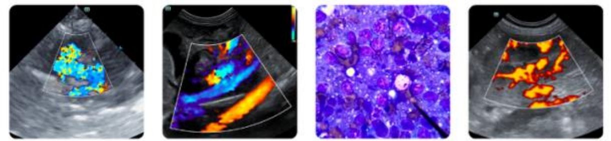


PATIENT

Stubbs Alvarez

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered Male

AGE

15

WEIGHT

14.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

16133

DATE

05/12/26

PRESENTING CLINICAL SIGNS

The P is losing weight and has a low appetite

Abnormal PE/Chem/CBC/UA Results: ALT 265H ALP 454H SDMA 18.9H PHOS 7.2H CBC NORMAL. T4 0.5 USG 1020 PH 6 WBC 2-3 BACTERIA NONE 4DX NORMAL. ELEVATE LIVER ENZYME

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Submitted study contained 31 still images and 6 videos for review.

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 dependent lumen accumulated mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was sonographically unremarkable.

Normal size and margination was 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. A later left kidney cortical cyst was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length. Mild medullary mineral was present bilaterally with no evidence of pyelectasia.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.59 cm width in the caudal pole.

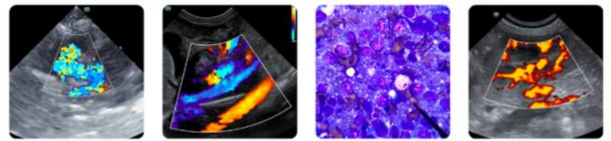
The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Pinpoint hyperechoic parenchyma foci was present which may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization and consistently benign age-related changes.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with moderate nonorganized primarily gravity dependent and nondependent debris with possible areas of entrapped hypoechoic mucus within gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 stomach wall measured 0.36 cm wall width.

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. The duodenum wall measured 0.40 cm wall width. The jejunum wall measured 0.40 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Free Abdomen

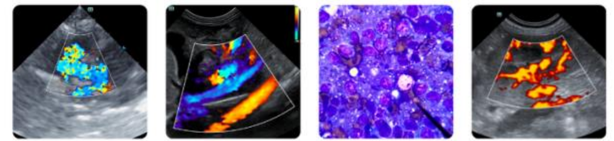
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder dependent accumulated mineral to small calculi.
- Chronic renal changes with mild medullary mineral and left cortical cyst.
- Nonspecific hepatopathy- inflammatory, vacuolar, cholestatic hepatopathy, occult neoplasia are all potentials.
- Nonorganized gallbladder debris- possible early immature mucocele.
- Overall, sonographically normal gastrointestinal tract/colon with semi formed/soft fecal matter.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification. GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease and correlation with the pancreas. Three view chest radiographs, and if clinically indicated, neurological and musculoskeletal exam to assess for additional occult disease as a contributing factor to the weight loss is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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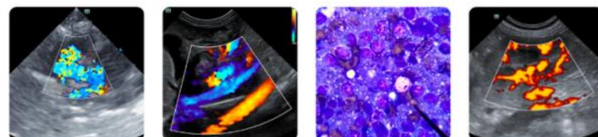

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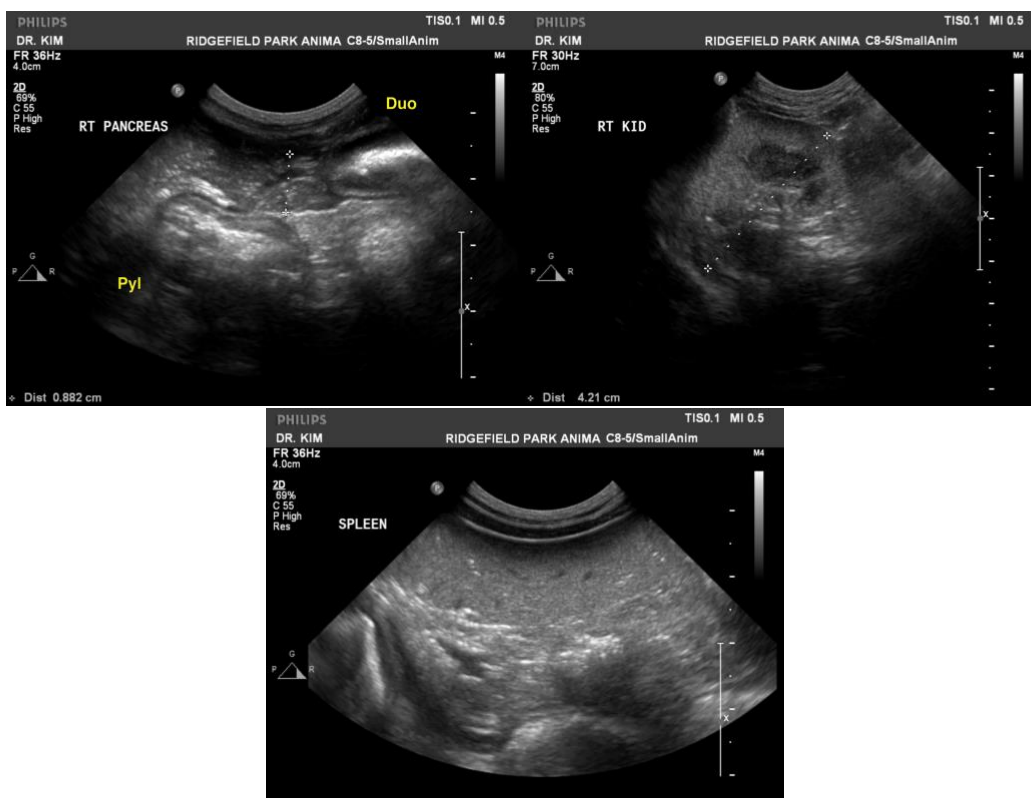

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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