



PATIENT

Honey Bits Jenett

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

9 Years 2 Months

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook
SDEP Certified

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Nova Prince-Kelly

INVOICE

37553

DATE

5/9/22

PRESENTING CLINICAL SIGNS

3/22 History of PU/PD for months. Went to RDVM put on Baytril and mirtazipine for decreased appetite. Came back 5/3 for anorexia. X-ray done and possible decreased serosal detail on lateral abd. Possible mass caudal to stomach? Started on Metronidazole @ 9 mg/kg BID, cerenia, mirtazipine and fortiflora. BW done. CBC: increased HCT, neutrophil count, increased globulin, ALT 1650, mild elevation of AST, GGT and T bili. No U/A done Medications: Cerenia Metronidazole @ 9 mg/kg BID Mirtazipine Fortiflora

Abnormal PE/Chem/CBC/UA Results: BW today: CBC: WNL Chem: BUN 28 (HIGH normal is 27), Glob WNL, TP WNL, ALT >1000, GGT 13 (high normal is 11), T bili back to normal at 0.3

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 were noted.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of dystrophic medullary mineral noted. Mild pyelectasia noted in the left kidney. The left kidney measured 4.6 cm. The right kidney measured 4.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 0.38 cm at the cranial pole and 0.37 cm at the caudal pole.

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.

Liver

The liver exhibited subjective mild subnormal size with normal subjective hepatoportal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild non-organized luminal debris present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing chyme.

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.



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

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Pancreas

SPECIES

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

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Bilateral chronic renal changes exhibiting pinpoint dystrophic medullary mineral and mild left kidney pyelectasia – The left renal 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.

Shih Tzu

SEX

- Hepatopathy exhibiting subjective mild subnormal overall size
- Mild gallbladder debris (non-mucocele)

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- Mild heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The overall liver was non-specific, yet consistent with benign, likely chronic hepatopathy. Potential considerations may include inflammatory hepatopathy, possible microvascular dysplasia/portal vein hypoplasia, or other hepatopathy, without overt evidence of a portosystemic shunt. Given the presence of PU/PD in combination with subjective subnormal hepatic size and elevated ALT, fasting and post-prandial bile acids suggested to assess hepatic functionality. Hepatic core surgical biopsy is likely required for definitive diagnosis.

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The overall appearance of the pancreas was non-specific with considerations including mild patient or age related variant, although the possibility of low-grade to chronic pancreatitis, which may present essentially sonographically normal, cannot be excluded, given the patient's anorexia. Further assessment may include spec cPL. No overt evidence of intraabdominal masses or neoplastic criteria. Leptospirosis titers/PCR, given the PU/PD and ALT elevation, could also be considered if clinically applicable, endemic to the area, or potential exposure. As-needed continued gastrointestinal support recommended.

