

PATIENT

Khloe Grebely

SPECIES

Canine

BREED

Chihuahua

SEX

F/S

AGE

10 yrs

WEIGHT

4.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Sanctuary Veterinary
Hospital

REFERRING VET

Dr. Thusari
Warnakulasooriya

INVOICE

14698

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Vomiting. Chronic pancreatitis. IBD. Cushing's disease. Allergies.

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. 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 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. Pinpoint areas of medullary mineral were present in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.75 cm in length.

Adrenal Glands

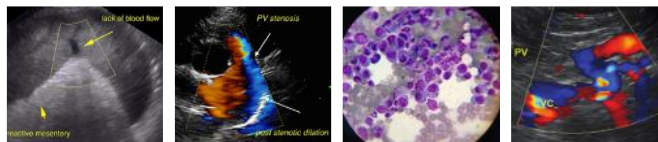
The bilateral adrenal glands were mildly prominent in size, given the patient body size and breed, with maintained symmetrical capsule contour and uniform mildly hypoechoic parenchyma. No evidence of adrenal tumors was noted. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.71 cm width at the cranial pole.

Spleen

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.

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. The gallbladder was non-distended in size with potential for very minor gallbladder wall edema possible, yet not definitive. Anechoic content was present with moderate, primarily caudal lumen, mildly nonhomogeneous, nonorganized luminal debris. No evidence of peripheral gallbladder inflammation was noted. 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 luminal gas and no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.28 cm.

SPECIES

Canine

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.32 cm width.

BREED

Chihuahua

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

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Pancreas

F/S

The pancreas was normal in size and contour with mildly nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

4.3 kg

ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes with pinpoint medullary mineral
- Mildly prominent nonhomogeneous subtly hypoechoic pancreas - suggestive of mild chronic to chronic active pancreatitis
- Overtly normal gastrointestinal tract / colon
- Bilateral mild prominent adrenal glands - consistent with PDH given the patient's history
- Moderate gallbladder debris, potential for minor gallbladder wall edema - possible low-grade cholecystitis, no evidence of gallbladder mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full CBC/Chemistry panel and Urinalysis are recommended if not recently done.

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Hepatosupportive medications including Denamarin and Ursodiol are suggested if evidence of cholestasis or hepatobiliary inflammation.

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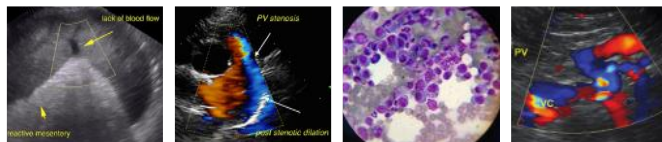
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No overt evidence of significant structural gastrointestinal pathology, yet mild to low-grade IBD could be present and sonographically normal. Likewise, the vomiting in this patient may potentially be secondary to low-grade chronic to chronic active pancreatitis, which may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL or a full GI panel to include cobalamin and folate levels could be considered.

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Empirically, as-needed GI support with therapy for low-grade pancreatitis and IBD would be reasonable.



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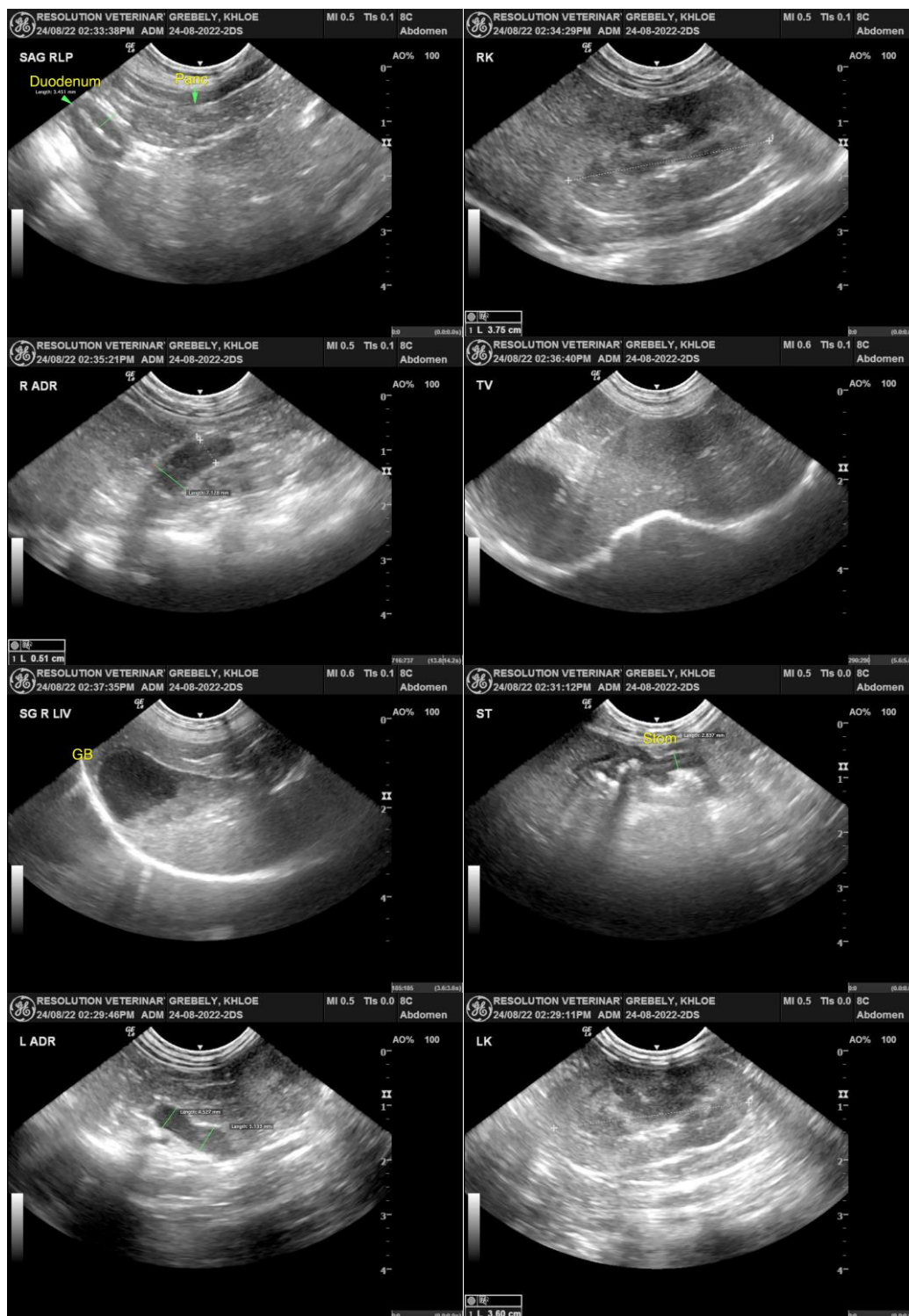
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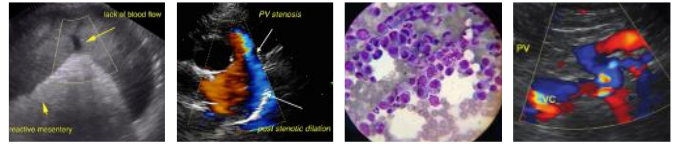
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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