



PATIENT

Kirby Cosco

SPECIES

Canine

BREED

Shih Tzu

SEX

M/N

AGE

14 years, 9 months

WEIGHT

12.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Kellie Pesola/Dr.
Tracy Nyberg

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Kellie Pesola

INVOICE

14841

DATE

8/16/23

PRESENTING CLINICAL SIGNS

weight loss, vomiting / anorexia - had improved some since initial onset in Feb 2023 - primarily regurgitation at that time - (had Ultrasound done -through sonopath at that time as well) long term famotidine and sucralfate along with vetmedin and occasional cerenia - initial weight loss was gaining back and recently lost again (15lbs down to 12 back up to 13 and down again to 12).

Abnormal PE/Chem/CBC/UA Results: last lab work in Feb 2023 cbc NSF chem: ALKP 693 and elevated albumin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney static cortical cysts were noted. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited mild prominent size based on caudal pole width measurement in light of body weight with mild progressive left adrenal caudal pole enlargement compared to the previous study. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.88 cm width at the caudal pole. The right adrenal gland measured 0.68 cm width at the caudal 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.

Liver/ Gallbladder

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. A solitary, nondisruptive, well-demarcated, hyperechoic intraparenchymal nodule was noted mid-liver measuring 1.0 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas. There were no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.37 cm.

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. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.36 cm.

BREED

Shih Tzu

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

SEX

Pancreas

M/N

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable gastrointestinal tract
- Static mildly heterogeneous remodeled pancreas - no evidence of active pancreatitis
- Benign hepatopathy with solitary intraparenchymal nodule - nodule consistent with benign criteria i.e., lipogranuloma, nodular hyperplasia, or similar
- Mild gallbladder sediment (non-mucocele)
- Static chronic renal changes with left kidney cortical cysts
- Static to mildly progressive nonhomogeneous adrenomegaly - no sonographic evidence of adrenal neoplastic criteria, suspect adenomatous change

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. An obvious cause of the patient's clinical signs was not definitive. Considerations may include dietary intolerance / food hypersensitivity, structurally insignificant inflammatory gastroenteropathy, occult parasitism, chronic pancreatitis, or other gastroenteropathy without evidence of gastrointestinal neoplastic or obstructive criteria.

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A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to assess for occult intestinal or intrathoracic pathology as a contributing factor is suggested. In addition to gastroprotectant medications, a canned novel protein or hydrolyzed diet trial with potential long term dietary therapy and empirical deworming is recommended. Assessment of systemic BP is suggested to assess for evidence of hypertension which may allude to a more aggressive emerging adrenal pathology, although thought less likely.



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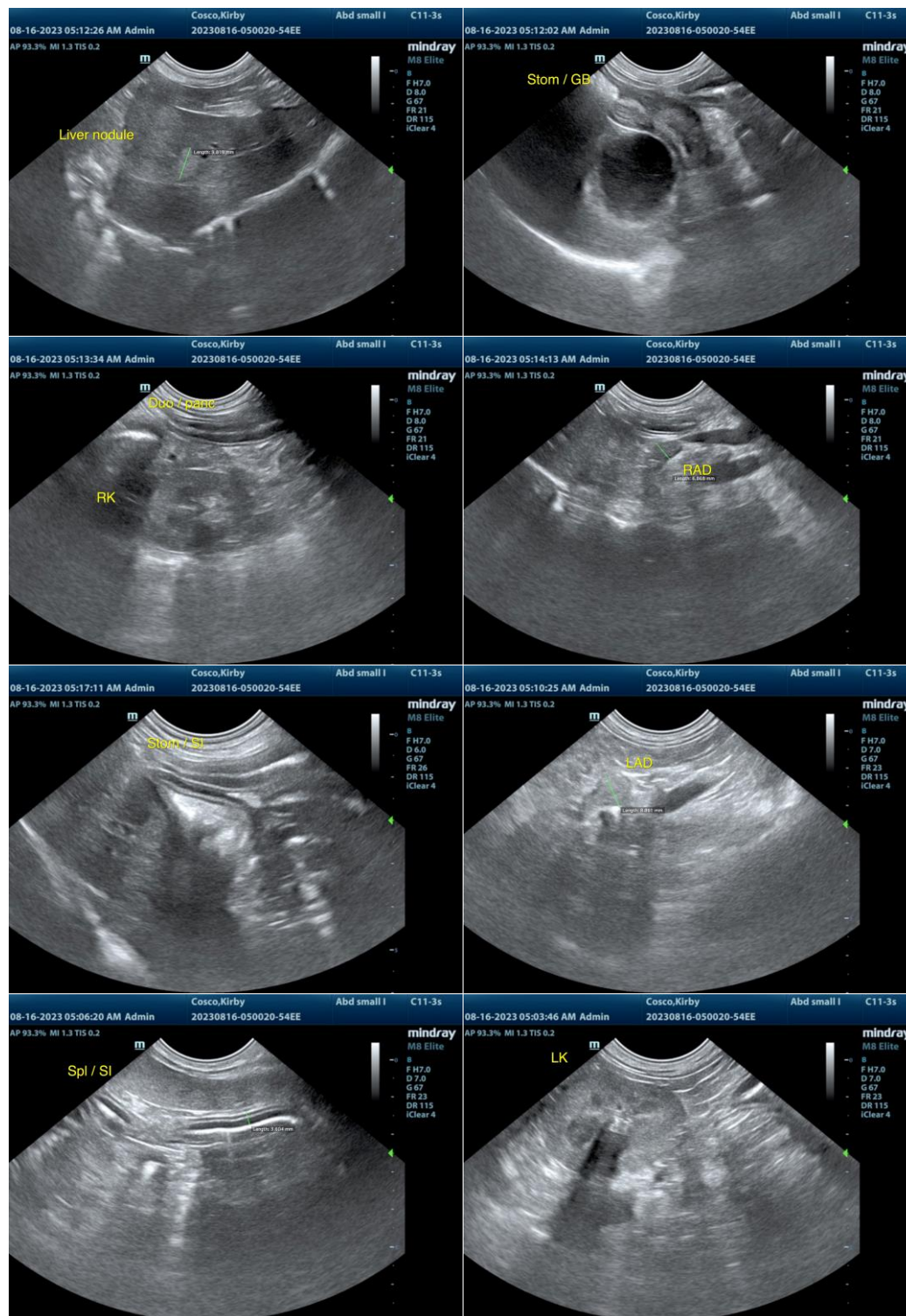
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com