



PATIENT PRESENTING CLINICAL SIGNS

Tyson Bae History: Grade 1/6 systolic murmur auscultated during annual exam. Owner reports no signs of pancreatitis but PSL high on blood work. 1 pound of unintentional weight loss.

SPECIES Abnormal PE/Chem/CBC/UA Results: PSL 643, maldigestion profile pending.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Shih Tzu The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 changes were noted.

SEX

MN 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

AGE

13 yr The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

18.8 lb The area of the residual prostate was free of pathology measuring 0.9 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 1.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 1.8 cm length.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

Liver

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.

REFERRING VET

Dr. Stefanie Lang

Gastrointestinal

INVOICE

10666ag

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 gastric body wall measured 0.32 cm in width.

DATE

05/25/2022



PATIENT

Tyson Bae

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 0.38 cm in width. The jejunum wall measured 0.28 cm in width.

SPECIES

Canine

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

Pancreas

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.

BREED

Shih Tzu

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

13 yr

- Mild age-related kidneys
- Overtly normal GI tract
- Sonographically unremarkable pancreas – no evidence of active inflammation

WEIGHT

18.8 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a sonographically unremarkable to mild age related abdomen without evidence of significant visceral pathology. Without evidence of significant pancreatic or GI pathology as well as no evidence of overall abdominal pathology, a definitive cause of the minor weight loss in the patient was not definitively evident. At times low grade to chronic pancreatitis and structurally insignificant GI disease may present sonographically normal. Correlation with pending maldigestion profile suggested. Further assessment may include three view chest radiographs if not done to rule out occult thoracic pathology as a contributing factor to the weight loss.

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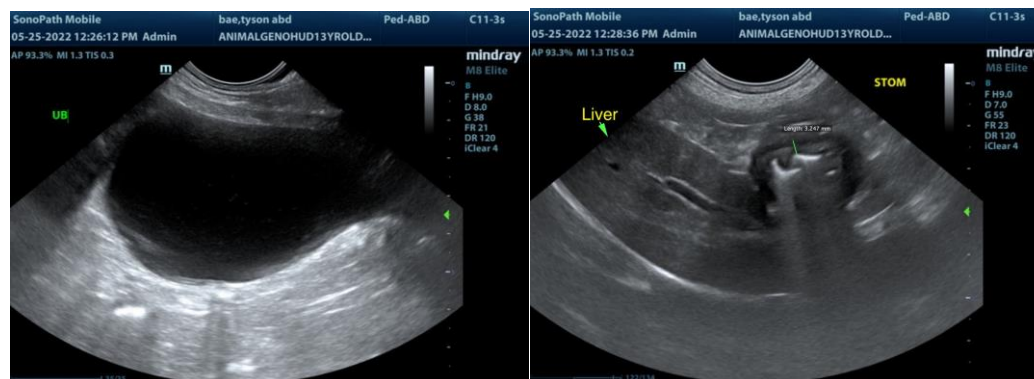
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SPECIES

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WEIGHT

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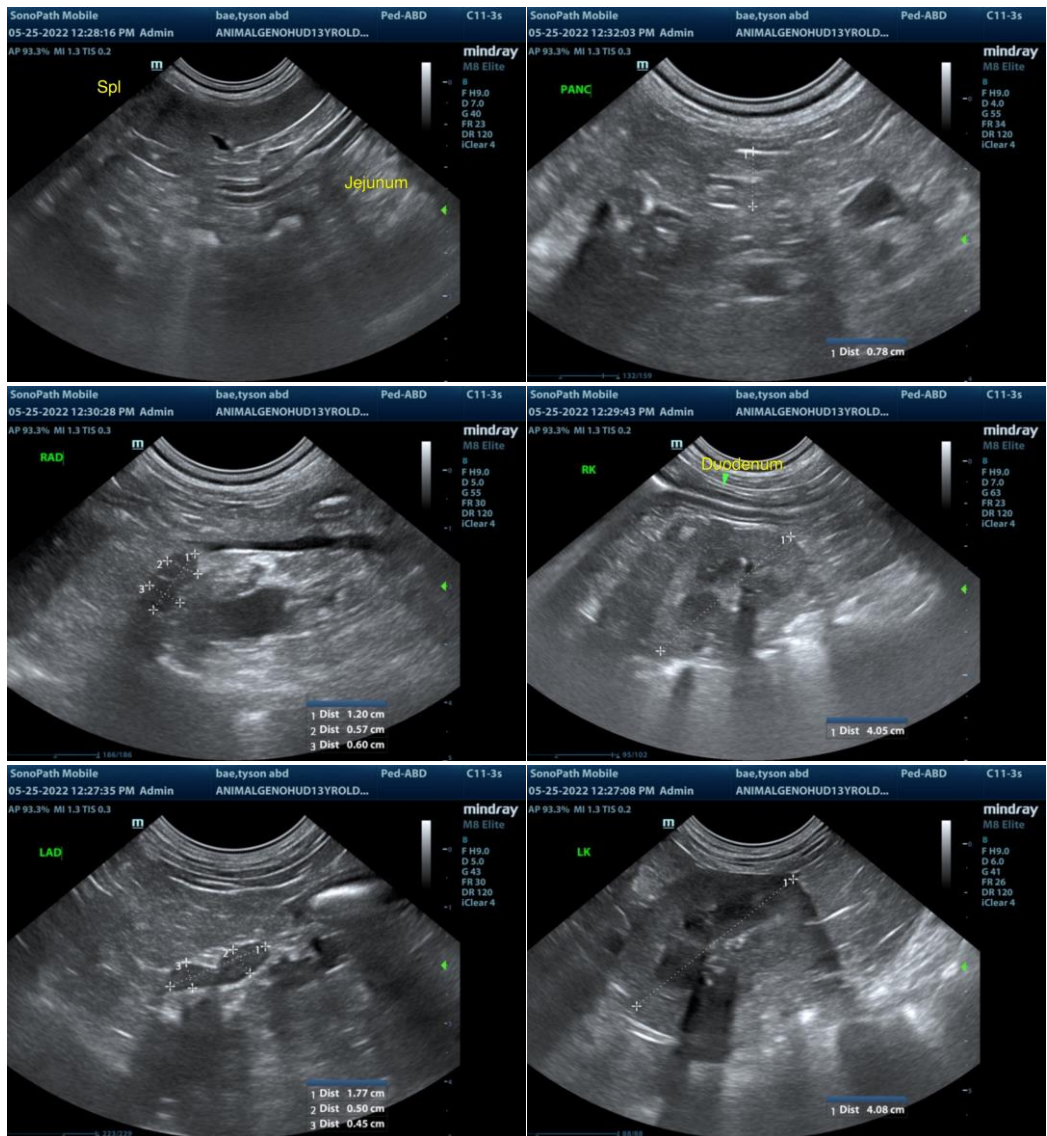
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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