

PATIENT

Cashmere Haugh

PRESENTING CLINICAL SIGNS

Hyporexia; weight loss. BUN 40; creat 2.9; calcium 11.6; spec fPL 4.2. Urine: ox crystals; SG 1.014.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Himalayan

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.

SEX

FS

The area of the aortic trifurcation was normal.

AGE

11 years

Asymmetrical renal margination was present in both kidneys with moderate loss of corticomedullary border demarcation. Subtle nonuniform cortical hypertrophy noted with nonuniform cortical echogenicity and area of cortical infarction. Scant pyelectasia was present in both kidneys. The left kidney measured 3.6 cm in length. The right kidney was mildly subnormal in size, measuring 2.7 cm in length.

WEIGHT

10 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (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. The spleen measured 0.87 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver/ Gallbladder

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.

HOSPITAL NAME

Norfolk County
Veterinary Service

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Christina Poor,
BVetMed

INVOICE

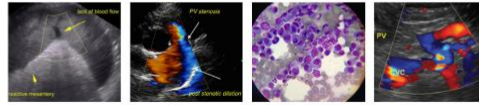
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Gastrointestinal

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 duodenum wall measured 0.24 cm. The jejunum wall measured 0.20 cm. The ileocolic wall measured 0.27 cm.

SPECIES

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

BREED

Himalayan

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.

SEX

FS

No omental masses, lymphadenopathy or peritoneal free fluid was present.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes with cortical infarcts and scant pyelectasia
- Sonographically unremarkable gastrointestinal tract/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10 lbs.

No overt evidence of gastrointestinal mural pathology or inflammatory criteria. Potential for low-grade to chronic pancreatitis, which may present sonographically normal, is possible given the spec fPL. Potentially, given the moderate azotemia and renal presentation, a contributing factor to the patients clinical signs may be chronic renal disease. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. CRD therapy and monitoring of systemic blood pressure recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

