



PATIENT PRESENTING CLINICAL SIGNS

Yogi Leyden History: 2# weight loss in 2 months, intermittent diarrhea, random vomiting, hookworm +, history of urinary stones Cerenia, Metronidazole, i/d, Fortiflora, aminopentamine AMYL >2500, LIP 5863, CPL abnl, unremarkable CBC

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with a focal area of dependent mineral measuring 0.15 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.

Yorkie Mix

SEX 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. Bilateral areas of nonobstructive medullary mineral in the lateral diverticuli were present along with intermittent small cortical cysts. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

MN

AGE

NA

WEIGHT

10.1

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the cranial pole and 1.6 cm length. The right adrenal gland measured 0.45 cm width in the cranial pole and 1.7 cm length.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Easton Animal Hospital

Liver

REFERRING VET

Dr. Titcher

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate nondependent mildly hyperechoic nonorganized debris. The cystic and common bile ducts were normal.

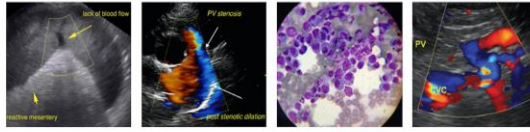
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Gastrointestinal

DATE

07/11/2022



PATIENT

Yogi Leyden

The stomach presented intact yet mildly prominent 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 ventral gastric body wall measured 0.41 cm in width.

SPECIES

Canine

The small intestine presented intact yet segmental to generalized prominent 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 0.39 cm in width. The duodenum wall measured 0.40 cm in width.

BREED

Yorkie Mix

The descending colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

SEX

MN

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

AGE

NA

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

10.1

ULTRASONOGRAPHIC FINDINGS

- Mild focal dependent urinary bladder mineral
- Bilateral chronic renal changes with nonobstructive medullary mineral and intermittent cortical cysts
- Benign mild hepatomegaly
- Gallbladder debris (non-mucocele)
- Intact yet prominent small bowel walls, mild colitis pattern
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. This patient may be passing small amount of mineral from the kidneys into the urinary bladder.

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The appearance of the pancreas is not overtly consistent with active pancreatitis although mild remodeling owing to previous inflammation or chronic pancreatitis is possible.

