



**PATIENT**

Brownie Deleau

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

MN

**AGE**

11 years

**WEIGHT**

17.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

13788

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

initial loss of appetite, now eating better but still losing significant weight lethargic  
Abnormal PE/Chem/CBC/UA Results: moderately elevated renal values , Crea = 3.7 (0.3 - 1.4 n) ,  
BUN = 81 (7 -25 n) Current Medications entyce, Cerenia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

Several mildly enlarged to hypoechoic medial iliac lymph nodes adjacent to the medial iliac trifurcation were present. An example measured 1.9 cm x 0.99 cm, exhibiting borderline abnormal width: length ratio (approximately 0.5).

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. An indistinctly visualized probable solitary cortical cyst was noted in the caudal right kidney. The renal medullary volume was subjectively reduced. The left kidney measured 5.1 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

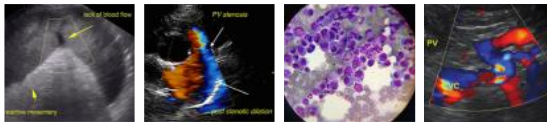
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen was not definitively visualized. No overt pathology was noted in the area of the spleen.

**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.



**PATIENT**

Brownie Deleau

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

MN

**AGE**

11 years

**WEIGHT**

17.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

13788

**DATE**

5/4/22

***Gastrointestinal***

The stomach presented intact yet mildly prominent wall layering with mild retained chyme / fluid. The ventral gastric body wall width measured 0.42 cm.

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 width measured 0.34 cm. The jejunum wall width measured 0.27 cm.

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 were evident.

***Free Abdomen***

No evidence of mesenteric lymphadenopathy, omental masses, or peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Nonspecific chronic renal changes with probable right kidney cortical cyst
- Mild retained gastric fluid / chyme - suspect mild persistent to possibly resolving gastritis
- Sonographically unremarkable small bowel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include full urinalysis with urine C/S and protein: creatinine ratio on sterile urine sample may be considered. CRD Therapy and assessment of systemic blood pressure are suggested.

No overt evidence of neoplastic gastrointestinal criteria, although persistent to possibly resolving gastritis or structurally insignificant inflammatory gastrointestinal disease is possible. Potential for low-grade to chronic pancreatitis which may present as sonographically normal could also be present yet thought less likely. Further assessment, given the patient's weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addison's Disease. Continued gastrointestinal support and conservative therapy for gastritis would be reasonable.

Thoracic radiographs to rule out thoracic pathology as a contributing factor to the weight loss are suggested.



