age-related variant. Potential for low-grade to chronic pancreatitis possible.

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

The Maples AH

Potential for low-grade to chronic pancreatitis may be considered, if evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a spec CPL could be considered.

**REFERRING VET**

Dr. Kazienko

The gallbladder does not appear to be a clinical issue at this point, given its sonographic appearance and lack of reported hepatic enzyme elevations/cholestasis.

**INVOICE**

14873

The suspect focal mesenteric lymphadenitis is of unclear clinical significance yet could indicate possible inflammatory bowel episode or secondary to colitis. The possibility of a small to emerging, undifferentiated mass lesion in the left retroperitoneal space, which may appear sonographically similar to a mesenteric lymph node, cannot be definitively excluded yet thought less likely. Ultrasound guided FNA of the suspected lymph node for cytology could be considered for further clarification versus potential sonographic recheck in 4 weeks, especially if evidence of retroperitoneal or lumbar back pain is present.

**DATE**

4/25/22

Supportive care for colitis with as needed gastrointestinal support and metronidazole/Zithromax combination given suspected focal mesenteric lymphadenitis would be reasonable with assessment of



**PATIENT**

clinical response. If not done, three-view chest radiographs are suggested to rule out concurrent thoracic pathology.

Chewbacca Zorrilla

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15.1 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

