



**PATIENT PRESENTING CLINICAL SIGNS**

Chewy Doe Newly diagnosed hypertension. BP: 226, 234 mmHg. Doing well clinically. On Amlodipine 2.5 ml, 1/4 SID. BUN 86, creat 2.0, SDMA 21

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Yorkshire Terrier

**SEX** Normal size and margination were present in the kidneys. Mild cortical hypertrophy with moderate loss of corticomedullary definition was present. Normal medullary volume was present. Pinpoint areas of medullary mineral and mild bilateral pyelectasia were noted. Solitary thinly walled left/right medial cortical cysts were present. The cortical cyst in the right kidney measured 0.65 cm in diameter, the cyst in the left kidney measured 0.42 cm in diameter. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

**MN**

**AGE**

6yr The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

9lb The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology measuring 0.45 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**Liver/Gallbladder**

**HOSPITAL NAME**

Pine Banks Animal Hospital

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 primarily anechoic luminal content with mild non-dependent non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Syed

**Gastrointestinal**

**INVOICE**

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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.

**DATE**

04/03/2023

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



**PATIENT**

**Pancreas**

Chewy Doe

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

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

**BREED**

Yorkshire Terrier

**ULTRASONOGRAPHIC FINDINGS**

- Chronic nephropathy exhibiting minor pyelectasia and solitary cortical cysts.
- Sonographically unremarkable bilateral adrenal glands-no adrenal tumors.
- Gallbladder debris (non-mucocele).

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested.

**AGE**

6yr

Aside from the kidneys, there is no evidence of visceral pathology as an obvious cause of the hypertension in this patient. Ursodiol therapy may be considered if evidence of cholestasis is noted.

**WEIGHT**

9lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Pine Banks Animal Hospital

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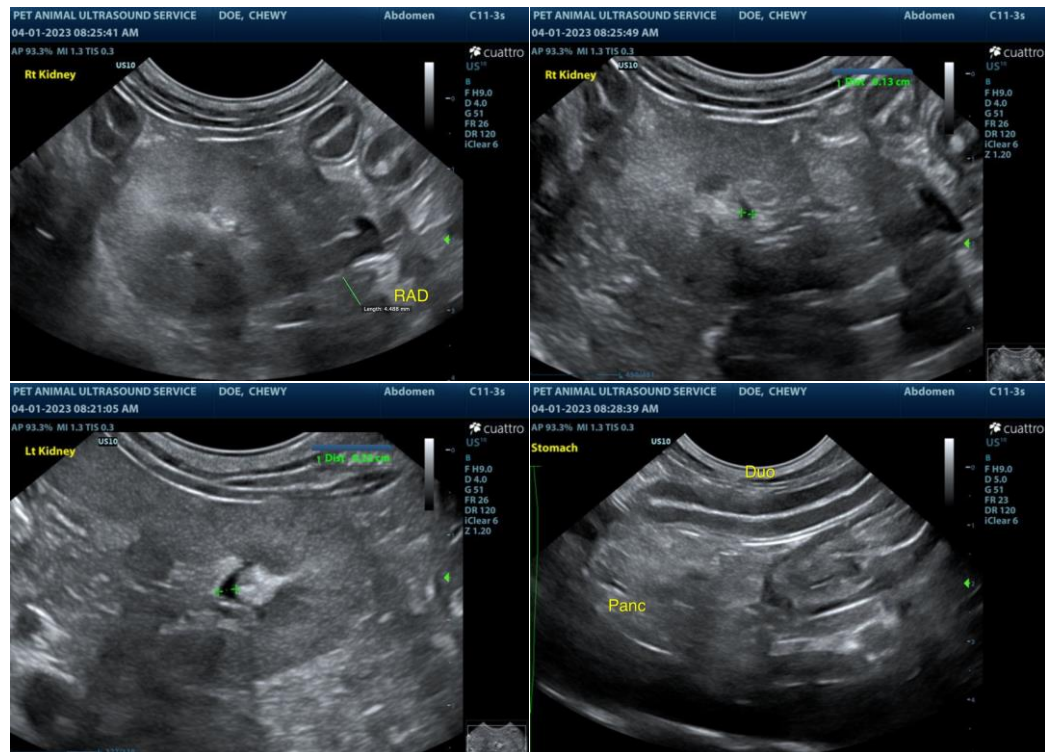
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**PATIENT**

