



PATIENT

Chance Schneider-Bechard

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13 years

WEIGHT

7.2 kg

PRESENTING CLINICAL SIGNS

7/24 Chance presented for recheck of skin(ongoing) gave Cytopoint and check thyroid levels. Owner noted changes in his behaviour and appetite. Chance has been unsettled and anxious in the evenings or when one owner is not present. Hiding more often. Will not sit with owner like he used to. Last few days noted decreased appetite, no PU/PD and no vomiting or diarrhea. No weight loss. Has been on Trazodone, Apoquel, Thyro tabs, Omeprazole and Cytopoint every 4 weeks.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results. CBC decreased Retic Hg, Increased platelets, Increased TP, Globulins, ALP and decreased A:G ratio

Urine cortisol: creatinine ratio 20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was free of pathology.

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 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. Discreet areas of medullary 4.1 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 1.4 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.49 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.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Windrush Veterinary
Services

REFERRING VET

Best

INVOICE

14771

DATE

8/2/23



PATIENT

Liver/ Gallbladder

Chance Schneider-
Bechard

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Shih Tzu

Gastrointestinal

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.

SEX

MN

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.

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

AGE

13 years

Pancreas

The pancreas base and right pancreatic limb exhibited normal size and mild capsule asymmetry with mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

WEIGHT

7.2 kg

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Bilateral mild chronic renal changes
- Hepatopathy - sonographically benign, suggestive of vacuolar hepatopathy pattern criteria
- Normal gallbladder
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous / hypoechoic pancreas base / right pancreatic limb

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Windrush Veterinary
Services

REFERRING VET

Best

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Baseline UPC level, if no evidence of significant inflammatory sediment or persistent-progressive proteinuria, may be considered.

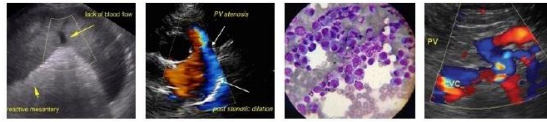
INVOICE

14771

Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation and/or abnormal Spec cPL. There is no overt evidence of adrenal disease in conjunction with a lack of clinical signs consistent with Cushing's Syndrome and normal urine cortisol: creatinine ratio. Empirically, as-needed gastrointestinal support and supportive care for possible low-grade pancreatitis with continued monitoring and assessment of clinical response would be reasonable.

DATE

8/2/23



PATIENT

Chance Schneider-
Bechard

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13 years

WEIGHT

7.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Windrush Veterinary
Services

