



PATIENT	PRESENTING CLINICAL SIGNS
Louie Gerard	History: Hematochezia vomiting . Attending suspects Cushings
SPECIES	Abnormal PE/Chem/CBC/UA Results: WBC mild leucocytosis and reticulocytosis . Kidney and liver enzymes normal
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Yorkshire Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineralization were present. The left kidney measured 3.4 cm in length. The right kidney measured 2.8 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
AGE	The residual prostate was free of pathology.
10	Adrenal Glands
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.48 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 0.35 cm width at the caudal pole and 0.36 cm width at the cranial pole.
3 kg	Spleen
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver
IMAGING PERFORMED BY	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.
Dr. Belan	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent to mildly inspissated debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
McKnight VC	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 ventral gastric body wall measured 0.32 cm in width.
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PATIENT

Louie Gerard

The small intestine presented intact yet mildly prominent wall layering owing to prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.37 cm in width. The jejunum wall measured 0.36 cm in width.

SPECIES

Canine

The 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

BREED

Yorkshire Terrier

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

MN

Free Abdomen

No peritoneal effusion was present.

AGE

10

Intermittent mildly prominent symmetrical medial iliac and colic lymph nodes were present an example measured 1.30 x 0.4 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3 kg

- Colitis
- Intact yet prominent GI wall-possible inflammatory bowel
- Chronic pancreatitis pattern
- Minor hepatic parenchymal remodeling with mild inspissated gallbladder debris (non mucocele)
- Mild chronic renal changes with pinpoint medullary mineral
- Intermittent mildly prominent colic and medial iliac lymph nodes-benign/reactive

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal glands were overtly normal without evidence of adrenomegaly or tumors. No overt suspicion of Cushing's syndrome.

IMAGING PERFORMED BY

Dr. Belan

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

HOSPITAL NAME

McKnight VC

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 even if fecal testing is negative), 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.

Ursodiol therapy could be considered if evidence of cholestasis arises.

