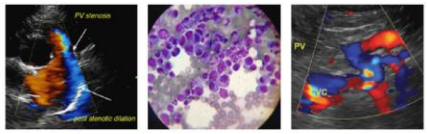
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pixie Zahn 277018

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F/S

AGE

4Y 3M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Lewis

INVOICE

14614

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Pixie is a 4y 3m year old SF Yorkshire Terrier (Canine) who presented to the WVRC-Emergency Service on 8/12/2022 for evaluation of progressive lethargy. Pixie received vaccinations 2 weeks ago and she has progressively stopped eating. Pixie has been vomiting and not drinking for the past few days, she has also been progressively and notably lethargic. Was seen at her pDVM today and she was concerned for shock and muddy mucus membranes Current Medications: Enrofloxacin- has received 2 doses Pertinent Previous Medical History: Benign Vaccination Status: UTD
Abnormal PE/Chem/CBC/UA Results: 8/12: Abdominal x-rays, liver appears small per pDVM. Stomach is vertical. Painful to abdominal palpation P: 78 R: 36 T: 99.1 Tacky MM, CRT <2 8/11: CBC: RBC 9.24 (H), HCT 60.6 (H), PLT 109 (L) Chemistry: Glu 64 (N), Calcium 8.3 (L), TP 4.6 (L), Albumin 1.9 (L), Chol 109 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Two dependent spherical calculi were present in the urinary bladder lumen with an example measuring 0.82 cm in diameter. Concurrent moderate particulate hyperechoic nondependent sediment noted. No obvious evidence of Inflammatory urinary bladder changes or neoplastic criteria were present.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint medullary mineral were present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

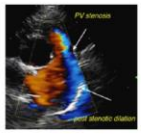
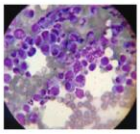
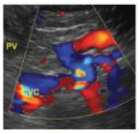
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.38 cm width at the cranial pole.

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
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pixie Zahn 277018

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F/S

AGE

4Y 3M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Lewis

INVOICE

14614

DATE

8/12/22

Liver/ Gallbladder

The liver was of subjective mild subnormal size with normal 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.

Gastrointestinal

The stomach presented intact subjectively mildly prominent wall layering. The stomach contained a moderate amount of retained anechoic fluid. No overt evidence of obstructive pyloric mural pathology or mechanical pyloric outflow obstruction (foreign body). The ventral gastric body wall width measured 0.24 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without overt mechanical obstructive pattern or small intestinal foreign material. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.28 cm width.

Normal visible colon wall layers were present with subjective semi-formed feces and luminal gas in lumen.

Pancreas

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 were evident.

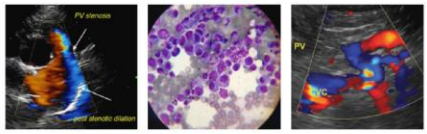
Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.0 cm x 0.73 cm. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculi with concurrent moderate nondependent hyperechoic sediment
- Subjective mild subnormal liver
- Gastroenteritis pattern with moderate gastric and segmental mild intestinal hypomotility / ileus
- Associated probable mild mesenteric lymphadenitis - suspect secondary to inflammatory bowel episode