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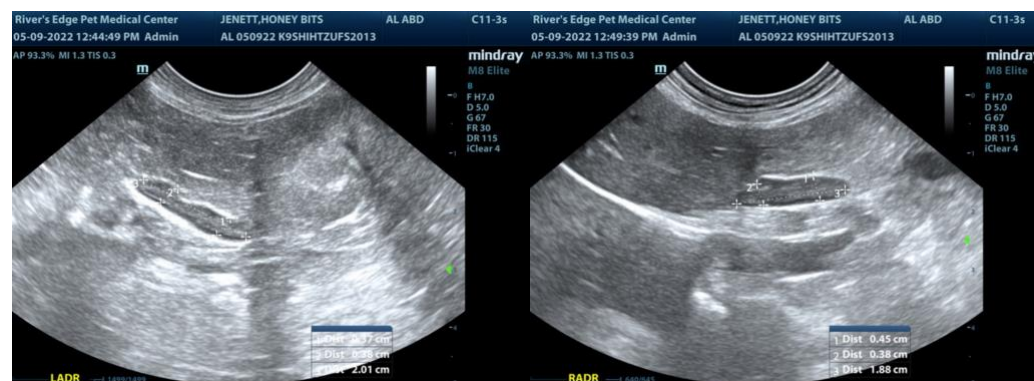
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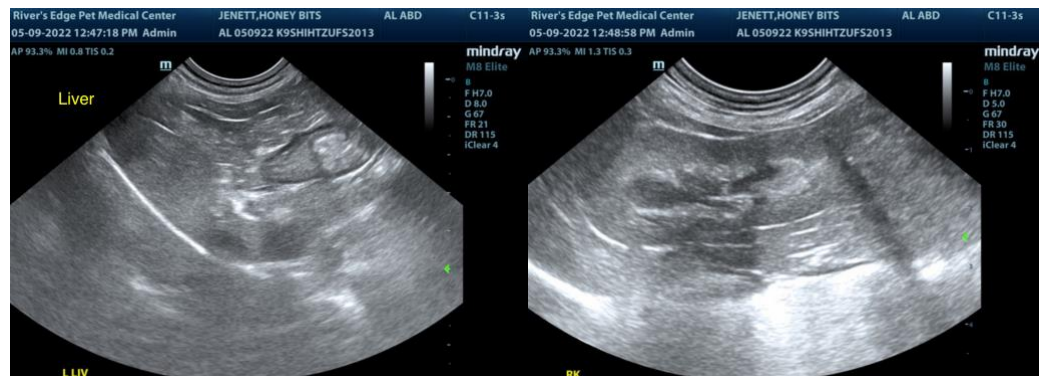
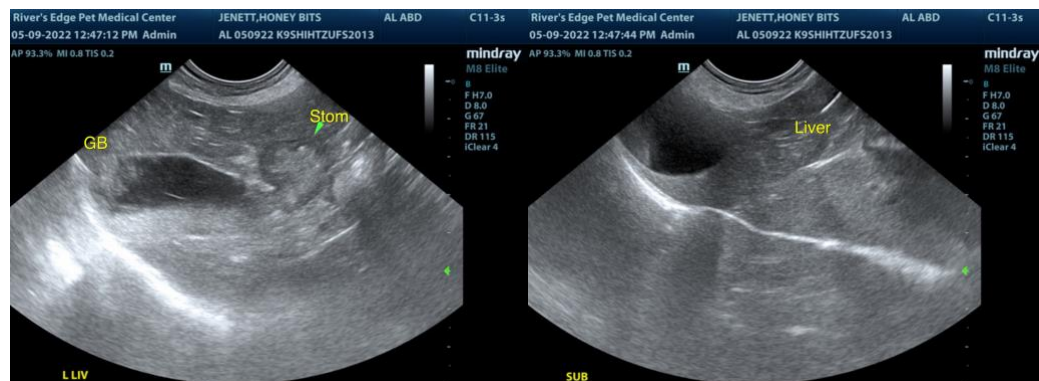
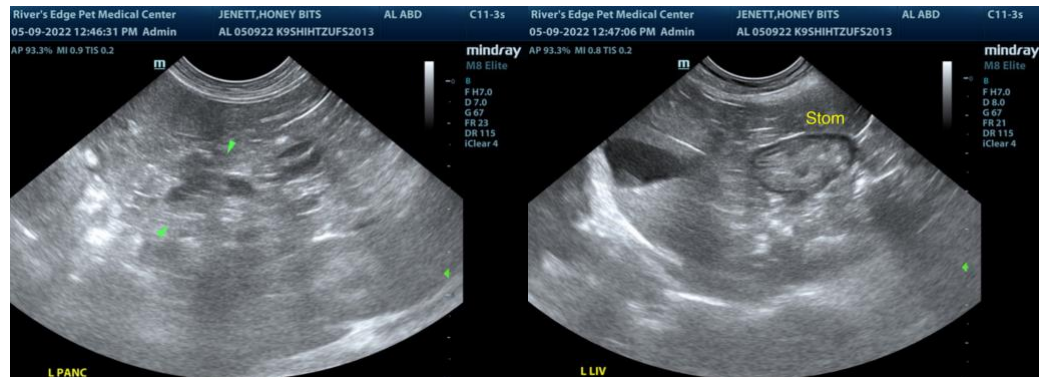
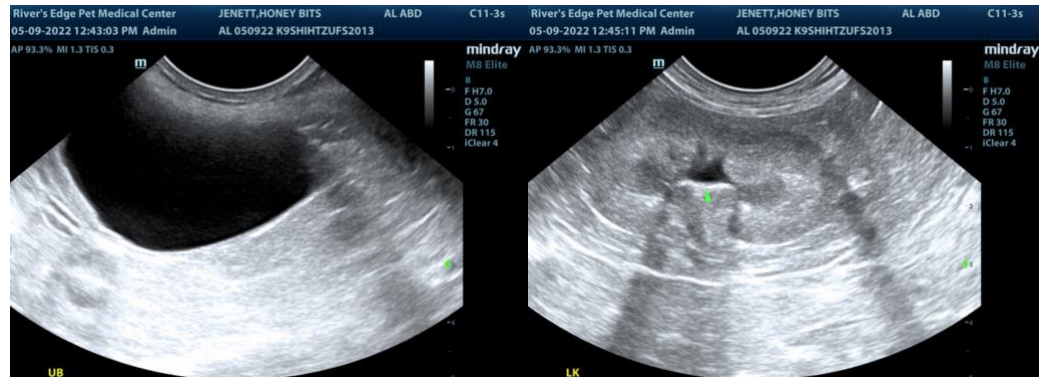
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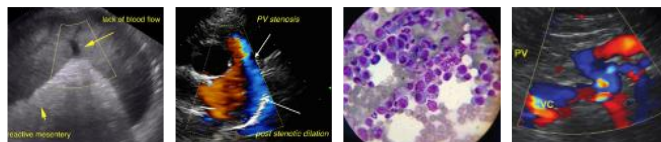
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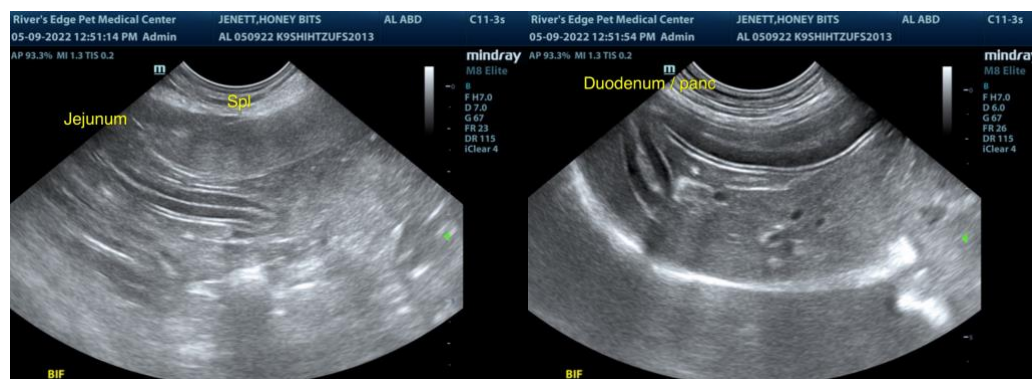
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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