



PATIENT

Chloe Carrera

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed Female

AGE

12 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VC

REFERRING VET

Dr. Christina Poor,
BVetMed

INVOICE

16263

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: PU/PD. Normal labs. S/P splenectomy. Prior AUS 6/26/17 (Eric Lindquist, DVM, DABVP)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with primarily anechoic urine. Multiple small dependent calculi were present in the urinary bladder. Some small calculi were noted in the proximal urethral lumen but appeared to be nonobstructive. An example of small urinary bladder calculus measured 0.1 cm. No evidence of inflammatory urinary bladder criteria.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Nonobstructive medullary mineral and renolithiasis was present, an example of right kidney renolith measured 0.47 cm. A moderately size renolith was present in the left kidney measuring 1.1 cm in diameter. The left kidney measured 3.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

Both adrenal glands were overly normal in size, position and shape. The left adrenal gland measured 0.49 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 0.53 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform compared to the falciform fat 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.

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 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.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Multiple small dependent urinary bladder calculi
- Bilateral chronic renal changes with nonobstructive medullary renolithiasis
- Overtly normal liver
- Sonographically unremarkable bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The PU/PD in this patient may potentially be owing to early renal insufficiency. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Potentially, this patient may be passing small amounts of mineral from the kidneys into the urinary bladder. No overt evidence of additional visceral pathology, i.e., hepatic pathology or overt adrenal pathology as a contributing factor to the PU/PD.

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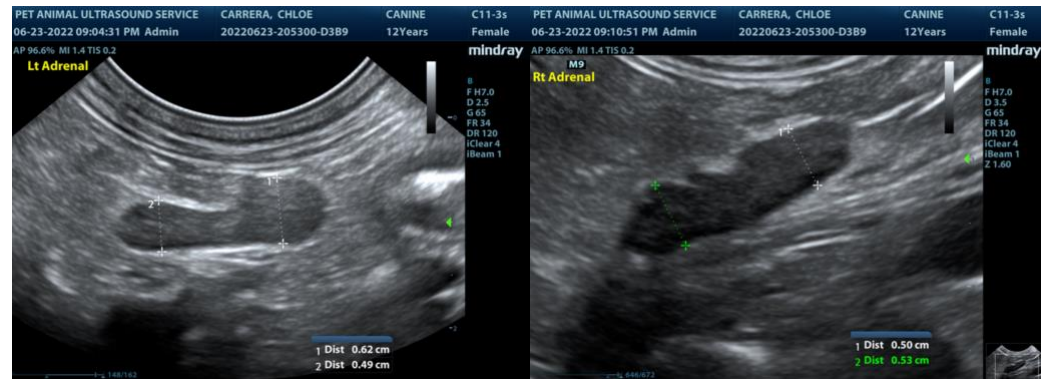
Screening urine cortisol/creatinine ratio could be considered, if clinical suspicion for Cushings syndrome with LDDST, if urine cortisol/creatinine ratio is elevated. However, the bilateral adrenal glands and liver appear to be overtly normal.

