**PATIENT**

Post Yoshi

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

11yrs

WEIGHT

9.5 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

17042

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Not wanting to eat since 8/20, even when cooked special foods like chicken and rice. Also coughs when barks or howls.

Abnormal PE/Chem/CBC/UA Results: 8/22: 103.2, Heart murmur 2/3. MM slightly tacky and pk. Clear nasal discharge. Rads - mild R sided heart enlargement. Got B12 and Cerenia. Also has had amoxi, ampicillin, enrofloxacin, and famotidine. Also has had SQ fluids several times and is now hospitalized on IV fluids. T came back down to 102.1 on the 24th. Has only once ate a small amount of canned food. ALBUMIN 4.3 (HIGH) 2.5-3.9. ALT (SGPT) 122 (HIGH) 10-100. BUN 57 (HIGH) 14-36. Creatinine 3.2 (HIGH) 0.6-2.4. CALCIUM 11.2 (HIGH) 8.2-10.8. CHOLESTEROL 281 (HIGH) 75-220. TRIGLYCERIDE 240 (HIGH) 25-160. AMYLASE 3,617 (HIGH) 100-1,200. Neutrophils 9,588 (HIGH) 94 2,500-8,500. Lymphocytes 306 (LOW) 3 1,200-8,000.

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.

No overt pathology in the area of the residual prostate.

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 pyelectasia was present. Pinpoint medullary mineral was present in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length. A solitary small lateral cortical cyst was present in the right kidney.

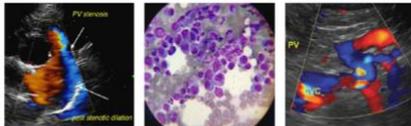
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.38 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44cm width at the caudal pole and 0.48 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, well-defined, symmetrical, echogenic nodule was present in the mid spleen, measuring 0.27 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodule tends to trend benign and is most consistent with probable benign myelolipoma and incidental.

**PATIENT*****Liver/ Gallbladder***

Post Yoshi

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.

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The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. The gallbladder walls were sonographically unremarkable. No signs of peripheral inflammation.

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Gastrointestinal**SEX**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material. The gastric body wall measured 0.34 cm. The

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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 measured 0.39 cm. The jejunum wall measured 0.32 cm.

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

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Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Nonspecific chronic renal changes with pinpoint medullary mineral and small right kidney cortical cyst
- Mild hepatopathy- subjectively benign, low grade inflammatory hepatopathy suspected
- Partial subjectively noninflamed gallbladder mucocele
- Mild heterogeneous pancreas- not consistent with sonographically active or significant pancreatitis. Potential for low grade or chronic pancreatitis is possible
- Overtly normal GI tract

Secondary Findings

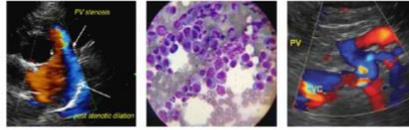
- Benign splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

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Subjectively, the kidneys did not appear to be end-stage yet exhibited mild chronic renal changes, potential for acute on chronic renal insult is possible. Leptospirosis titers/PCR is recommended, if endemic to the area or potential exposure.

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The partial gallbladder mucocele may be a contributing factor to the elevated ALT, yet without evidence of gallbladder or peripheral gallbladder inflammation. Clinical significance is unclear. Continued monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation and increasing evidence of hepatic enzyme elevations or cholestasis, going forward, is advised.

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Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patients clinical signs and given the reported coughing, empirically as-needed gastrointestinal supportive care and conservative therapy for low grade hepatopathy and potential low-grade pancreatitis would be reasonable. No evidence of intraabdominal neoplastic criteria.