**PATIENT**

Brownie Deleau

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

MN

**AGE**

11 years

**WEIGHT**

17.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

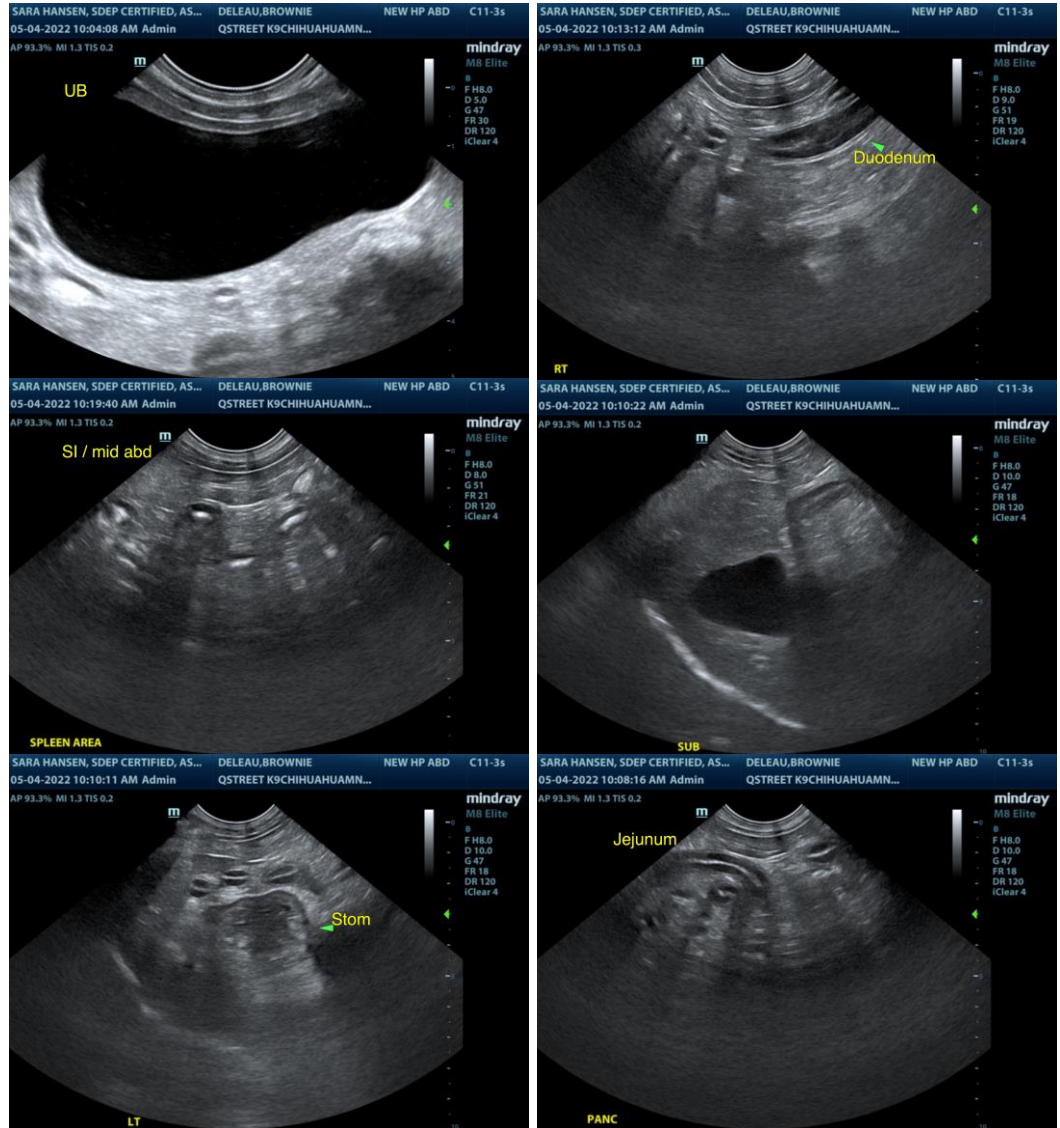
Dr. Bretschneider

**INVOICE**

13788

**DATE**

5/4/22





**PATIENT**

Brownie Deleau

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

MN

**AGE**

11 years

**WEIGHT**

17.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

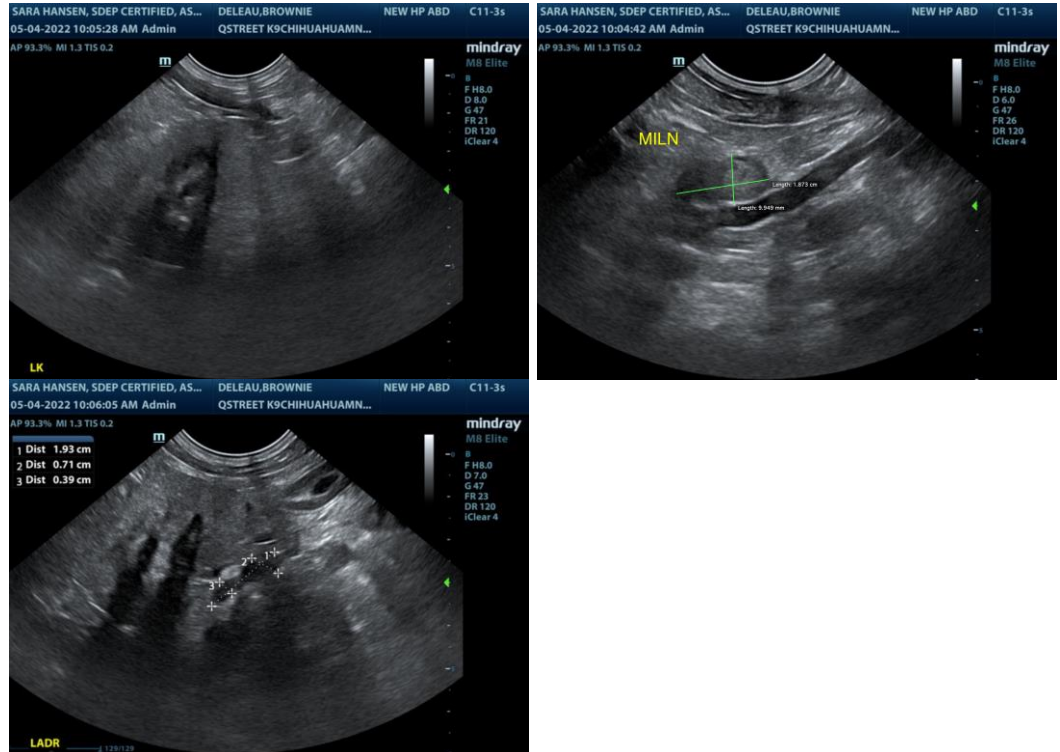
Dr. Bretschneider

**INVOICE**

13788

**DATE**

5/4/22



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