

PATIENT

Napoleon Gontes

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Anorexic off/on past 2 weeks. Elevated BUN, CREA, PHOS. Current therapy is in office IV fluids with ampicillin, enro, famotidine, 50% dextrose, cerenia and metronidazole. Owner gave 120cc SQ over the weekend, was able to mix chicken in with hills k/d beef stew.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkie

Urinary System

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.

SEX

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent cortical cysts and mild bilateral pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

AGE

12yr

WEIGHT

5.4kg

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was prominent in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.62 cm width at the cranial pole.

IMAGING BY

Loetitia Saint-Jacques,
LVT

No evidence of adrenal neoplastic criteria.

Spleen

HOSPITAL NAME

Roundhill Animal Hospital

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.

REFERRING VET

Dr. Carl Kelly

Liver

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

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Napoleon Gontes to benign parenchymal remodeling. Intermittent small intraparenchymal nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

SPECIES

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

Canine

Gastrointestinal

BREED

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

Yorkie

SEX

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with intermittent duodenojejunal mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

MN

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

AGE

Pancreas

12yr

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

WEIGHT

Free Abdomen

5.4kg

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Bilateral chronic nephropathy exhibiting cortical cysts and bilateral pyelectasia
- Hepatic parenchyma remodeling-benign
- Mild gallbladder debris (non-mucocele)
- Mild retained gastric ingesta/chyme
- Mild enteritis pattern exhibiting mild duodenojejunal speckling
- Mild pancreatic remodeling-consistent with age related pancreatic changes

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Roundhill Animal Hospital

The bilateral kidneys are consistent with CRD/chronic nephropathy. The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Assessment of renal response to current IVF is indicated for further prognosis. Potential for end stage CRD is possible yet is likely dependent on current degree of azotemia and further monitoring of renal response.

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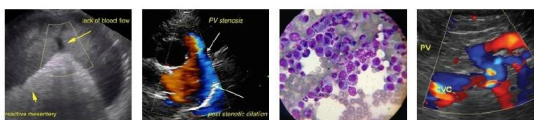
Conservative therapy for mild gastroenteritis would be reasonable.

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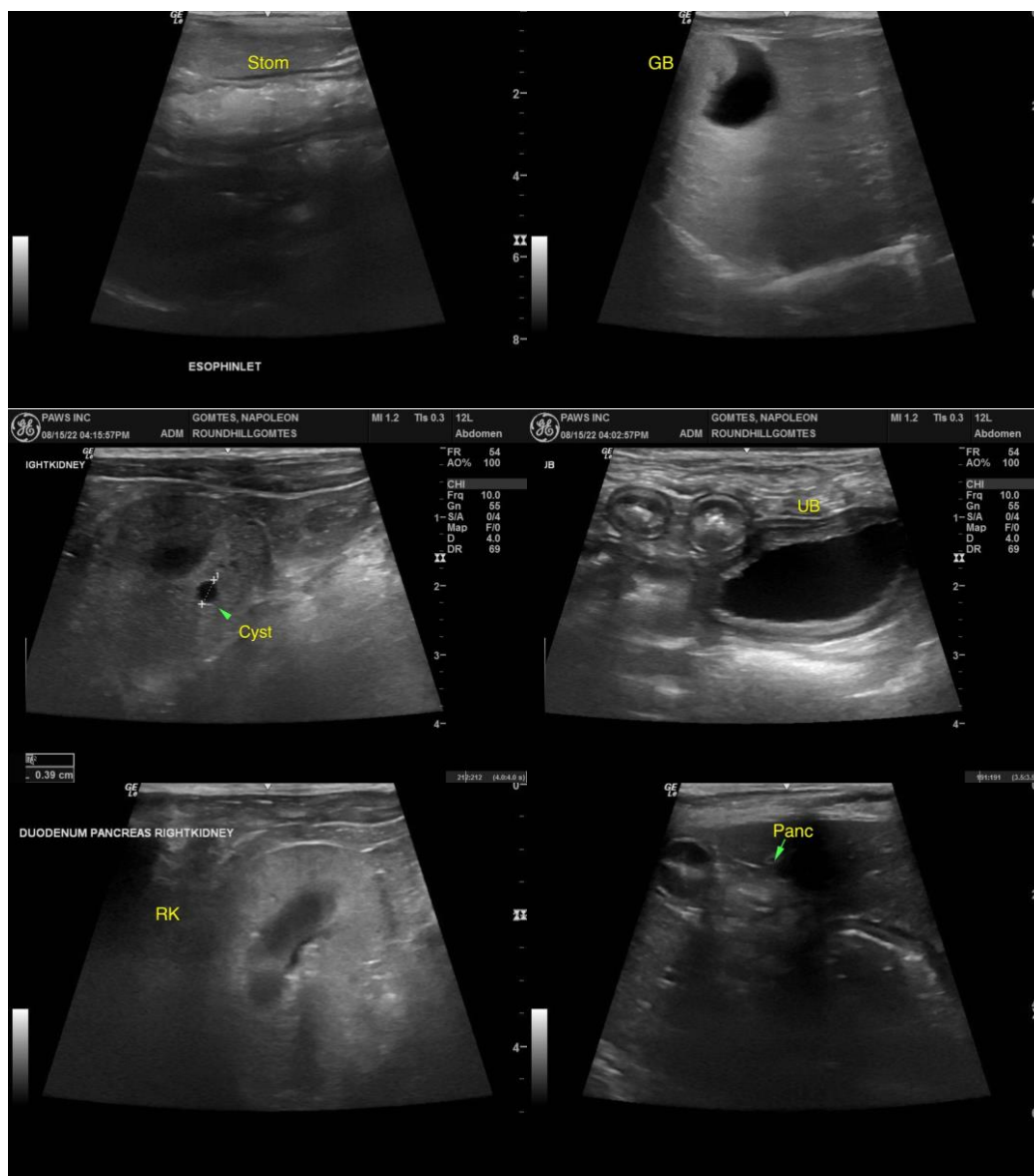
Dr. Carl Kelly