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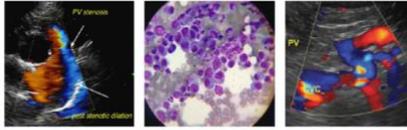
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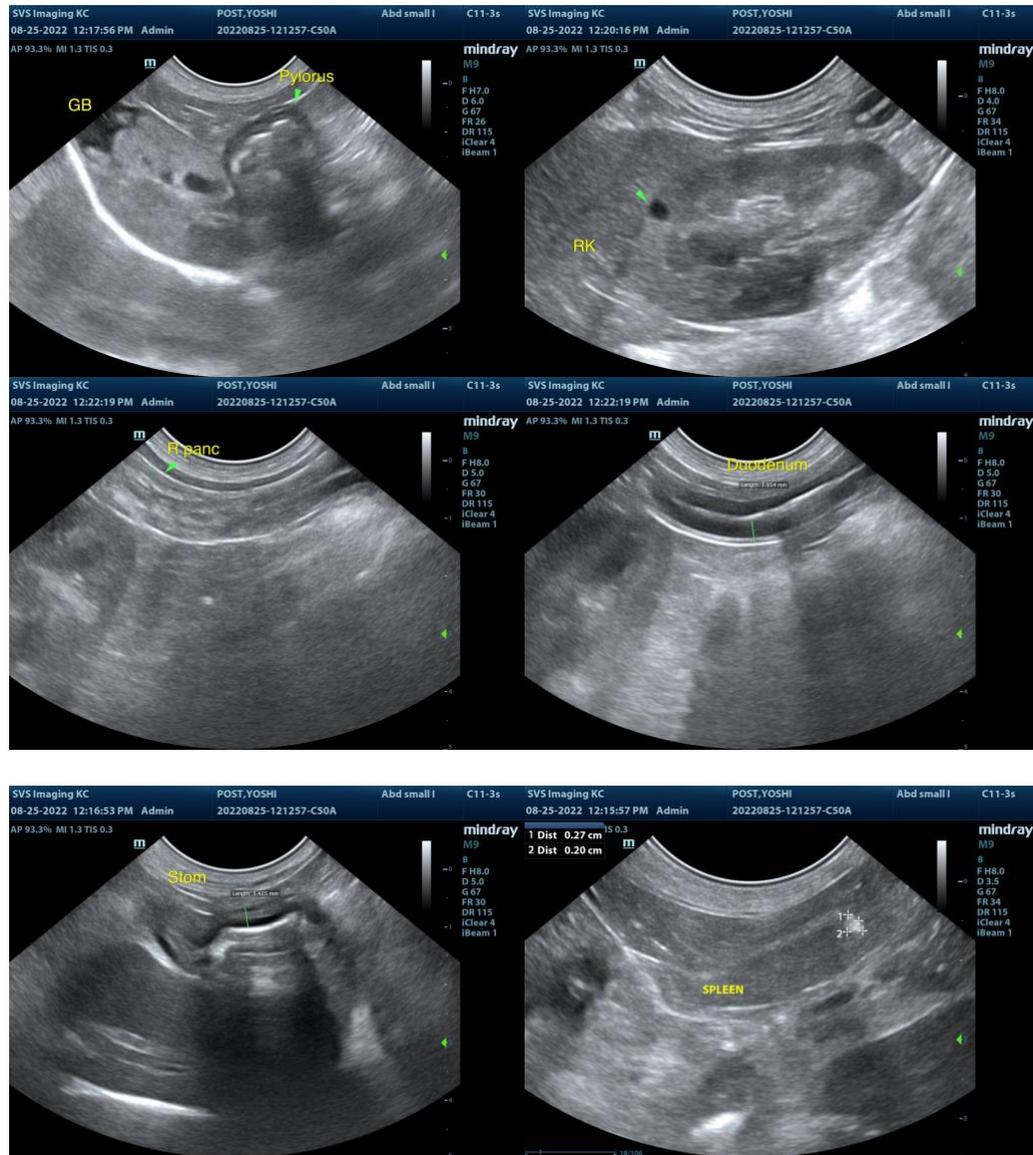
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

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info@SonoPath.com