INTERPRETED BY

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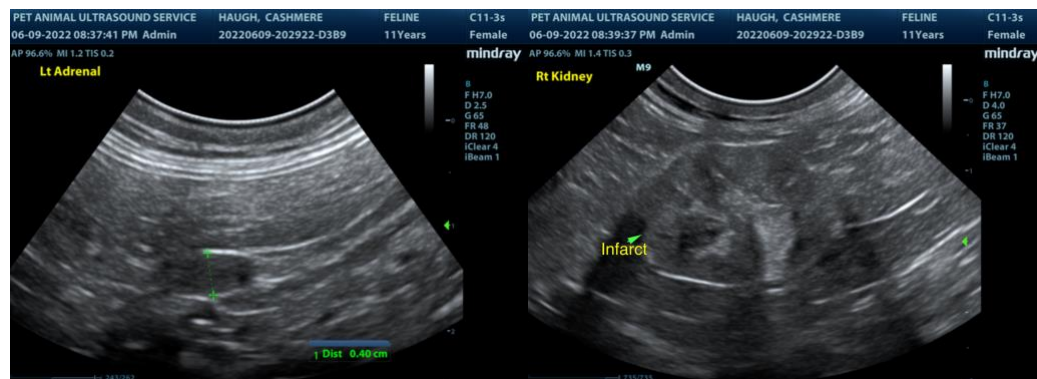
Christina Poor,
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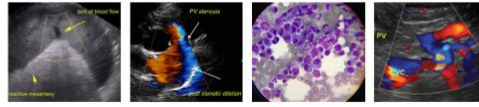
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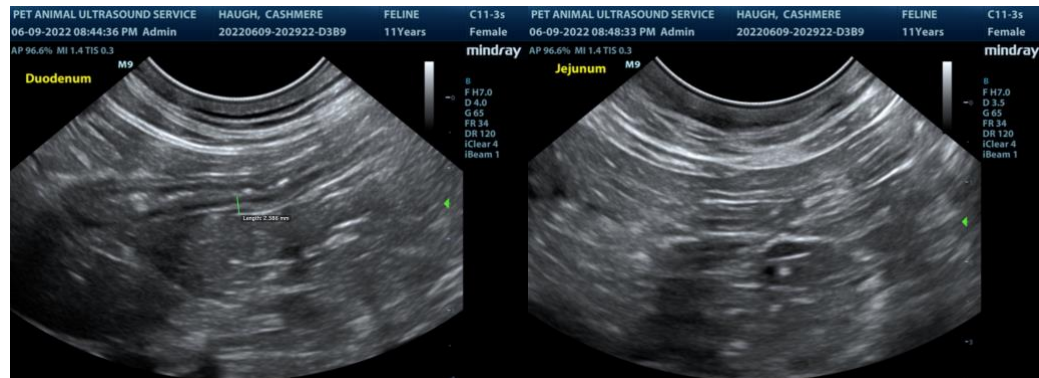
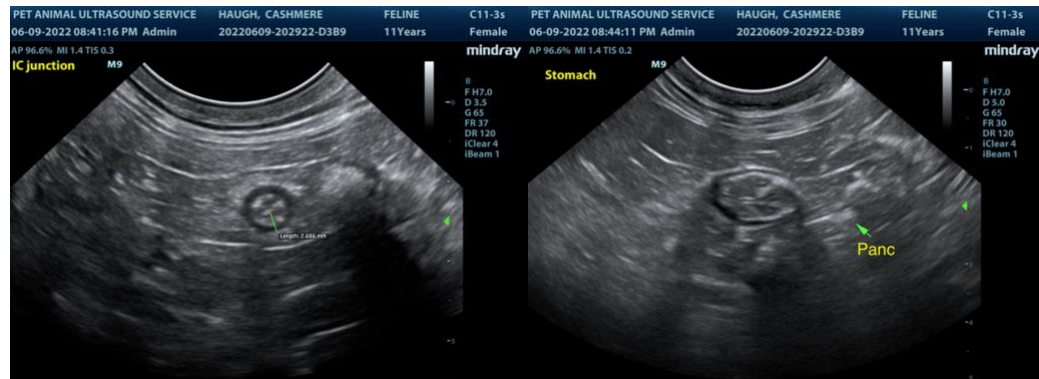
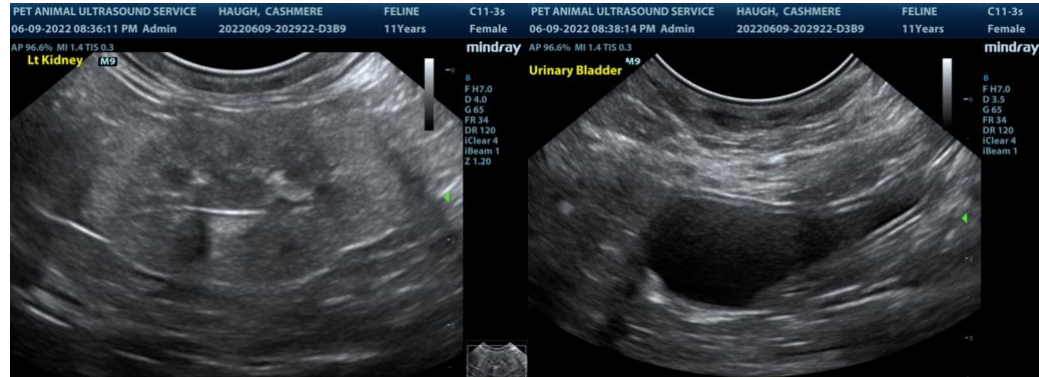
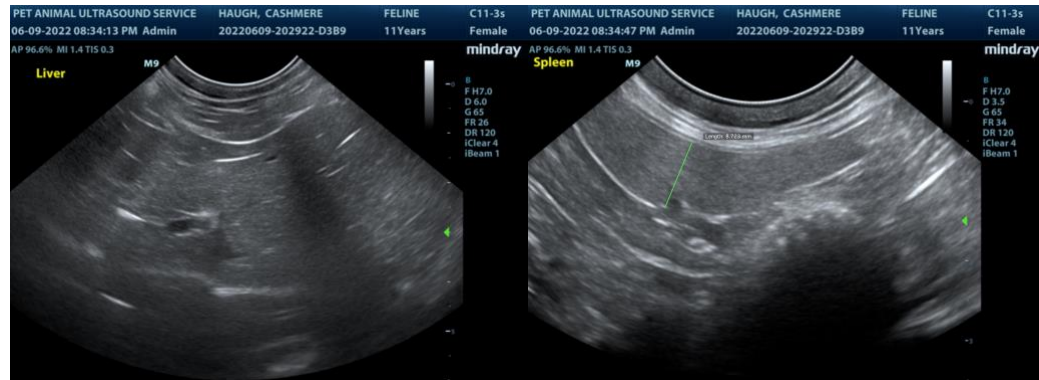
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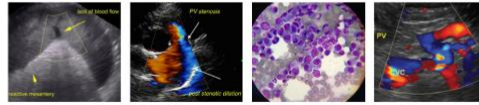
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The information and recommendations provided are based on the images presented by the



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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.

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info@SonoPath.com

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