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Clinical Sonography & Telecytology
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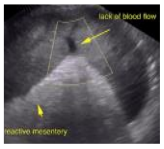

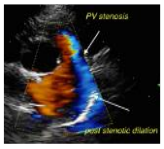

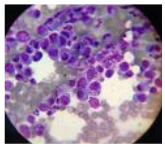
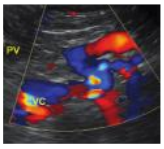

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tinker Larson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

14 years

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr Rudawski, Fox Lake Animal Hosp

INVOICE

13617

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Presented for not eating, vomiting and loose stool for the last 48 hours. Recommendations: Diet change to Hill's LD Ursodiol, Denamarin, Amoxicillin, SQ fluids 100 ml BID
Abnormal PE/Chem/CBC/UA Results: Alk/phos 402 ALT 422 T Bili 1.7 CBC WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

Subtly prominent medial iliac lymph nodes were present, not consistent with inflammatory or neoplastic criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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 symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present. Mild pyelectasia and small cortical cysts were present in both kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.46 cm width at the cranial pole.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited nonuniform to mildly echogenic parenchyma with a moderate coarse echotexture and parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild to moderate, nondependent yet nonorganized gallbladder debris was present. The gallbladder walls were overtly normal without evidence of inflammatory changes. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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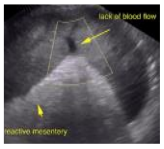

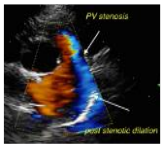

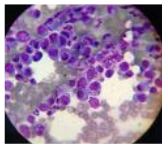
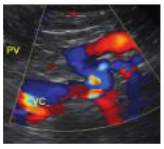

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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic fluid was present with mild gastric distension. The gastric body wall width measured 0.32 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosa. The jejunum wall width measured 0.36 cm. The duodenum wall width measured 0.45 cm.

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

Pancreas

The pancreas presented subjective mild prominent size with indistinct pancreatic contour exhibiting nonhomogeneous echogenic to areas of subtle hypoechoic pancreatic parenchyma. Subtle evidence of peripancreatic reactive mesentery was noted.

Free Abdomen

No effusion was present. No evidence of significant jejunocolic lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild pyelectasia
- Hepatopathy exhibiting mildly nonuniform to remodeled parenchyma - consistent with chronic hepatopathy, vacuolar hepatopathy, chronic hepatitis / cholangiohepatitis or other hepatopathy possible without overt evidence of neoplastic criteria
- Mild to moderate gallbladder debris (non-mucocele)
- Acute gastroenteritis pattern with gastric hypomotility
- Chronic to chronic active pancreatitis, potential for minor pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia noted in both kidneys 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.

The overall appearance of the gastrointestinal tract was consistent with inflammatory criteria. Acute inflammatory gastroenterocolic episode, dietary indiscretion / food hypersensitivity, inflammatory bowel disease with some contribution of gastrointestinal signs secondary to chronic to chronic active pancreatitis, could be possible.

Empirically, medical therapy for acute inflammatory bowel episode and chronic to chronic active pancreatitis with continued hepatosupportive medications would be reasonable. If persistent or progressive gastrointestinal signs, recheck sonogram and/or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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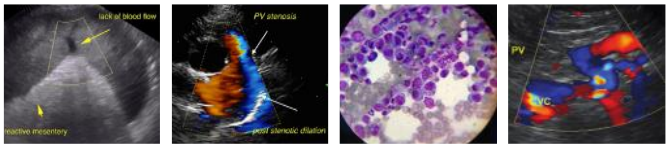