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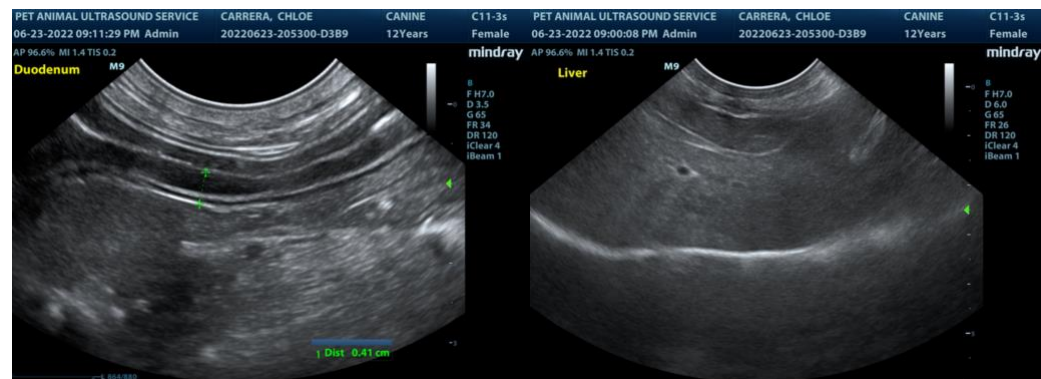
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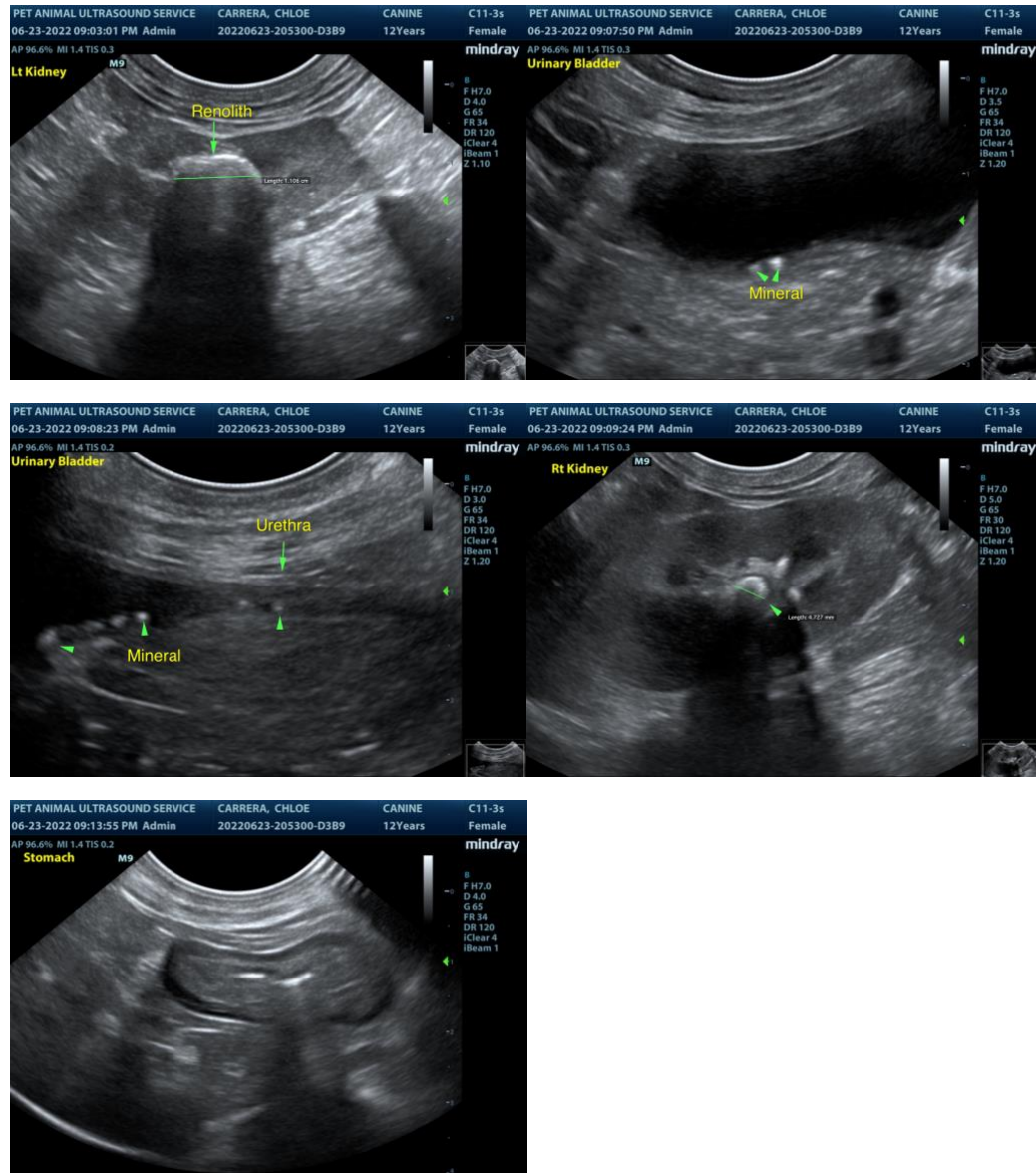
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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