



PATIENT	PRESENTING CLINICAL SIGNS
Maya Flores	History: 5y 6m old F Yorkie presents for the above. O reports since Monday has been producing smaller bms. Pet has always had a hacking cough, now seems more frequent. O recalls dr recc spay but she cannot spay her until maybe September and is requesting her ovaries get checked..... O says pet had an area of hairloss near a shoulder but it's grown back..... still wants skin checked. Hx vomiting at least once a weekly - yellow bile - continues to do so, o never tried famotidine as recc. vomited food this morning.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Skin: Hyperpigmentation on ventral abdomen. Good hair coat. No ectoparasites seen 1) CBC: HGB 20.6 (13.1-20.5), WBC 4.83 (5.05-16.76), NEU 2.73 (2.95-11.64) 2) CHEM: ALT 616 (10-125), AMYL 454 (500-1500) 3) cPL: Normal
Yorkshire Terrier	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FI	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
5 yr	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.
WEIGHT	The area of the aortic trifurcation was free of pathology.
10.6 lb	The visualized uterus exhibited normal overall structure with mild luminal anechoic fluid. No echogenic changes or overt fluid cellularity was noted. The uterine body measured 0.46 cm in diameter. The left ovary was normal measuring 0.95 cm in diameter. No overt pathology in the area of the right ovary.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.53 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 0.62 cm width at the caudal pole and 0.53 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Dr. Rivera	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.
HOSPITAL NAME	Liver
DPC Veterinary Hospital	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. 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.
REFERRING VET	
Dr. Rivera	
INVOICE	
11028ag	
DATE	
07/04/2022	



PATIENT

Gastrointestinal

Maya Flores

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.

SPECIES

Canine

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.

BREED

Pancreas

Yorkshire 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.

SEX

FI

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

5 yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.6 lb

- Mild uterine anechoic luminal fluid
- Overtly normal bilateral ovaries
- Sonographically unremarkable GI tract and colon
- Benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The mild anechoic uterine luminal fluid was nonspecific and may be a normal patient variant or suggestive of possible oncoming estrus. Monitoring for evidence of vaginal discharge which may suggest pyometra with potential for sonographic reassessment of the uterus if discharge is noted would be reasonable. Ovariohysterectomy is suggested.

IMAGING PERFORMED BY

Dr. Rivera

The liver finding was nonspecific but was suggestive of inflammatory hepatopathy given the ALT elevation. A screening ultrasound guided FNA of the liver could be considered assuming normal clotting status. Hepatosupportive medications empirically may be beneficial.

HOSPITAL NAME

DPC Veterinary
Hospital

Dietary hypersensitivity, occult parasitism or structurally insignificant GI inflammation given the patients reported weekly vomiting could be possible. A hydrolyzed diet trial with as needed GI protectants and monitoring of clinical response may prove beneficial.