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pixie Zahn 277018

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F/S

AGE

4Y 3M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Lewis

INVOICE

14614

DATE

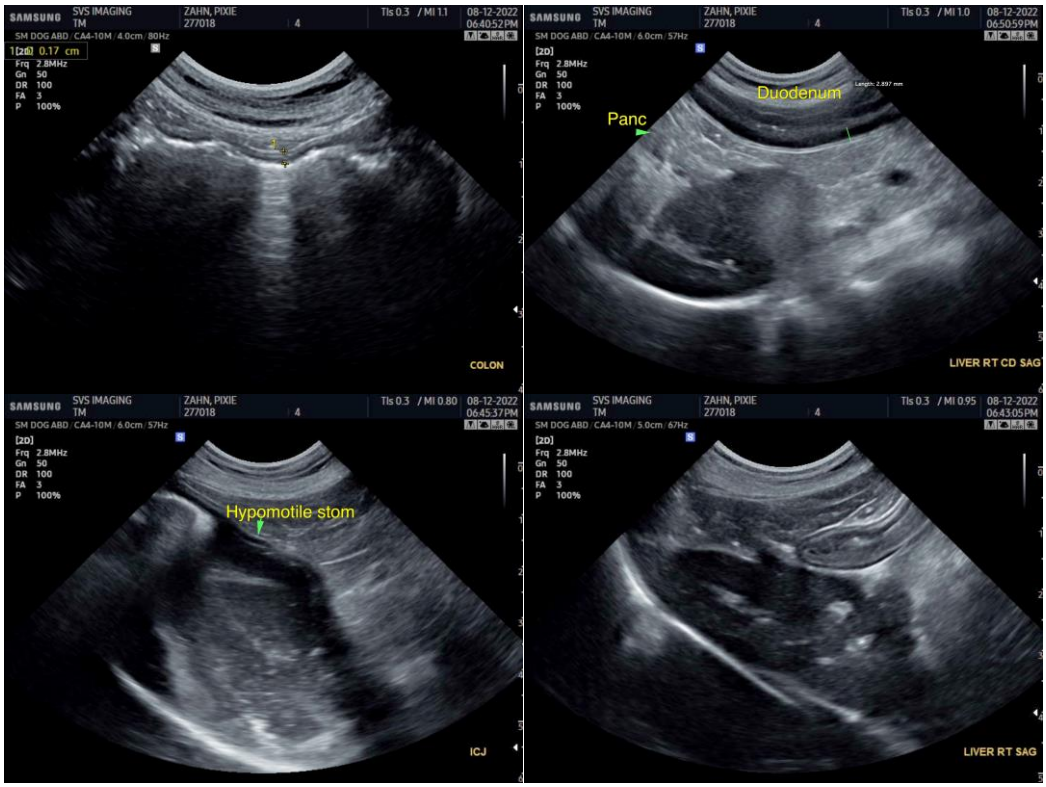
8/12/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

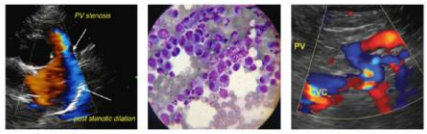
Urine C/S on a sterile urine sample, given the cystic calculi and sediment, is suggested. If clinically indicated, fasting and post prandial bile acids are recommended to assess for a portosystemic vascular anomaly, given the subjective mild subnormal liver size and presence of cystic calculi.

Subacute gastroenteritis, infectious enteritis, potential emerging protein-losing enteropathy, given the decreased albumin levels, dietary indiscretion / food Intolerance, or less likely occult infiltrative intestinal neoplasia are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to rule out occult Addison's Disease could be considered.

Empirically, hospitalization with correction of dehydration and potential electrolyte abnormalities, with gastrointestinal support pending additional diagnostics and assessment of clinical response would be reasonable.



IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pixie Zahn 277018

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F/S

AGE

4Y 3M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

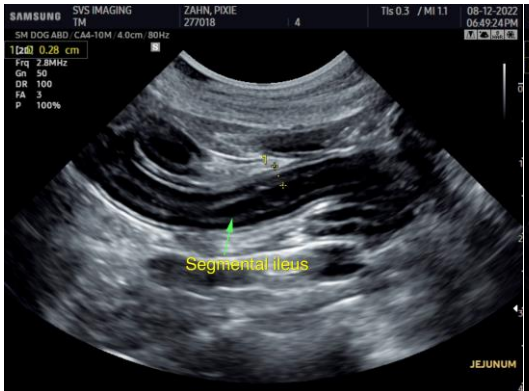
WVRC - Dr. Lewis

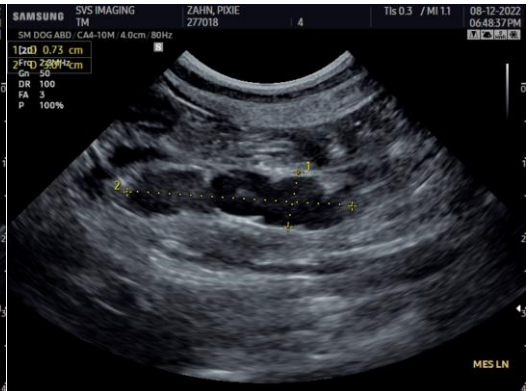
INVOICE

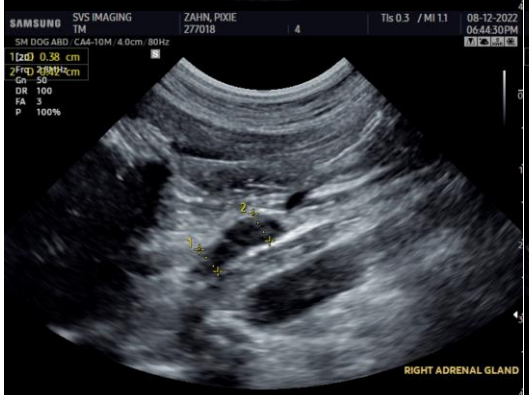
14614

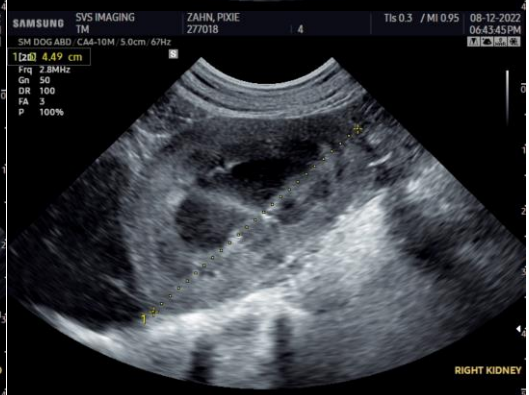
DATE

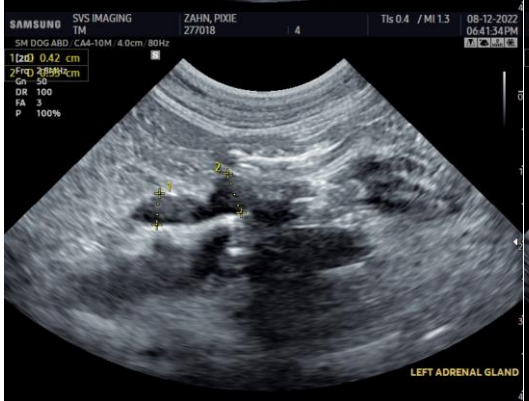
8/12/22

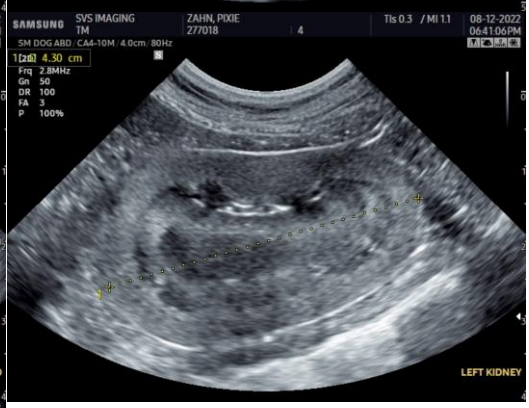


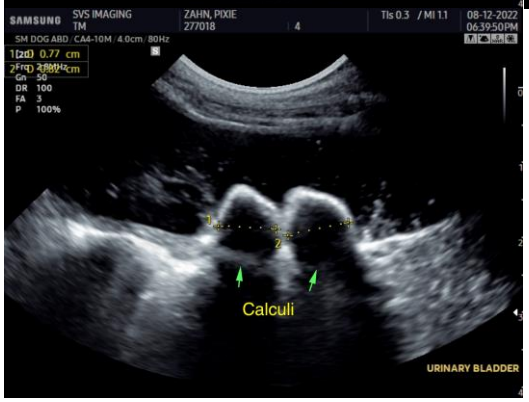






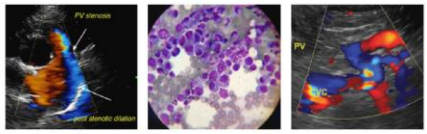






The information and recommendations provided are based on the images presented by the

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pixie Zahn 277018

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F/S

AGE

4Y 3M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Lewis

INVOICE

14614

DATE

8/12/22

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