REFERRING VET

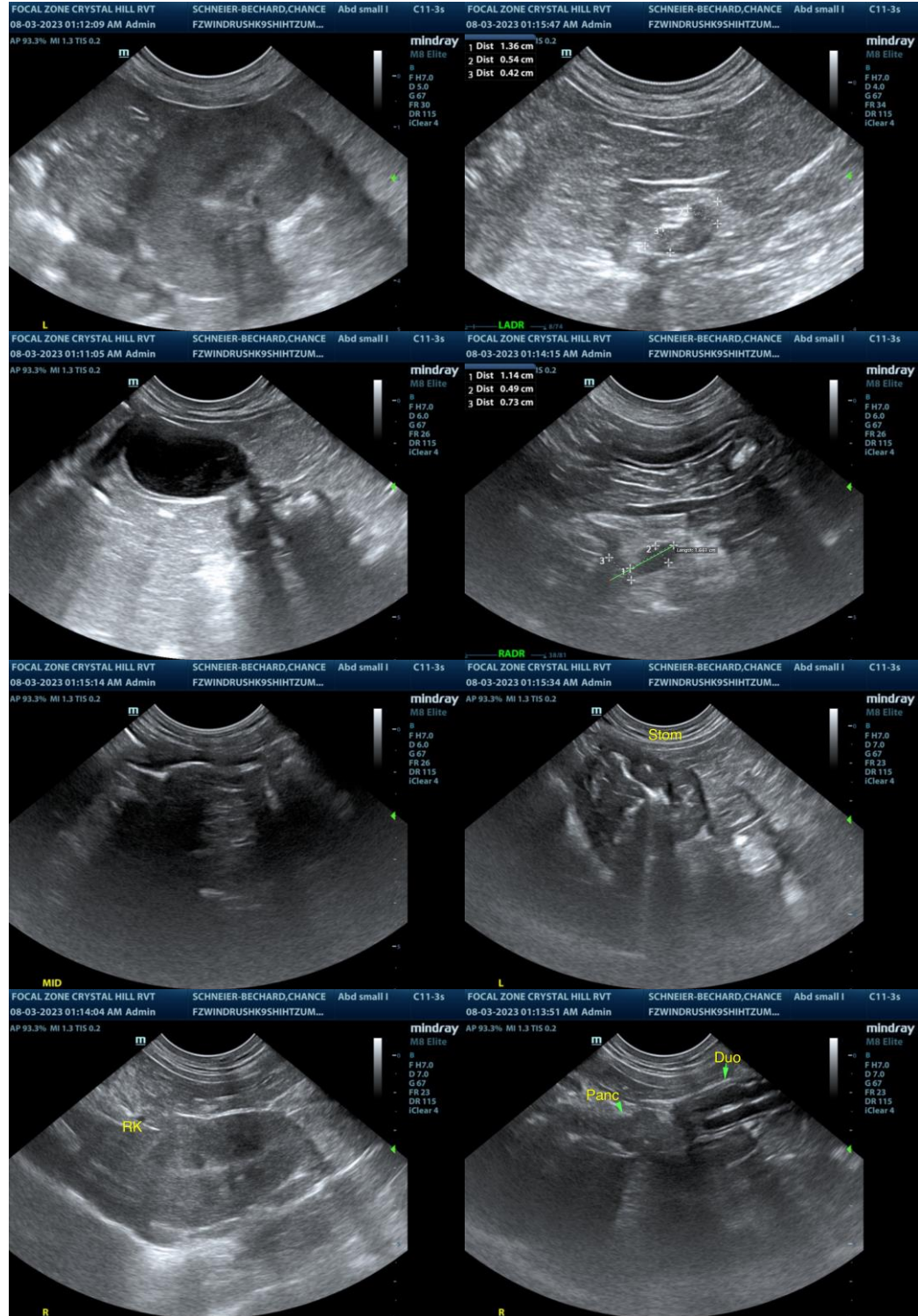
Best

INVOICE

14771

DATE

8/2/23





PATIENT

Chance Schneider-
Bechard

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13 years

WEIGHT

7.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Windrush Veterinary
Services

REFERRING VET

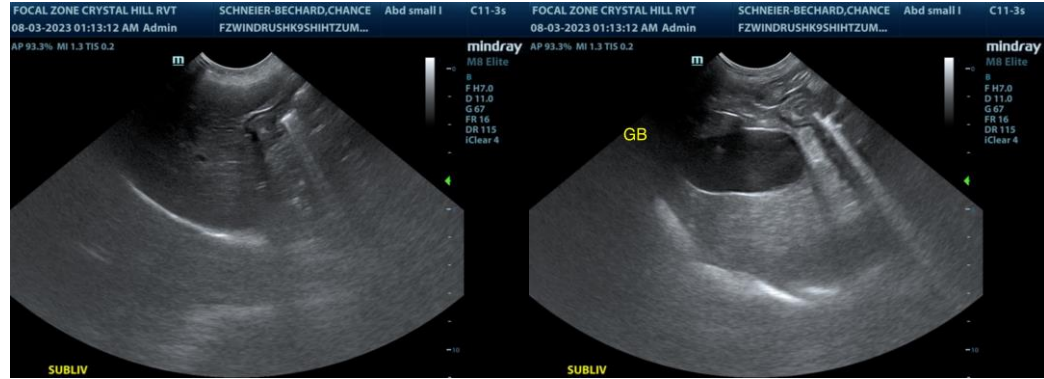
Best

INVOICE

14771

DATE

8/2/23



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