



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Gizmo Dispenziere	Elevated ALT E/D normal, No c/s/v/d, BM/U normal. No other symptoms noted.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder exhibited mild urine distention, which may inhibit full evaluation of the urinary bladder walls. No evidence of neoplastic criteria or calculi. Apical urinary bladder wall measured 0.40-0.50 cm.
Shih Tzu	
<b>SEX</b>	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.4 cm.
Neutered Male	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
12 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 0.69 cm in width.
11.2 Pounds	
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Travis Cerf	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. Mild subjective prominence of portal vascular borders. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Veterinary Center of Hardyston	The stomach exhibited intact yet regionally prominent wall layering, including focal area of homogeneous mucosal hypertrophy versus polyp measuring approximately 1.4 cm in diameter.
<b>REFERRING VET</b>	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.
Dr. Travis Cerf	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>INVOICE</b>	<b>Pancreas</b>
37825	
<b>DATE</b>	
5/20/22	



**PATIENT**

Gizmo Dispenziere

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

**PRIMARY FINDINGS**

- Benign hepatopathy – probable inflammatory hepatopathy.
- Focal gastric mucosal hyperplasia versus polyp, possible mild gastritis.

**BREED**

Shih Tzu

**SECONDARY FINDINGS**

- Mild chronic renal changes
- Possible mild cystitis

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided hepatic FNA (assuming normal clotting status and using 25-gauge needle) could be considered for cytology and potential identification of inflammatory cell type if present. No overt evidence of hepatic or gastric neoplastic criteria. Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial.

**AGE**

12 Years

The focal gastric mucosal hypertrophy to polyp is likely incidental unless clinical signs such as vomiting or inappetence are present. Sonographic monitoring of the stomach for evidence of progressive changes, or if clinical signs consistent with gastritis, would be reasonable. Likewise, gastroprotectants protocol could be considered if clinically indicated.

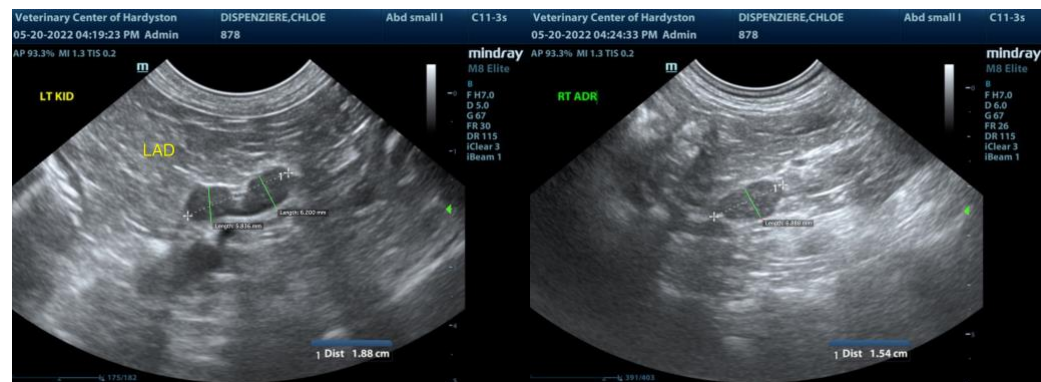
**WEIGHT**

11.2 Pounds

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

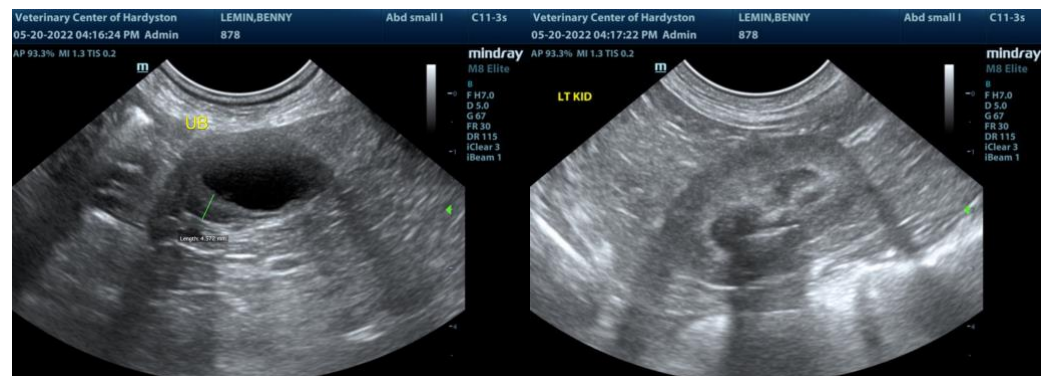
**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Travis Cerf



**HOSPITAL NAME**

Veterinary Center of  
Hardyston

**REFERRING VET**

Dr. Travis Cerf

**INVOICE**

37825

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**PATIENT**

Gizmo Dispenziere

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

11.2 Pounds

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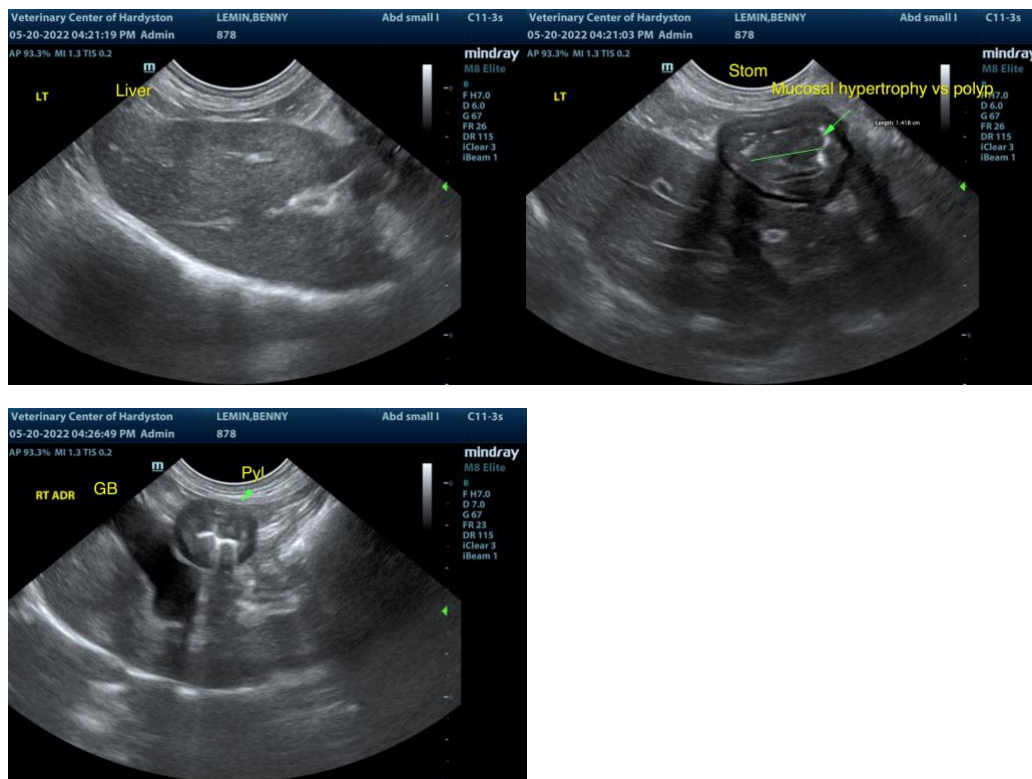
Dr. Travis Cerf

**INVOICE**

37825

**DATE**

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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)

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