



**PATIENT**

Tokyo James

**PRESENTING CLINICAL SIGNS**

Vomiting, hematochezia, hyporexia.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Abdominal pain Leukocytosis, elevated amylase and lipase, mild ALT elevation

**BREED**

Japanese Chin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**

MN

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

**AGE**

12yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

7.8kg

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were borderline prominent in size based on caudal pole width and body weight with symmetrical contour and homogenous parenchyma. No adrenal neoplastic criteria. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.64 cm width at the cranial pole.

**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.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 with mild non-organized echogenic sediment. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Fish Creek Pet  
Hospital

**Gastrointestinal**

**REFERRING VET**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderate to markedly distended with retained anechoic fluid with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

The small intestine presented intact variably prominent to thickened upper to mid duodenum wall layering with retained duodenal fluid. The jejunum and ileum to the level of the colon were sonographically unremarkable.

**BREED**

Japanese Chin

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

**Pancreas**

**SEX**

MN

The base and right limb of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful on subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Surrounding regional peripancreatic hyperechoic peripancreatic omentum was present.

**AGE**

12yr

**Free Abdomen**

**WEIGHT**

7.8kg

Probable associated minor non-homogenous pancreaticoduodenal lymphadenopathy and scant peripancreatic free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Enlarged irregular non-homogenously hypoechoic pancreas base and right pancreatic limb and surrounding peripancreatic steatitis/peritonitis-active pancreatitis, potential for neoplastic criteria thought less likely.
- Hypomotile stomach with associated duodenitis.
- Mild descending colitis pattern.
- Mild chronic renal changes with pinpoint minor medullary mineral.
- Unremarkable liver-consistent with benign low grade hepatopathy.
- Gallbladder debris (non-mucocele).
- Bilateral borderline prominent adrenal glands- nonspecific.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Fish Creek Pet Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive therapy for active pancreatitis with as needed GI support, analgesia, broad spectrum antibiotics with assessment of clinical response is warranted. Potential sonographic reassessment if persistent/progressive clinical signs are present is recommended.