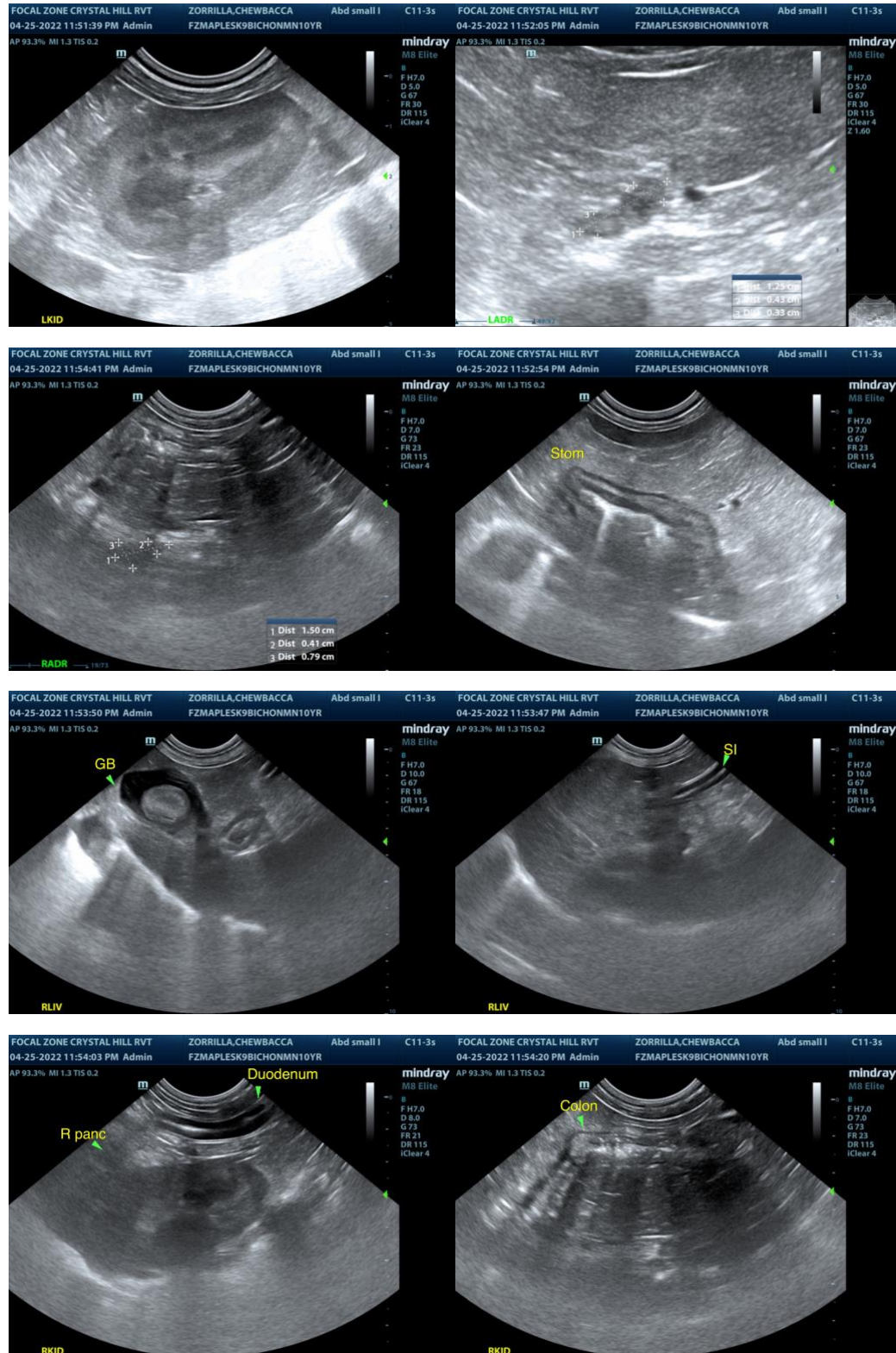
Dr. Kazienko

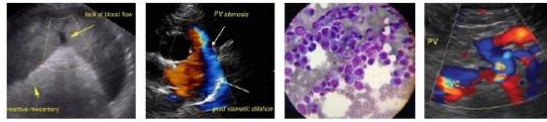
**INVOICE**

14873

**DATE**

4/25/22





**PATIENT**

Chewbacca Zorrilla

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15.1 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

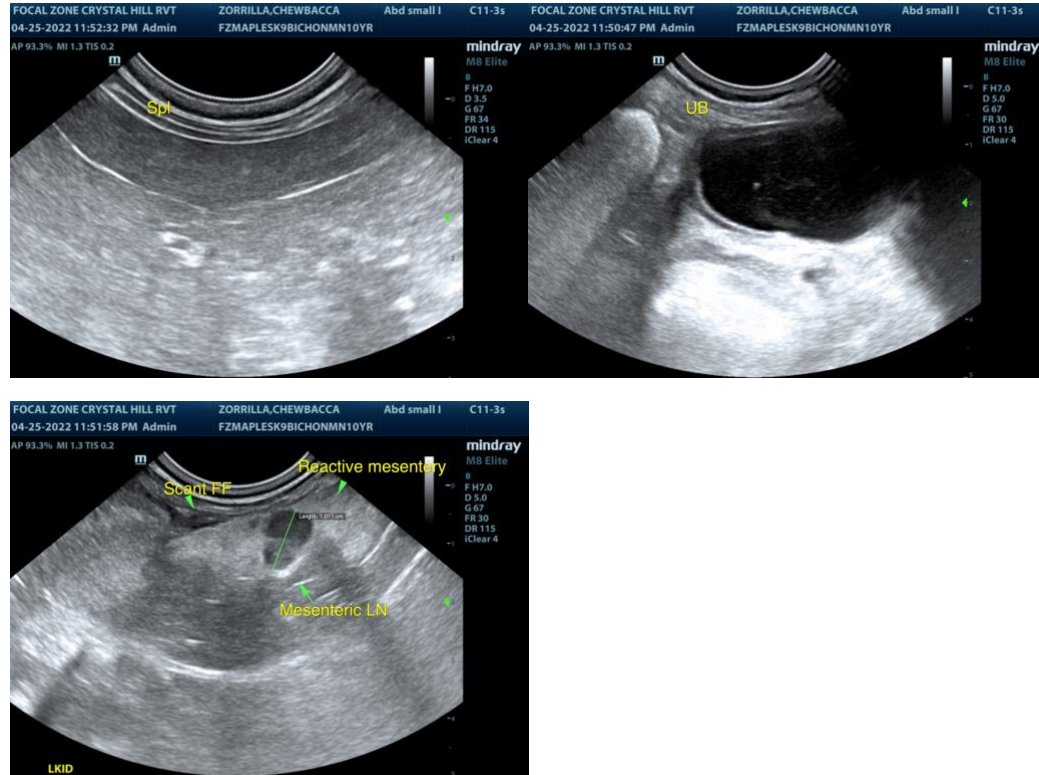
Dr. Kazienko

**INVOICE**

14873

**DATE**

4/25/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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