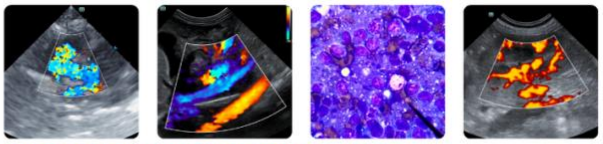

PATIENT

Mia Moore-Yannuzzi

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

2 Years 2 Months

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celia Galanti DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Celia Galanti DVM

INVOICE

15704

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Patient presented for wellness bloodwork. Low cholesterol detected. History of sensitive stomach or diarrhea intermittently. Owner also reports patient getting tired quicker on walks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.40 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width at the caudal 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.

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.

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.

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Normal visible colon wall layers were present. The colon was nondistended and contained generalized soft fecal matter.

Pancreas

The pancreas presented mildly prominent in size exhibiting mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

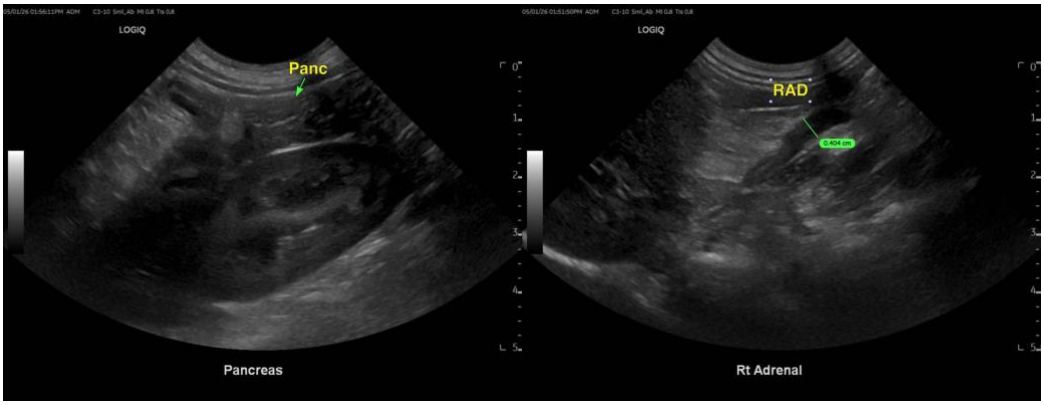
ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract/colon with soft fecal matter.
- Mildly prominent nonhomogenous hypoechoic pancreas.
- Intermittent mild mesenteric lymphadenopathy- most consistent with benign criteria i.e. mild reactive hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. A GI panel is suggested to correlate with pancreas and assess for non-structural intestinal disease, given historical to intermittent gastrointestinal signs. The mild decreased cholesterol is nonspecific and potential insidious result monitoring of cholesterol levels is indicated.

If persistent decreased cholesterol combined with gastrointestinal signs, a screening cortisol level to a rule out occult Addison's disease is recommended. Novel protein or hydrolyzed diet trial with possible long-term dietary therapy, high colony count probiotics such as proviable, and empirical deworming may be considered.



