



PATIENT	PRESENTING CLINICAL SIGNS
Milly Saperstein	Reason for Visit: not eating unless spoon fed/ vomited 1 x History: 14 y 5 month yorkie presented for not wanting to eat. vomited 1 x night before. PU/PD. C/S/V/D: HACKING V 1 X
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Hydration: 9-11% dehydrated, couldn't get CRT Mentation: BAR, anxious EENT: No nasal discharge; nuclear sclerosis OU; mod debris, no erythema, abberant hair AU Oral Cavity: heavy dental tartar present, few loose teeth, halitosis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: OK hair coat, no signs of ectoparasites. Thinned coat on entire dorsum with moderate orange flaking. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. Grade 3/4 MPL bilaterally. BCS 4/9 Neurological: Appropriate
BREED	
Yorkie	
SEX	
SF	
AGE	BUN 54, Creatinine 2.3, Urine specific gravity 1.010, negative protein and glucose
14Y, 5M	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
5.3 lbs.	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.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of pathology in the area of the aortic trifurcation.
IMAGING PERFORMED BY	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length.
Michaleen	Spleen
HOSPITAL NAME	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.
DPC VH	Liver/ Gallbladder
REFERRING VET	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 to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance
Dr. White	
INVOICE	
14899	
DATE	
8/24/23	



PATIENT	without signs of congestion. The gallbladder was non-distended in size with hyperechoic gallbladder sediment which appeared to exhibit emerging mineralization to nonobstructive cholelithiasis. There was no evidence of regional inflammation. The common bile duct was overtly normal.
Milly Saperstein	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	
Yorkie	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 obstruction, or foreign material. Minor segmental jejunal ileus was noted. There was no obstructive pattern noted.
SEX	
SF	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
14Y, 5M	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	<i>Free Abdomen</i>
5.3 lbs.	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
INTERPRETED BY	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Moderate chronic renal changes with minor right kidney pyelectasia • Mild hepatic parenchymal remodeling • Gallbladder sediment exhibiting subjective emerging mineralization to cholelithiasis • Structurally unremarkable gastrointestinal tract with minor jejunal ileus, potential nonspecific gastroenteritis
Michaleen	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
DPC VH	Sonographically, there was no evidence of significant visceral pathology as an obvious cause of the patient's clinical signs. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
REFERRING VET	The right kidney pyelectasia is suspected to be secondary to chronic renal changes or pelvic scarring.
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DATE	Hospitalization with rehydration protocol, as-needed gastrointestinal support, and reassessment of renal parameters may prove beneficial. Three-view chest radiographs if not done are suggested to rule out intrathoracic pathology as a contributing factor.
8/24/23	



PATIENT

Milly Saperstein

SPECIES

Canine

BREED

Yorkie

SEX

SF

AGE

14Y, 5M

WEIGHT

5.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

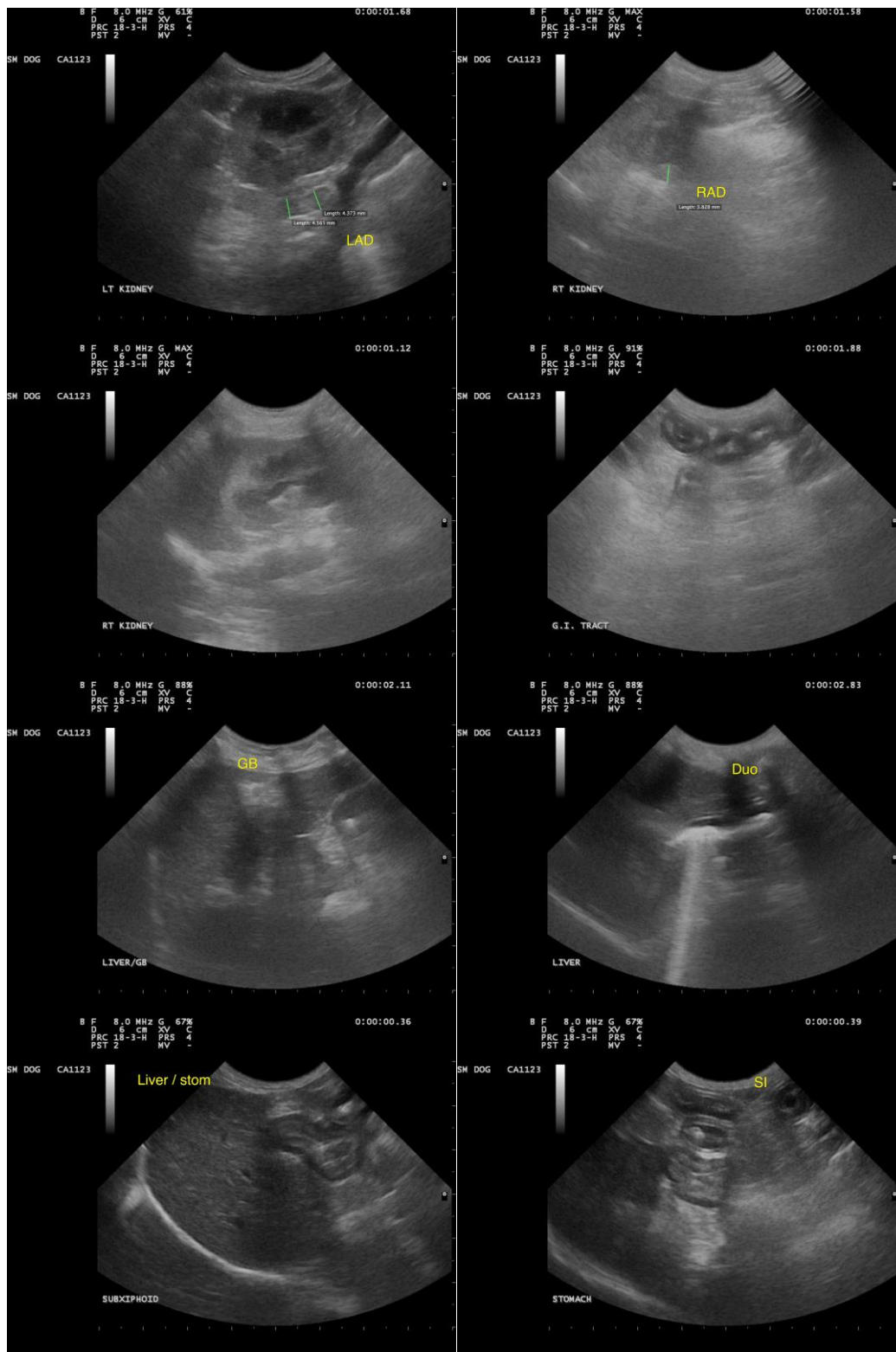
Dr. White

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PATIENT

Milly Saperstein

SPECIES

Canine

BREED

Yorkie

SEX

SF

AGE

14Y, 5M

WEIGHT

5.3 lbs.



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.

INTERPRETED BY

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

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