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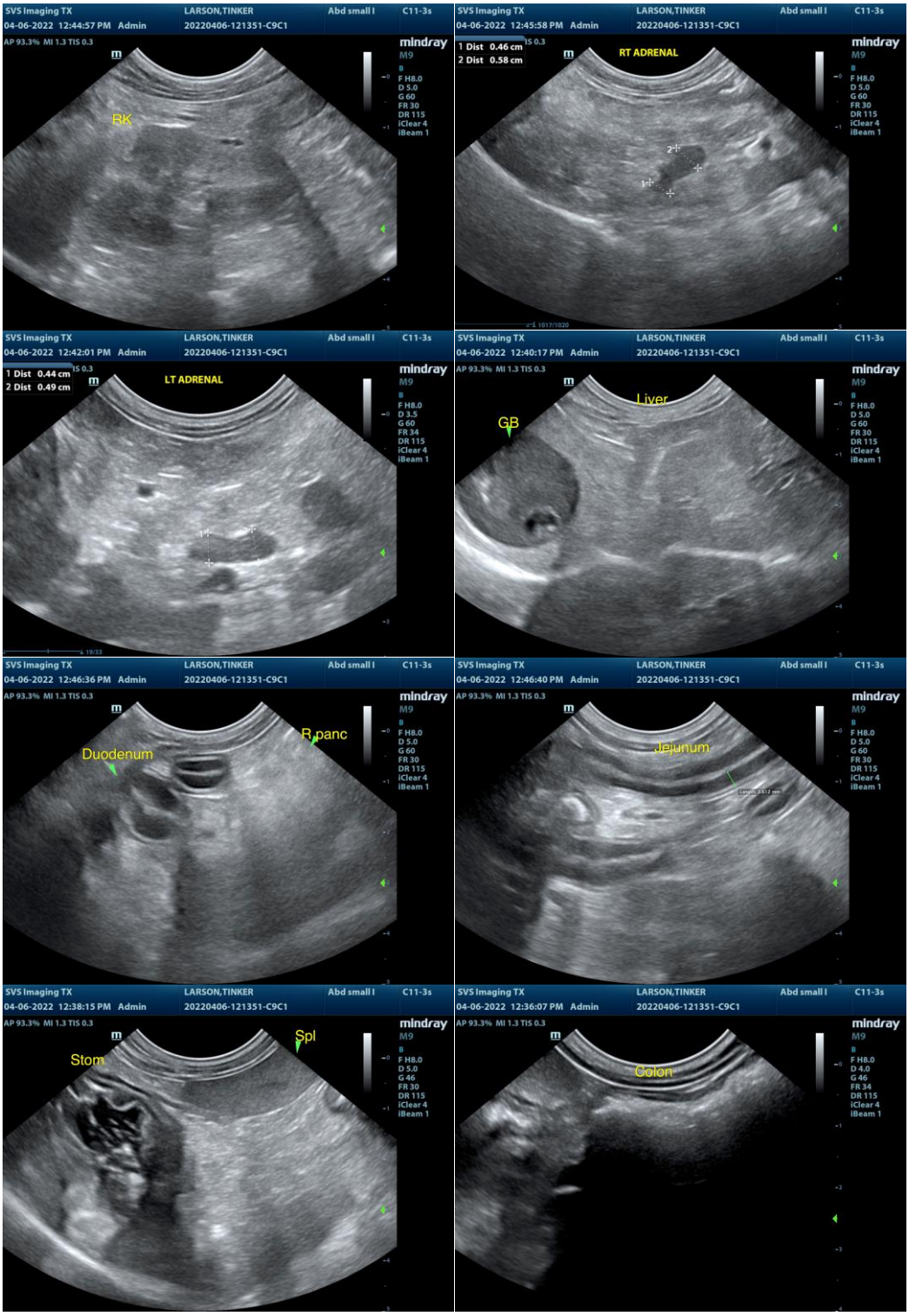

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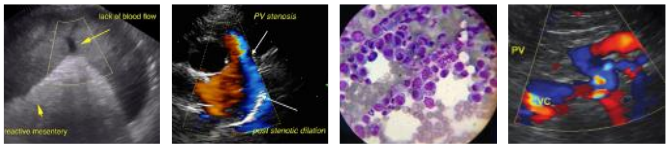

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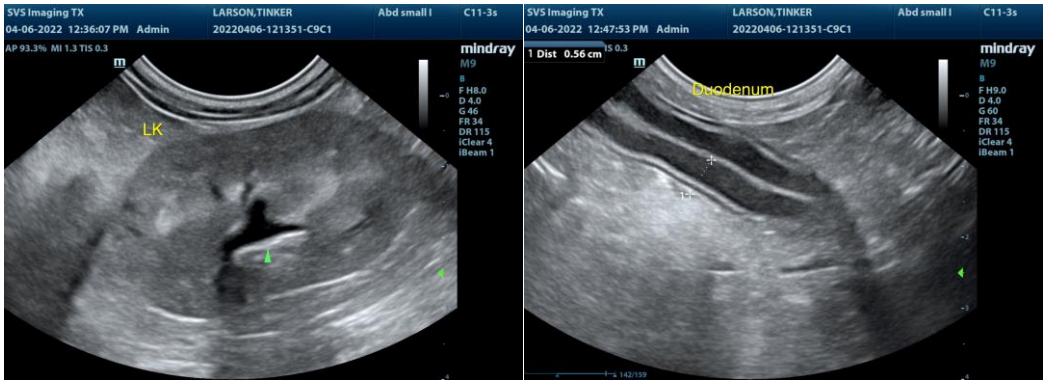

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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