Chewy Doe

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

MN

**AGE**

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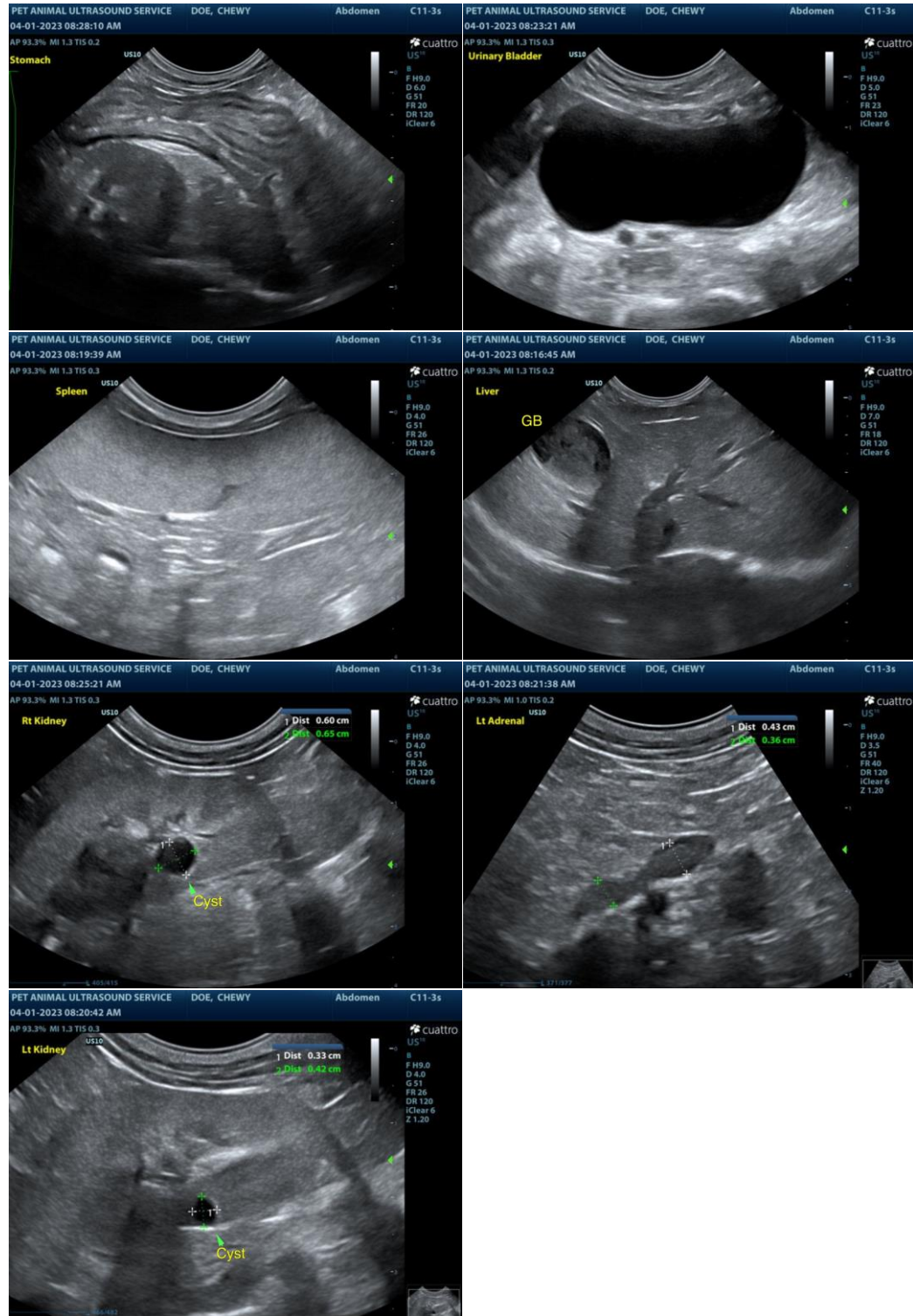
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

Chewy Doe

info@SonoPath.com

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Canine

**BREED**

Yorkshire Terrier

**SEX**

MN

**AGE**

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**WEIGHT**

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