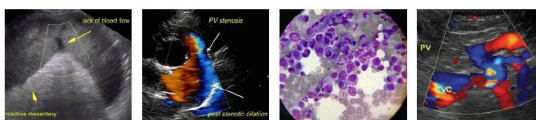
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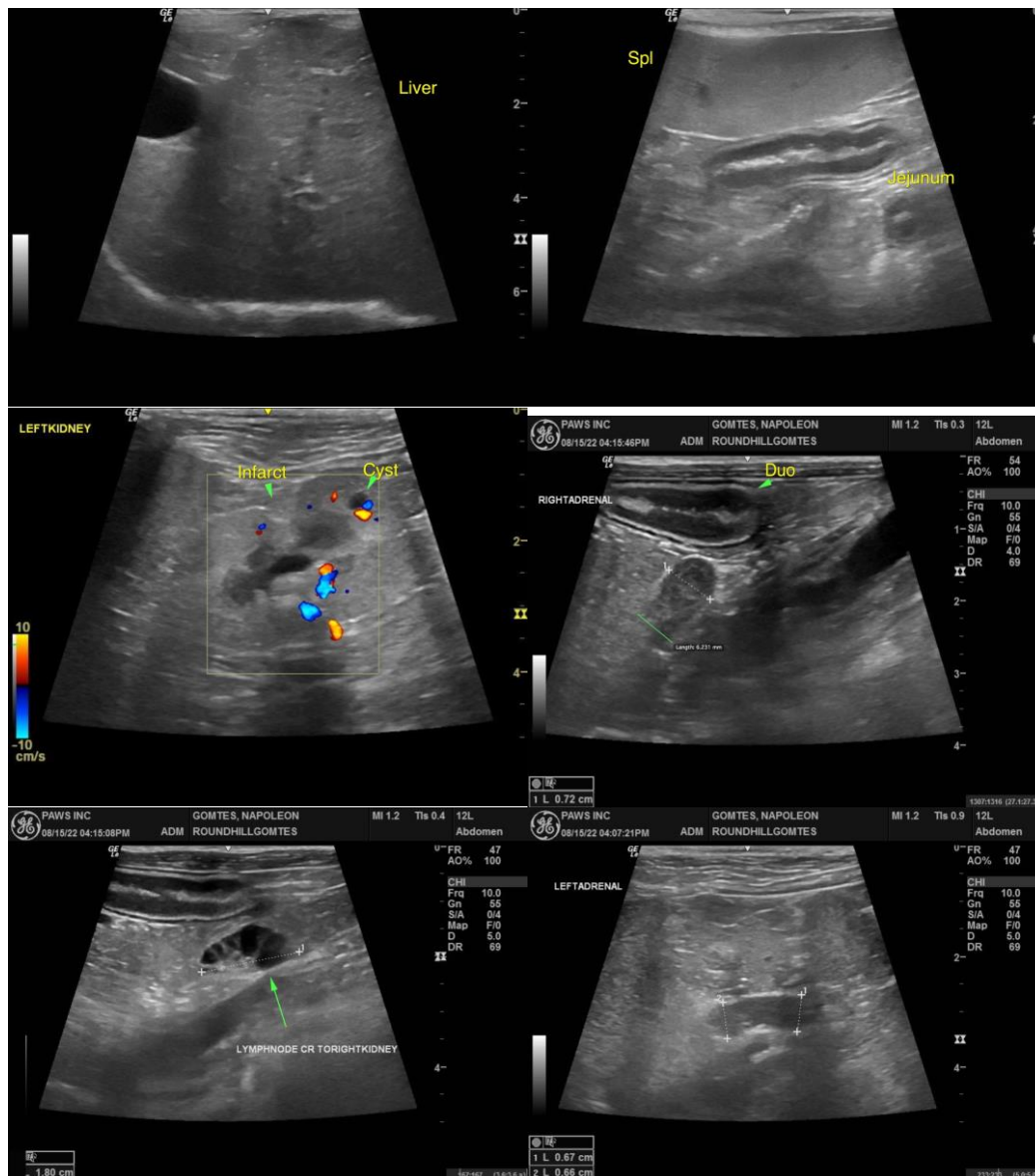
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com