

**PATIENT**

Brownie Tapia

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Intact Male

**AGE**

20 year old

**WEIGHT**

6.2 lbs.

**PRESENTING CLINICAL SIGNS**

Patient with history of cardiac disease presents for vomiting and pyrexia (mild) 103.6 - 103.9 F, PU/PD. V+, fever responsive to Cerenia, Convenia, etc. Current meds: Pimobendan, Lasix, Spirinolactone, Hydrocodone PRN.

Abnormal PE/Chem/CBC/UA Results: ALT1054, AST 76, ALP 1065, GGTP 28, T4 0.6, WBC 28.5, neutrophils 22800, eosinophils 1710. U/A- no growth on culture.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.9 cm in diameter. Small, anechoic, thinly walled parenchyma cysts were present.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

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. Focal areas of nonobstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm in length. The right kidney measured 3.0 cm in length.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Adrenal Glands**

The left adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.3 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient conformation and overlaying Intestinal gas.

**HOSPITAL NAME**

Animal General on Hudson-

**Spleen**

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.

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

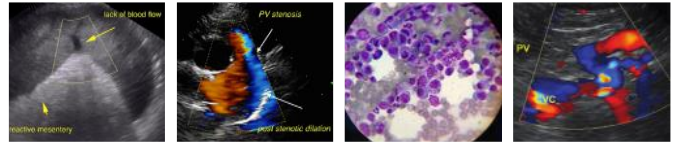
14221

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

**DATE**

7/6/22



**PATIENT**

Brownie Tapia

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Intact Male

**AGE**

20 year old

**WEIGHT**

6.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson-

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

14221

**DATE**

7/6/22

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering in the pylorus. The gastric body wall width measured 0.34 cm. The pylorus wall width measured 0.42 cm. The stomach was empty with mild luminal gas without evidence of retained ingesta, fluid, 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. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.25 cm width.

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

**Pancreas**

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

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

The right testicle was normal measuring 1.75 cm in length. The left testicle was slightly larger than the right testicle measuring 2.0 cm in length. The left testicle exhibited a nondisruptive, mildly hypoechoic to focally cystic nodule measuring 1.1 cm.

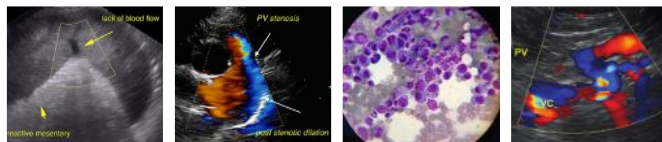
**ULTRASONOGRAPHIC FINDINGS**

- Mild benign prostatic hyperplasia with small parenchymal cysts - potential for prostatitis cannot be excluded yet considered less likely, no overt prostatic neoplastic criteria
- Nonspecific left testicle nodule
- Chronic renal changes with minor nonobstructive medullary mineral
- Hepatopathy - subjectively benign, vacuolar hepatopathy, chronic inflammatory disease, nonobstructive cholestasis, or other hepatopathy, no overt evidence of hepatic neoplastic criteria which is considered less likely differential diagnosis
- Probable mild gastritis, overtly normal small bowel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive cause of the fever was not overtly evident in the abdominal cavity.

Leptospirosis titer/PCR could be considered if potential exposure, given the PU/PD, fever, and elevated liver enzymes. Hepatosupportive medications could be considered if vomiting resolves. No evidence of intraabdominal neoplastic criteria was evident. Potential for low-grade to chronic pancreatitis could be present yet ultrasonographically normal. If not done, three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs. Continued gastrointestinal support would be reasonable.



