



**PATIENT**

Bobby Thuy

**SPECIES**

Canine

**BREED**

Pekingese X

**SEX**

MN

**AGE**

12 years

**WEIGHT**

5.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 Hour Pet  
Hospital

**REFERRING VET**

Dr. Katz

**INVOICE**

16542

**DATE**

4/6/23

**PRESENTING CLINICAL SIGNS**

Presented for ADR, inappetance. Normal BM. Increased thirst. Abnormal PE/Chem/CBC/UA Results: Mild pyrexia. Neutrophilia and Monocytosis. Mild elevated protein

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 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 0.36 cm width at the caudal pole and 0.32 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 0.36 cm width at the caudal pole and 0.36 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 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. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**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.



**PATIENT**

Bobby Thuy

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.

**SPECIES**

Canine

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

**BREED**

Pekingese X

**Pancreas**

The left pancreatic limb was subtly prominent in size with discrete areas of capsule asymmetry exhibiting mildly nonhomogeneous hypoechoic left pancreatic limb parenchyma. No evidence of regional peripancreatic reactive omentum was noted. The right pancreatic limb was sonographically unremarkable.

**SEX**

MN

**Free Abdomen**

Moderately sized to large, homogeneous mass consistent with fat echogenicity occupying the left mid to caudal abdomen was present measuring approximately 7.0-8.0 cm in diameter. No evidence of intraabdominal lymphadenopathy or peritoneal effusion was present.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.1 kg

- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Mildly prominent to hypoechoic left pancreas - nonspecific, potential for patient variant or low-grade inflammation
- Moderately sized to large intraabdominal lipoma

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aside from the intraabdominal lipoma, which is considered incidental, largely geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patient's clinical signs was present. Minor potential for areas of necrosis within the intraabdominal lipoma or unlikely liposarcoma is possible.

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

Potential for low-grade left pancreatic inflammation may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPI is suggested.

**HOSPITAL NAME**  
Alpine 24 Hour Pet  
Hospital

**REFERRING VET**

Dr. Katz

Three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor. Full urinalysis with screening C/S, given the fever, is suggested.

**INVOICE**

16542

Empirically, as-needed gastrointestinal support and potential therapy for fever of unknown origin may be considered. CBC pathology review +/- protein electrophoresis may be indicated if persistent fever or progressive hyperglobulinemia.