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PATIENT

Maya Flores

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FI

AGE

5 yr

WEIGHT

10.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

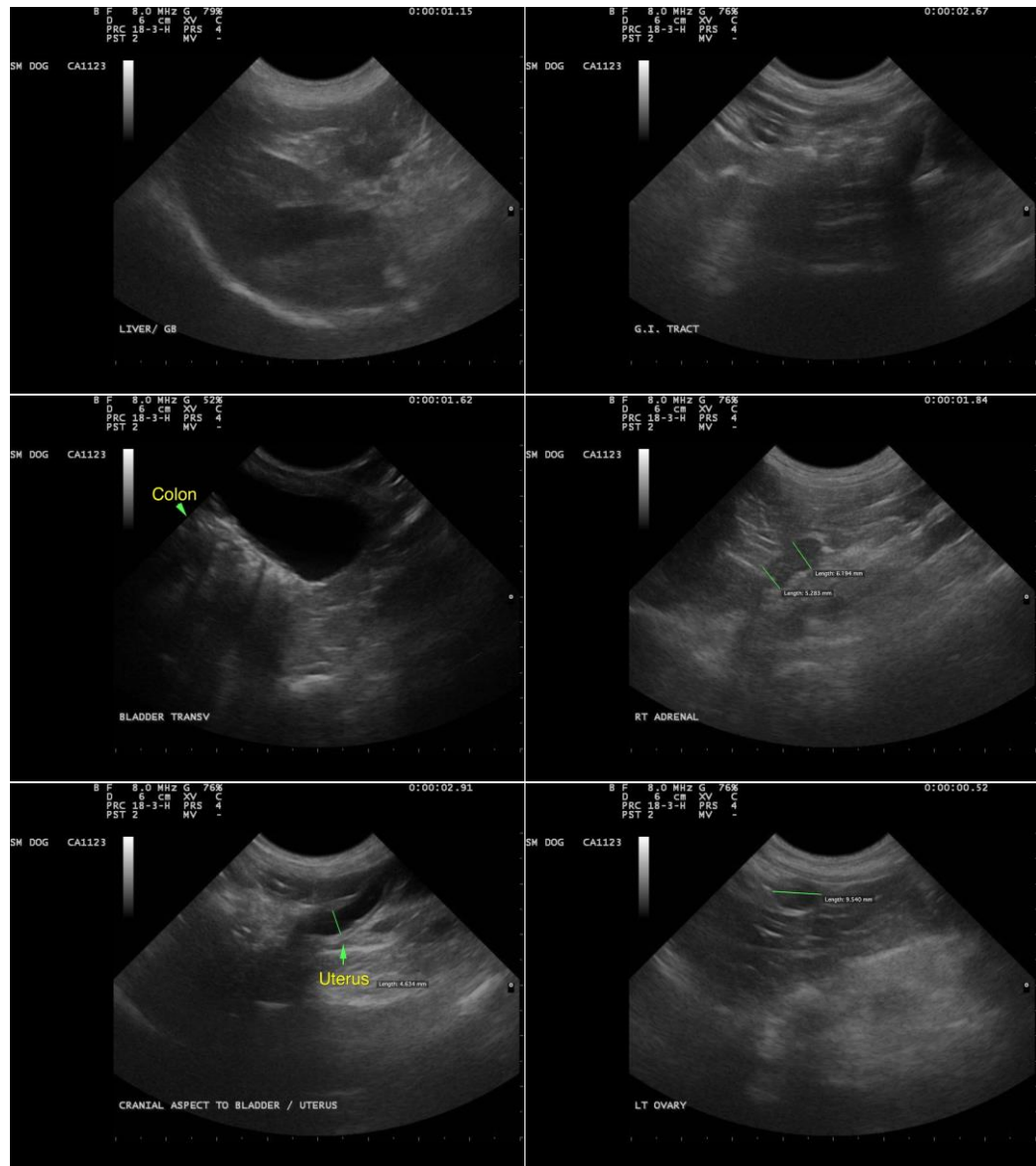
Dr. Rivera

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PATIENT

Maya Flores

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

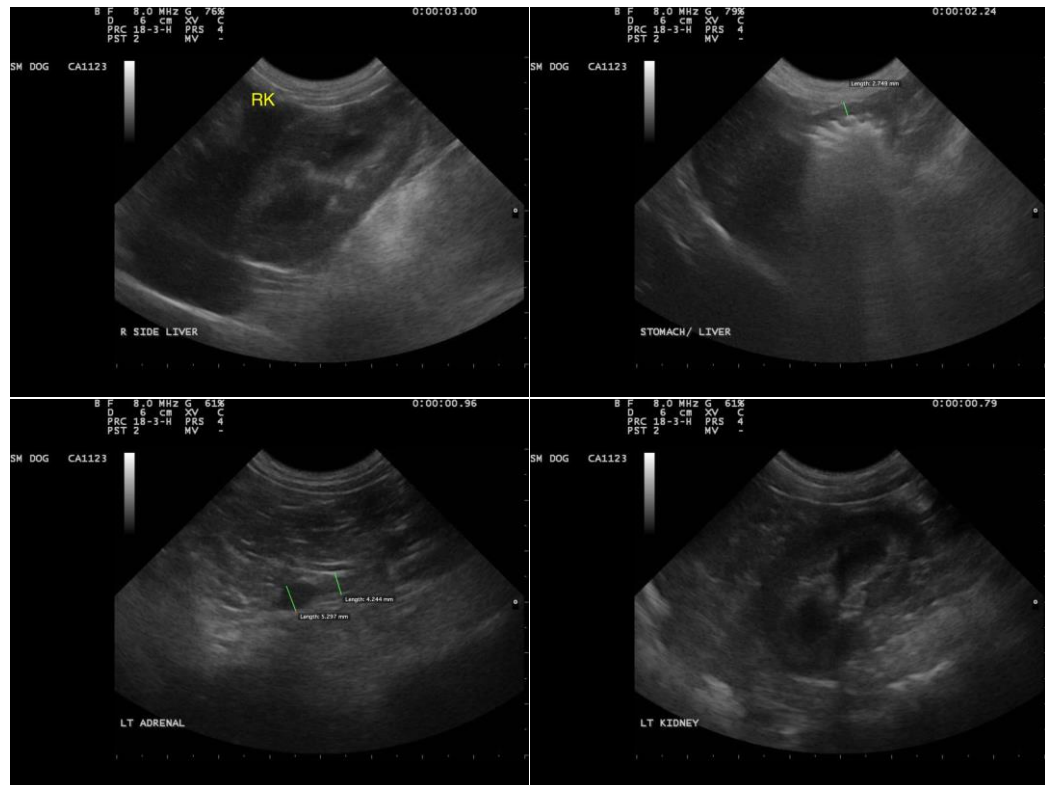
FI

AGE

5 yr

WEIGHT

10.6 lb



INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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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)

info@SonoPath.com