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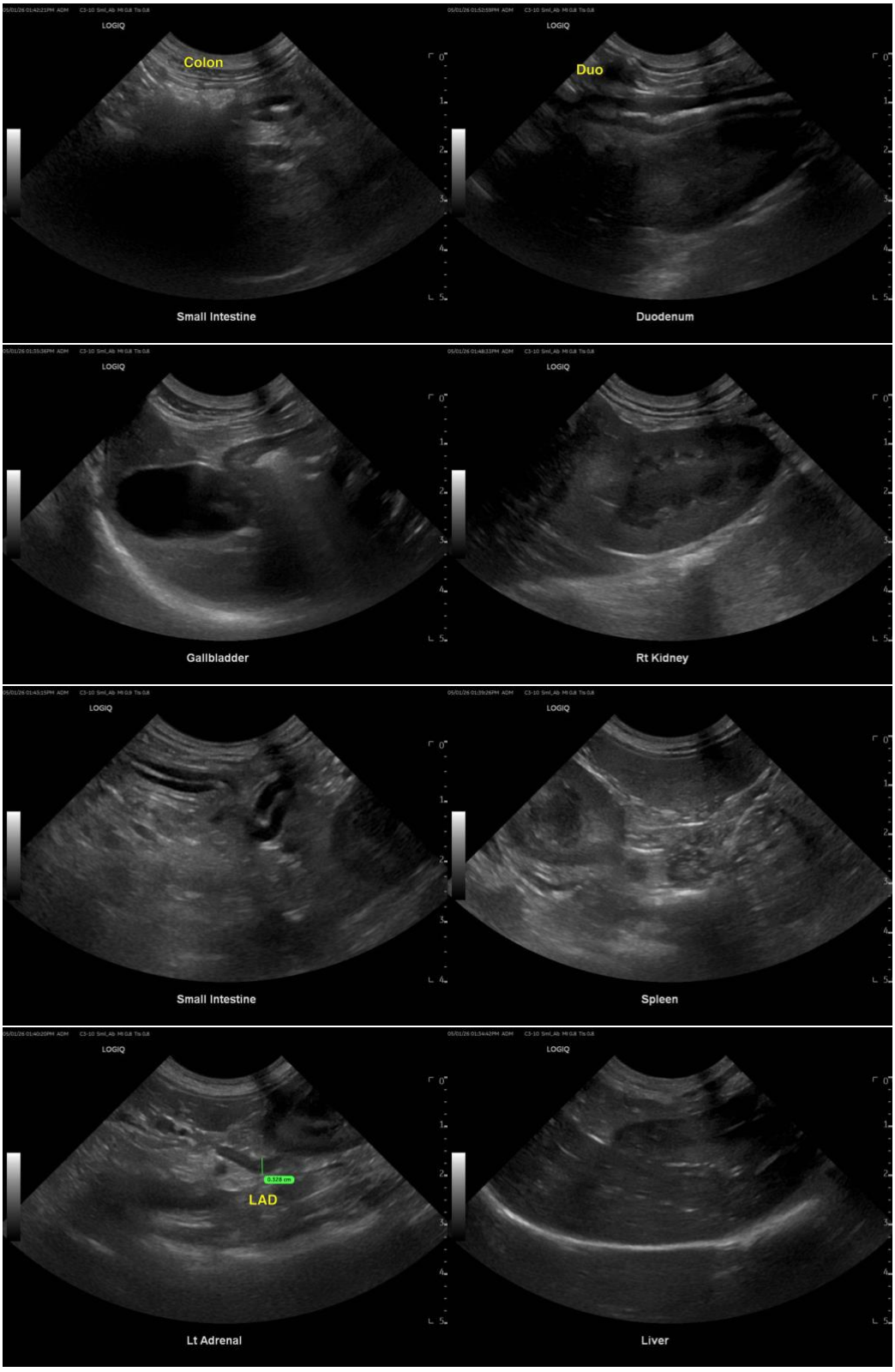

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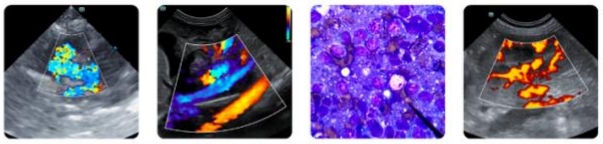

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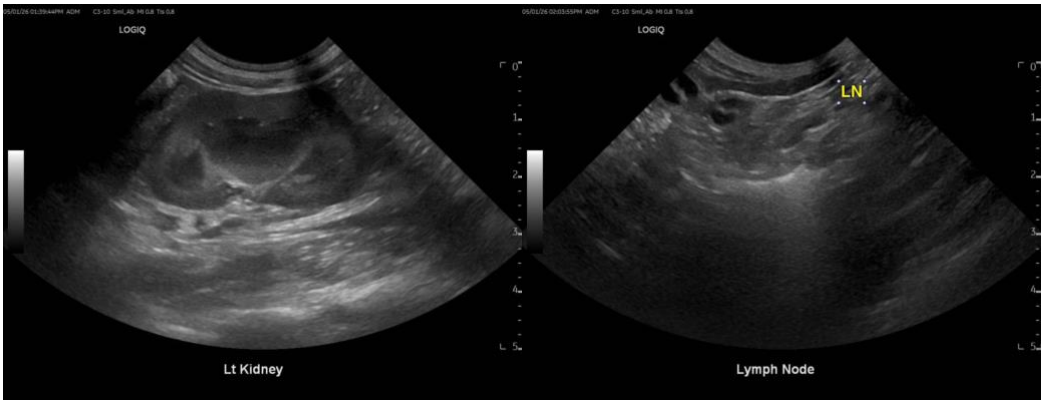

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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