REFERRING VET

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The small intestine exhibited mildly prominent yet intact wall layering which although patient variant is possible, is suggestive of underlying inflammatory criteria such as IBD. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks given positive fecal testing), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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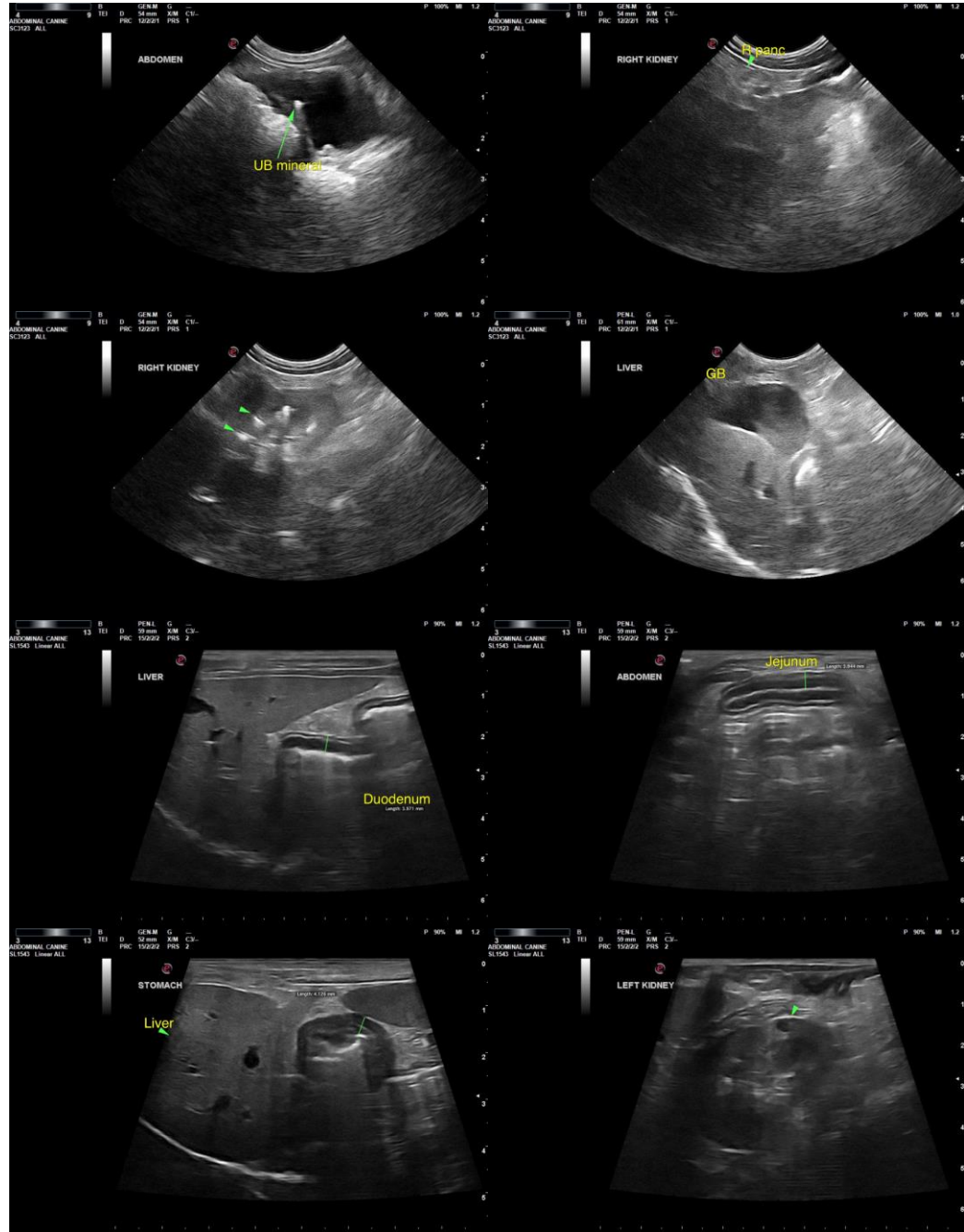
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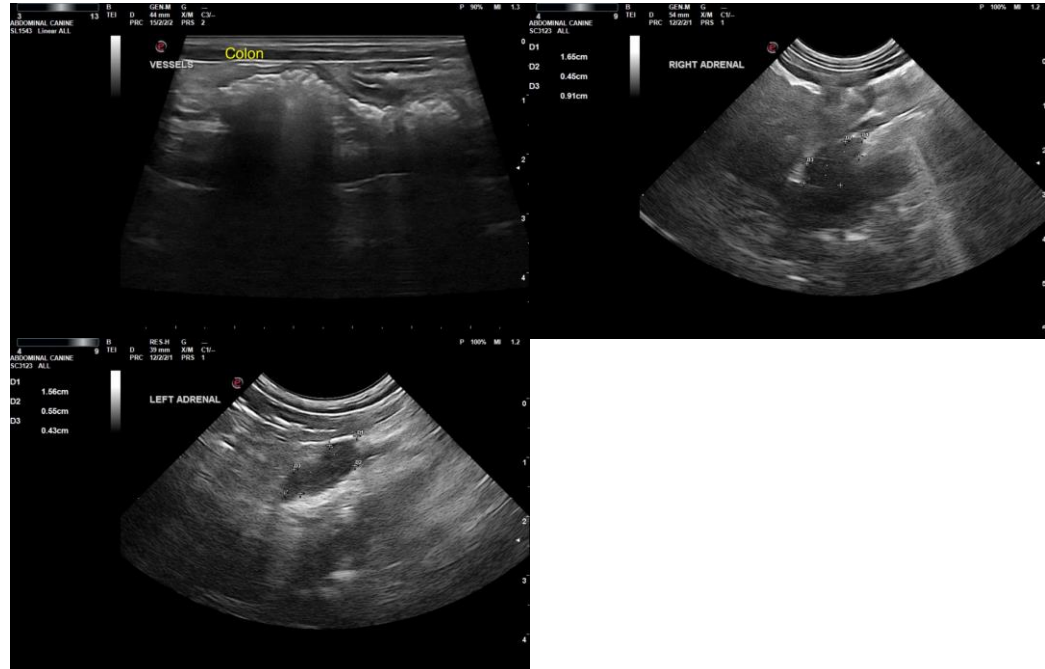
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com