**DATE**

4/6/23



**PATIENT**

Bobby Thuy

**SPECIES**

Canine

**BREED**

Pekingese X

**SEX**

MN

**AGE**

12 years

**WEIGHT**

5.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 Hour Pet  
Hospital

**REFERRING VET**

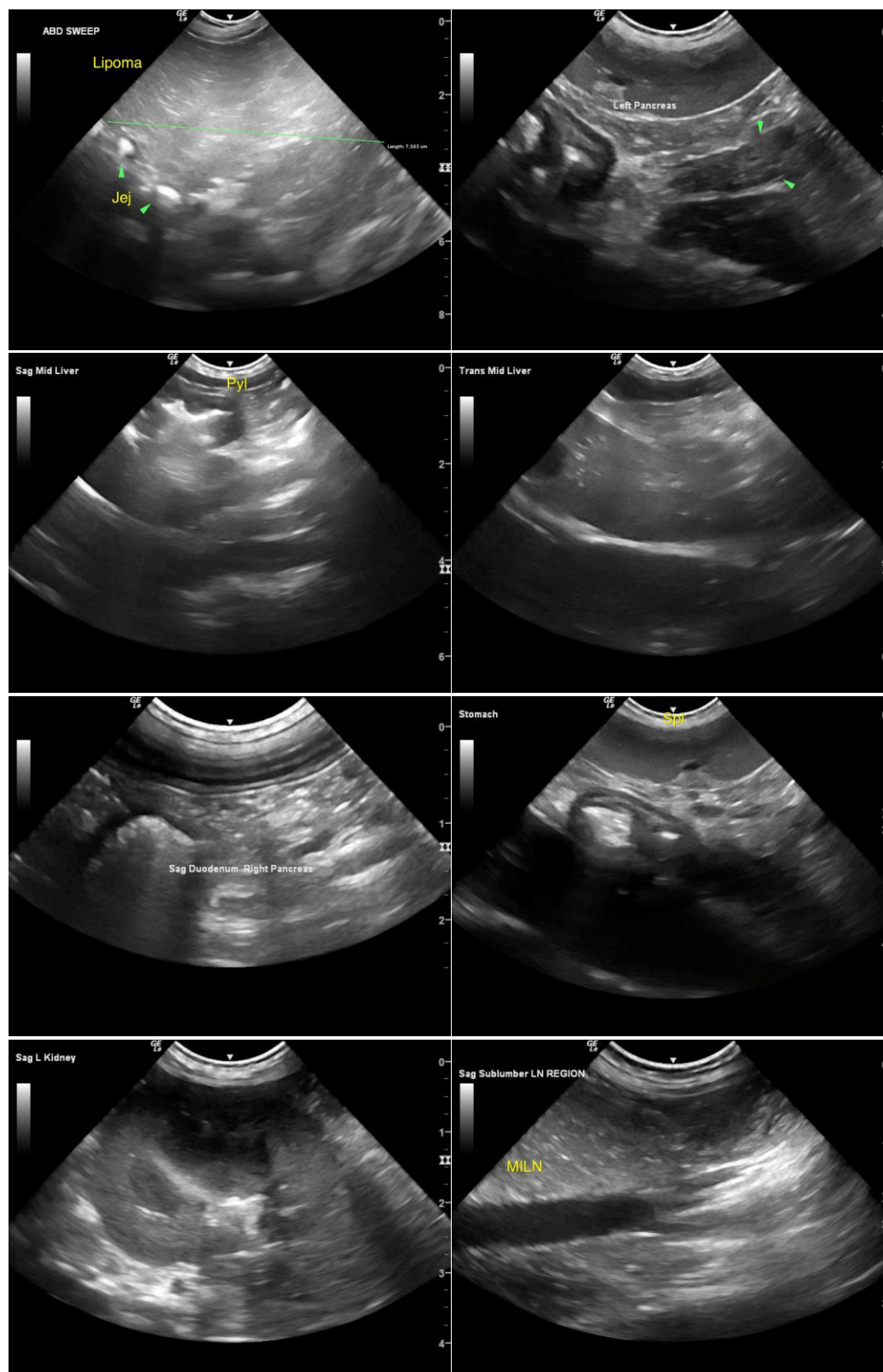
Dr. Katz

**INVOICE**

16542

**DATE**

4/6/23





**PATIENT**

Bobby Thuy

**SPECIES**

Canine

**BREED**

Pekingese X

**SEX**

MN

**AGE**

12 years

**WEIGHT**

5.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 Hour Pet  
Hospital

**REFERRING VET**

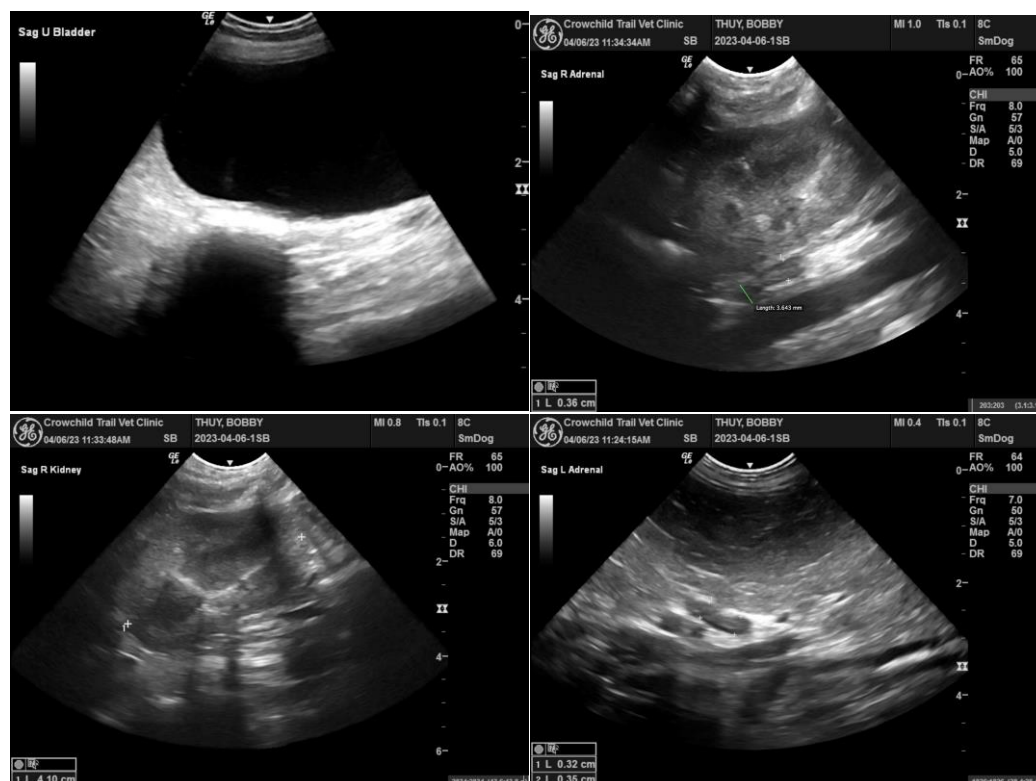
Dr. Katz

**INVOICE**

16542

**DATE**

4/6/23



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