**PATIENT**

Brownie Tapia

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Intact Male

**AGE**

20 year old

**WEIGHT**

6.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on Hudson-

**REFERRING VET**

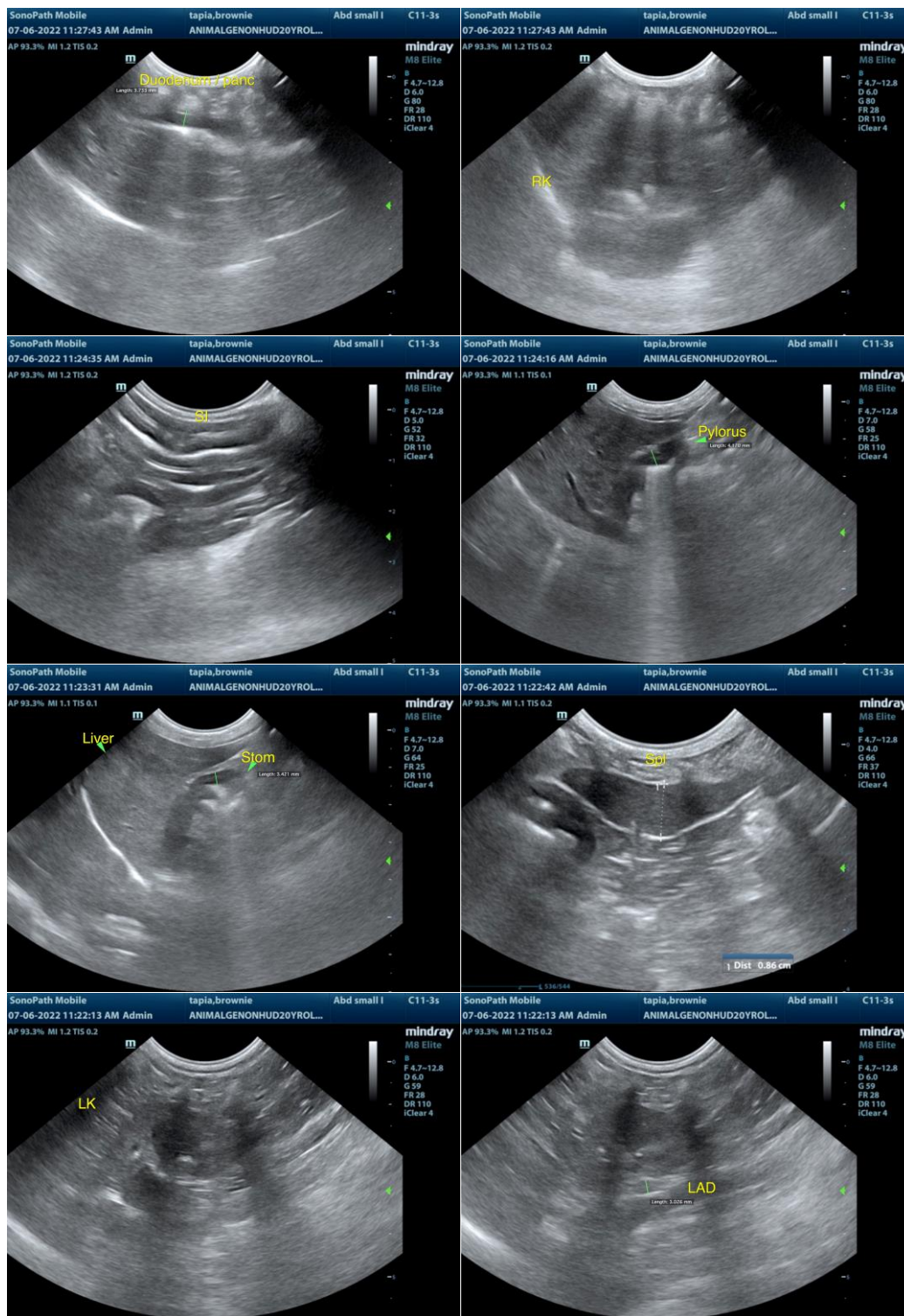
Dr. Vivian Ng

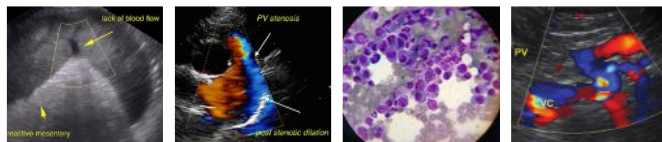
**INVOICE**

14221

**DATE**

7/6/22





## PATIENT

Brownie Tapia

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Intact Male

## AGE

20 year old

## WEIGHT

6.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Animal General on  
Hudson-

## REFERRING VET

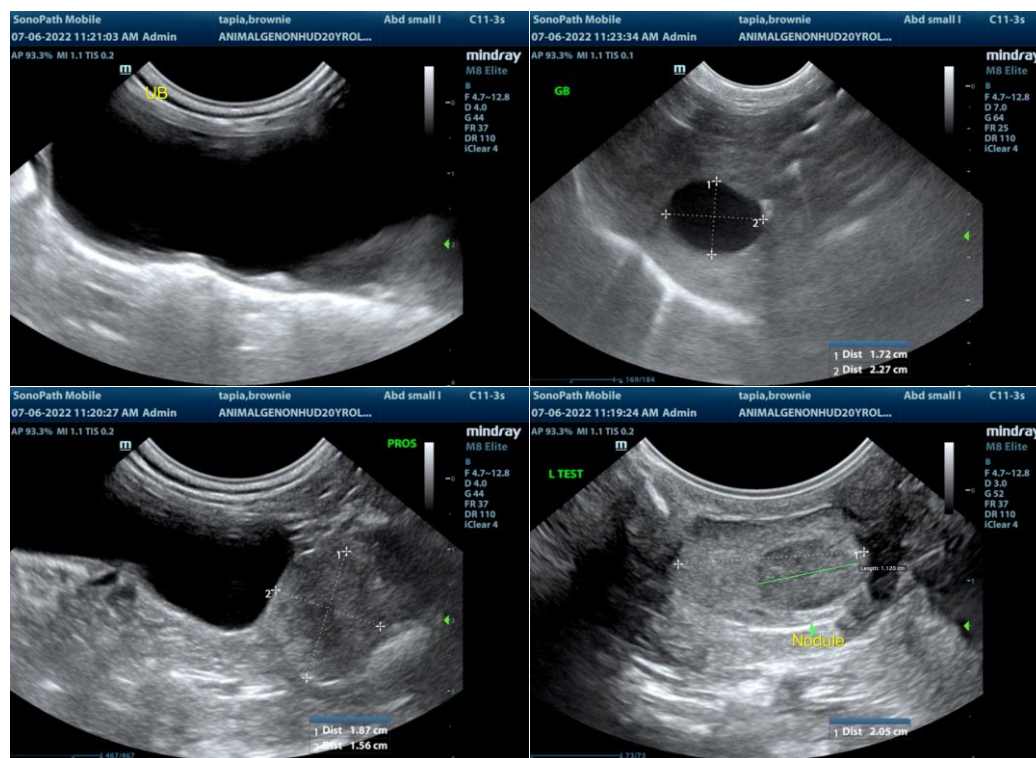
Dr. Vivian Ng

## INVOICE

14221

## DATE

7/6/22



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