



**PATIENT PRESENTING CLINICAL SIGNS**

Paris Javier Elevated triglycerides, abnormal bile acids, Precision PSL 166, Bile acids pre 107.1, post 71.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**  
*Urinary System*

Canine The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**BREED**

Yorkshire Terrier The area of the aortic trifurcation was free of pathology.

**SEX**

FS

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral to small renoliths noted in the lateral diverticuli along with bilateral pyelectasia. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

**AGE**

2011

*Adrenal Glands*

**WEIGHT**

8.8

The left adrenal gland exhibited mild caudal pole enlargement and maintained capsule integrity and symmetrical contour. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.37 cm width in the cranial pole and 0.77 cm width in the caudal pole. The right adrenal gland measured 0.46 cm width in the caudal pole.

**INTERPRETED BY**

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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**

Rebekah Jakum, CVT  
 ARDMS/RVT

*Liver/ Gallbladder*

The liver was subjectively mildly enlarged in size, with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild nonuniform 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 with mild debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

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**REFERRING VET**

*Gastrointestinal*

Dr. Wentz

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.

**INVOICE**

10528ag

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.

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

**DATE**

5/4/22

*Pancreas*



**PATIENT**

Paris Javier

The pancreas exhibited mild nonuniform hyperechoic parenchyma in the pancreas base and right limb. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. Minor pancreatic duct dilation was noted. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Yorkshire Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

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- Chronic renal changes with nonobstructive medullary mineral/small renolithiasis and mild bilateral pyelectasia
- Mildly enlarged caudal left adrenal gland-nonspecific
- Chronic pancreatitis pattern with potential minor fibrosis
- Mild nonspecific hepatomegaly exhibiting normal subjective vascular volume
- Mild gallbladder debris (non-mucocele)

**AGE**

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**WEIGHT**

8.8

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The mildly enlarged left adrenal gland may indicate normal patient or age related variant, mild caudal benign hypertrophy or adenomatous change with emerging neoplasia thought less likely. Systemic BP could be considered to assess for evidence of hypertension. Adrenal hyperfunctionality is considered unlikely yet adrenal testing could be considered if clinical signs are noted. Sonographic monitoring of the left adrenal gland is likely ideal to monitor for evidence of progressive enlargement.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

Overall the hepatic presentation is nonspecific given lack of previous elevated hepatic enzymes, the presentation was overtly benign. No overt evidence of a portosystemic vascular anomaly given the hepatomegaly and normal vascular volume. However, reassessment of fasting and post prandial bile acids in 4-6 weeks would be reasonable.

**HOSPITAL NAME**

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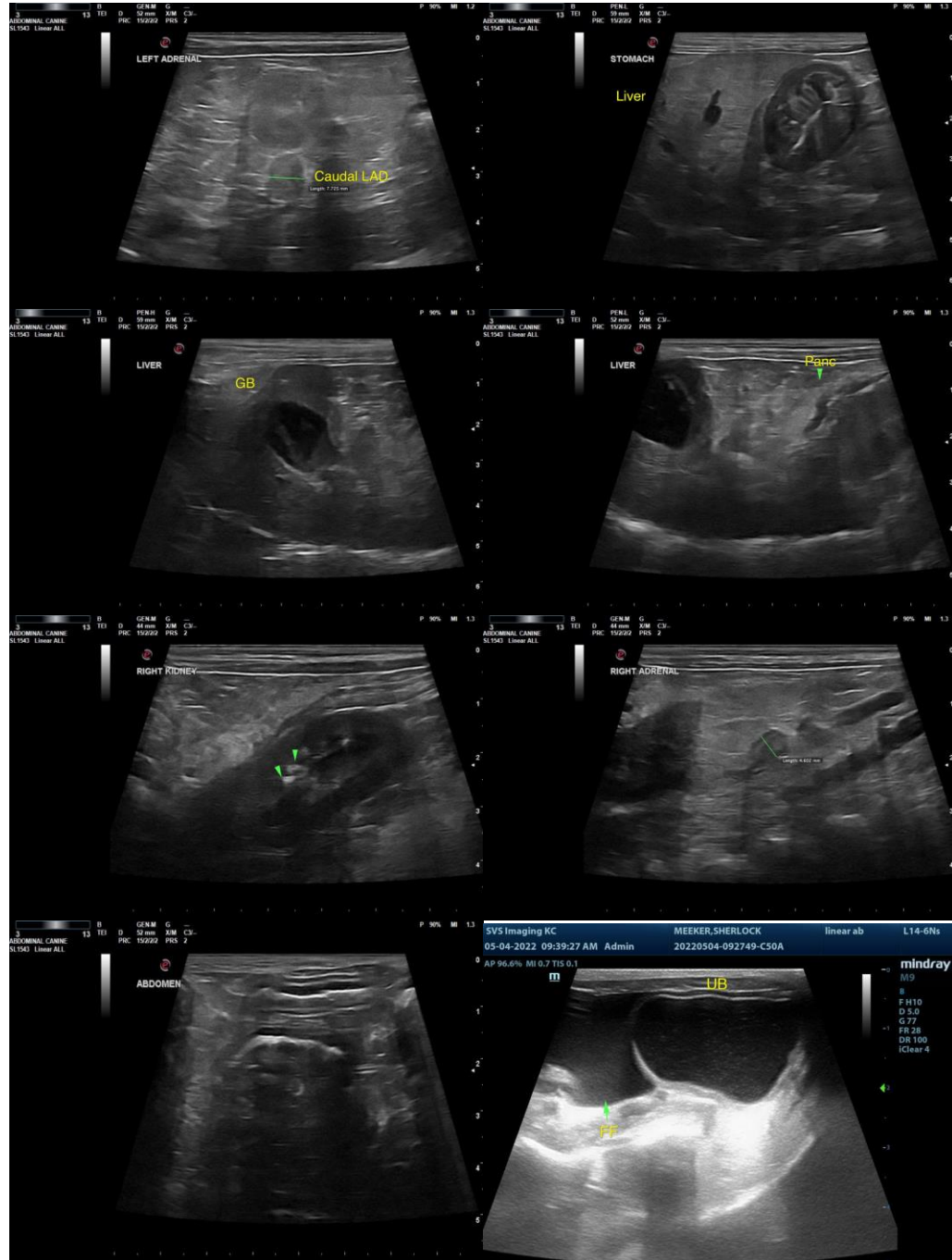
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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