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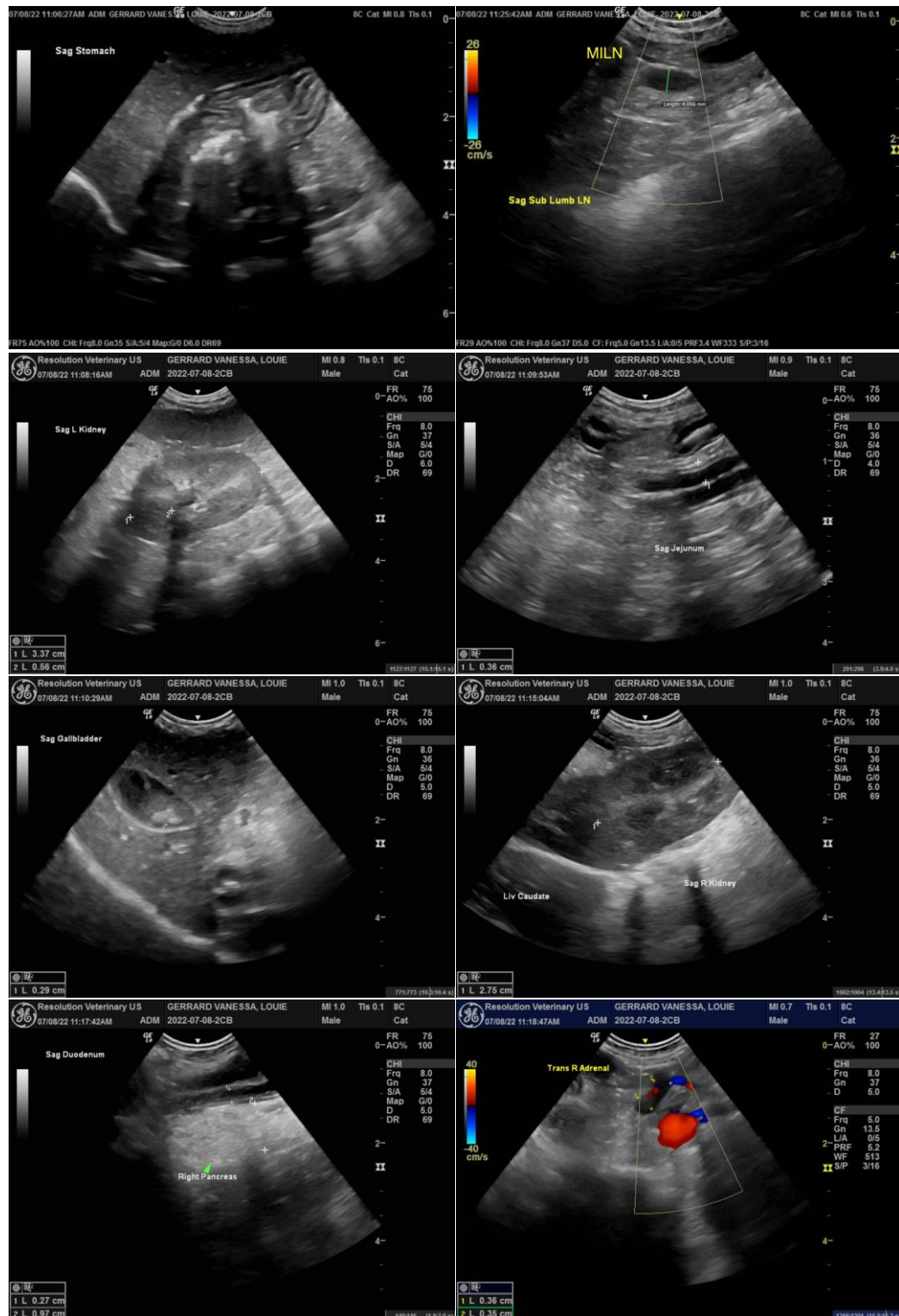
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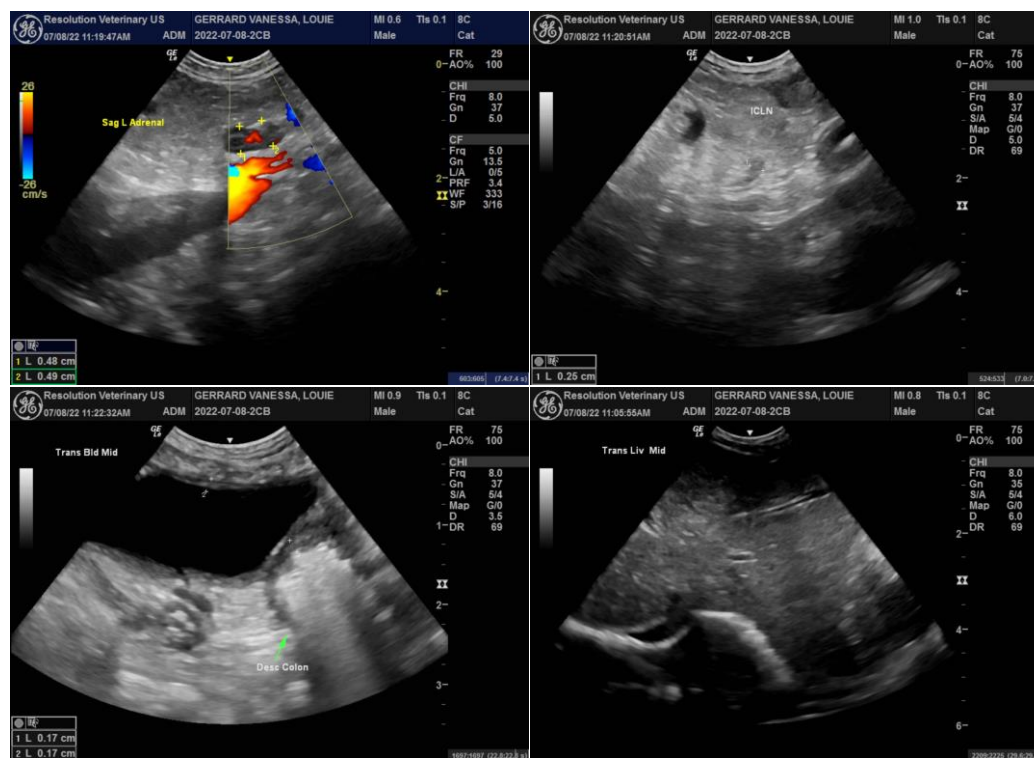
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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