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**IMAGING PERFORMED BY**

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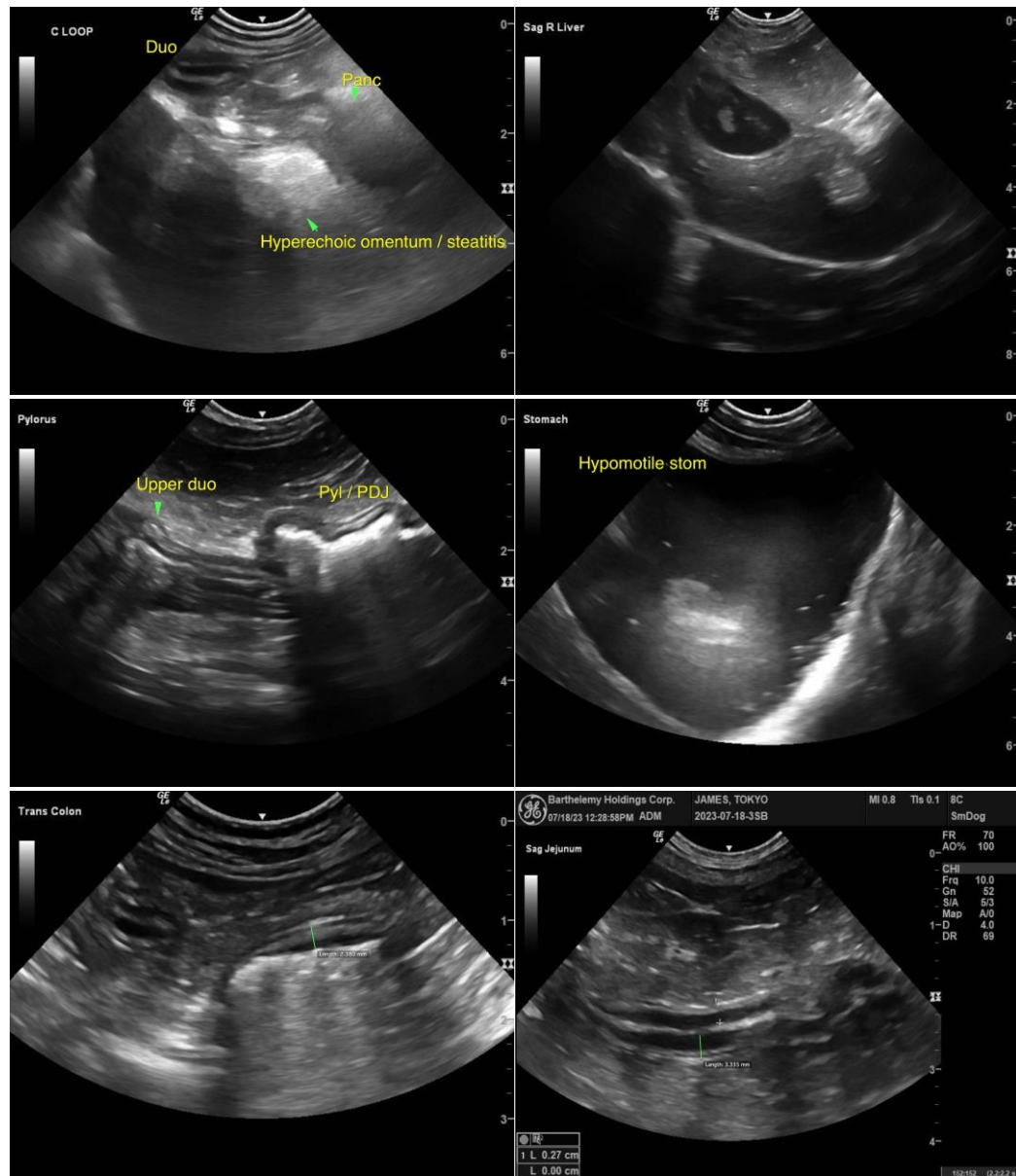
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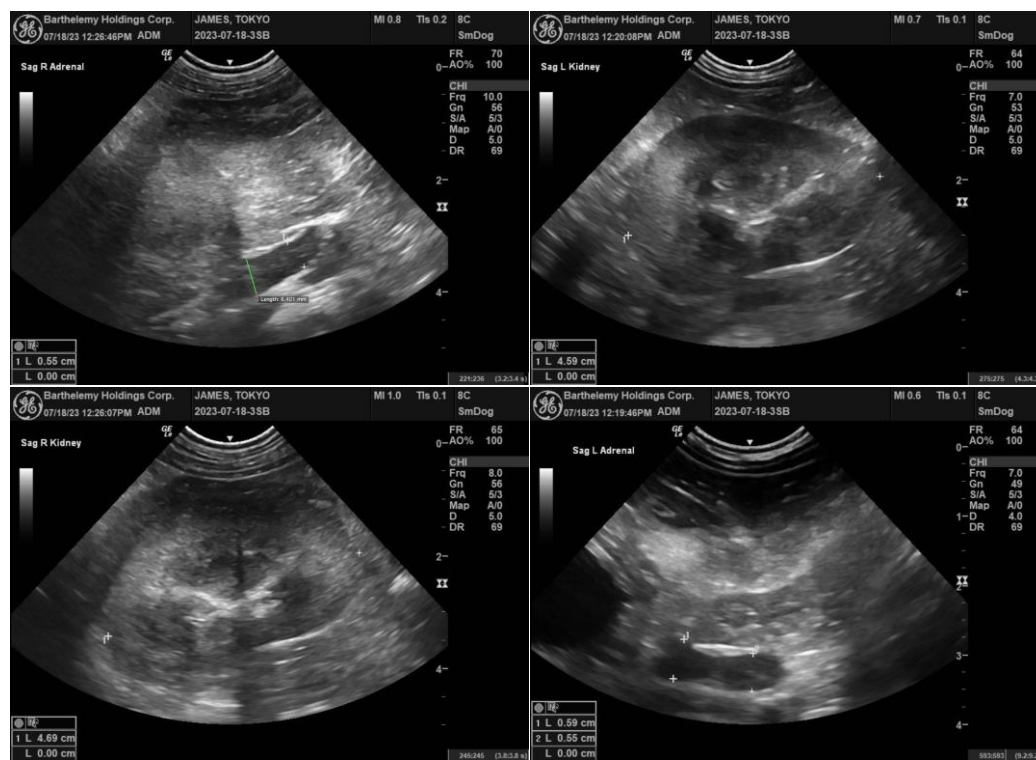
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**AGE**

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**WEIGHT**

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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.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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