



**PATIENT**

Chara Bagniuk

**SPECIES**

Canine

**BREED**

Russian Toy Terrier

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Resolution VU, LTD

**REFERRING VET**

Dr. Gadzheva

**INVOICE**

16255

**DATE**

6/23/22

**PRESENTING CLINICAL SIGNS**

History: Radio opaque area seen on ab x rays attending concerned about possible mass. Not eating last 48 hrs. Patient has had a splenectomy no images of spleen submitted.  
Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, chemistry normal

**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. Small focal mineral was noted in the dependent trigone, measuring 1.8 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 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 0.41 cm width at the caudal pole and 0.43 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.59 cm width at the cranial pole.

**Spleen**

The spleen was not visualized owing to previous splenectomy. No obvious pathology in the area of the previous spleen.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Primarily anechoic content was present with very minor nondependent particulate sediment, along with areas of congealed nonshadowing debris in the dependent and caudal lumen, exhibiting mild hyperechoic nonshadowing areas. An example of congealed debris measured 1.0 cm in diameter. The cystic and common bile ducts were normal.

**Gastrointestinal**

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 0.24 cm.



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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 jejunum wall measured 0.31 cm. The duodenum wall measured 0.33 cm.

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

**Pancreas**

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Russian Toy Terrier

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.

**Free Abdomen**

**SEX**

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Focal minor dependent urinary bladder mineral
- Mild chronic renal changes
- Areas of congealed mildly nonhomogeneous gallbladder debris versus emerging nonobstructive cholelithiasis, no overt evidence of cholecystitis
- Minor hepatic parenchymal remodeling
- Overtly normal gastrointestinal tract/pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal neoplastic criteria or intraabdominal masses. A definitive cause of the patients inappetence was not obviously evident. The congealed gallbladder debris to possible emerging nonobstructive cholelithiasis does not appear to be a clinical issue at this point given the lack of reported hepatic enzyme elevations, as well as lack of gallbladder inflammatory criteria. Minor potential for atypical gallbladder polyps without evidence of gallbladder neoplastic criteria.

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Continued gastrointestinal supportive care is recommended. Low-grade to chronic pancreatitis could be present and sonographically normal and may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Three-view chest radiographs recommended to rule out occult thoracic pathology as a contributing factor and CBC pathology review is suggested given the presence of regenerative anemia.

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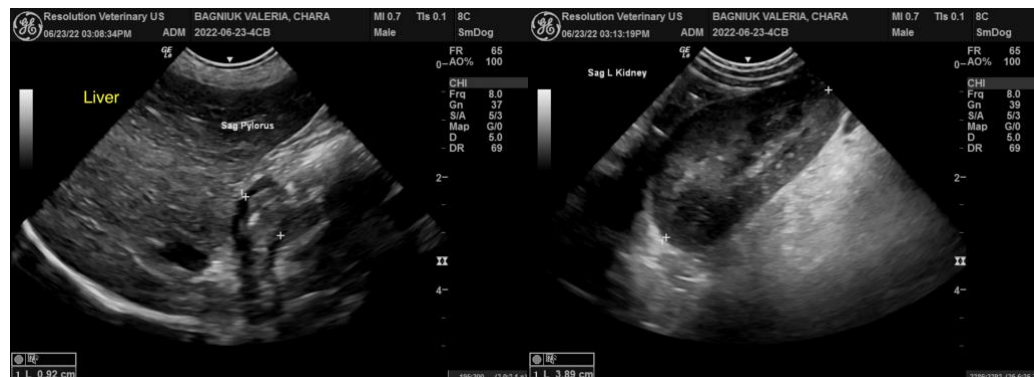
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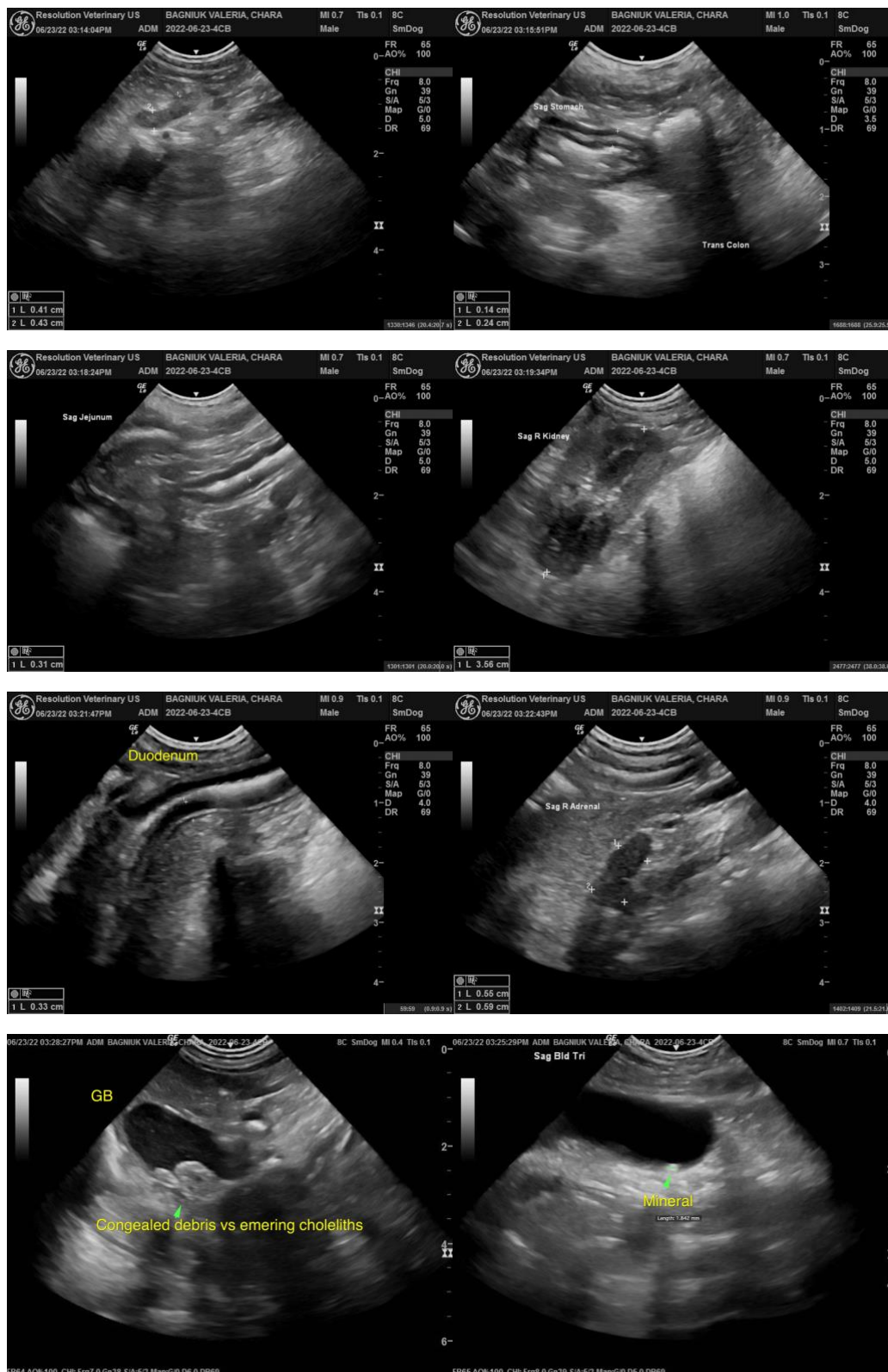
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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