**PATIENT**

Buddy Kinney

SPECIES

Canine

BREED

Yorkie

SEX

NM

AGE

4 years

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Riley Jones

INVOICE

14738

DATE

8/26/22

PRESENTING CLINICAL SIGNS

-Lethargic, drinking more
Abnormal PE/Chem/CBC/UA Results: BUN-30, Sodium-170, ALT-255, GGT-36, TBil-1.3

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 sediment or calculi. 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 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. Both kidneys exhibited mild loss of corticomedullary border demarcation with pinpoint areas of medullary mineral. The left kidney measured 4.4 cm in length. The right kidney measured 3.9 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 1.6 cm length x 0.48 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 0.35 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.

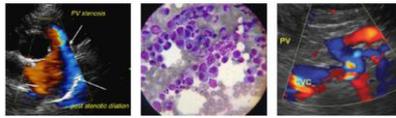
Liver/ Gallbladder

The liver exhibited subjective normal size and symmetrical capsule contour with normal uniform hepatic parenchyma exhibiting normal echogenicity. Subjective normal hepatic vascular volume was noted. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Very minor retained nonshadowing chyme was present in the stomach.

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.



PATIENT

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

Buddy Kinney

Pancreas

SPECIES

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Yorkie

ULTRASONOGRAPHIC FINDINGS

SEX

- Low-grade hepatopathy - suspect low-grade Inflammatory hepatopathy given the ALT elevation, potential for portal hypoplasia / microvascular dysplasia, given the breed, a portosystemic vascular anomaly cannot be definitively excluded yet considered a less likely differential diagnosis

NM

AGE

- Mild loss renal corticomedullary border distinction with pinpoint medullary mineral

4 years

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 lbs.

No overt evidence of extrahepatic shunting, given the lack of urinary bladder mineral, as well as normal subjective hepatic vascular volume. However, fasting and post prandial bile acids are recommended for further assessment of hepatic function. Concurrent hepatic FNA could be considered to assess for potential inflammatory cell type if present. Core surgical biopsy at the liver may be necessary for further definition as to whether primary parenchymal disease or portal hypoplasia / microvascular dysplasia is present pending bile acid testing. If significantly elevated, post prandial bile acids, additional imaging including Gold Standard CT could be indicated.

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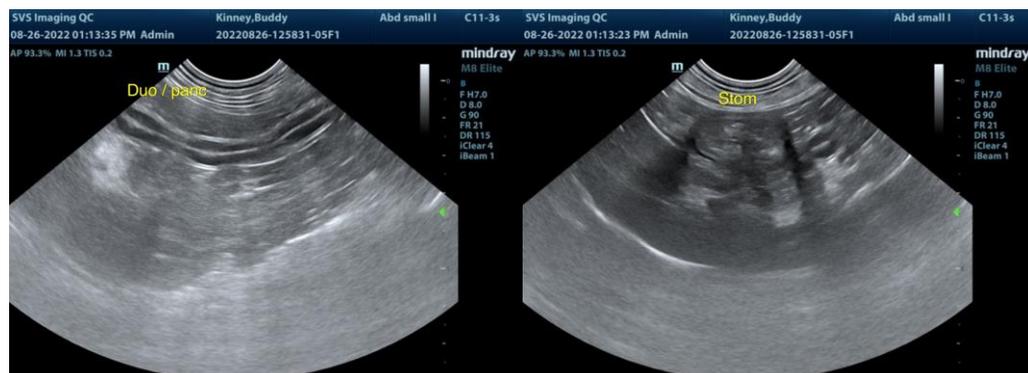
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued monitoring of sodium levels and renal parameters going forward is recommended.

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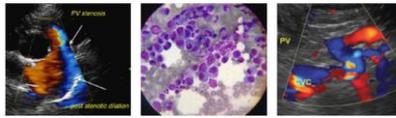
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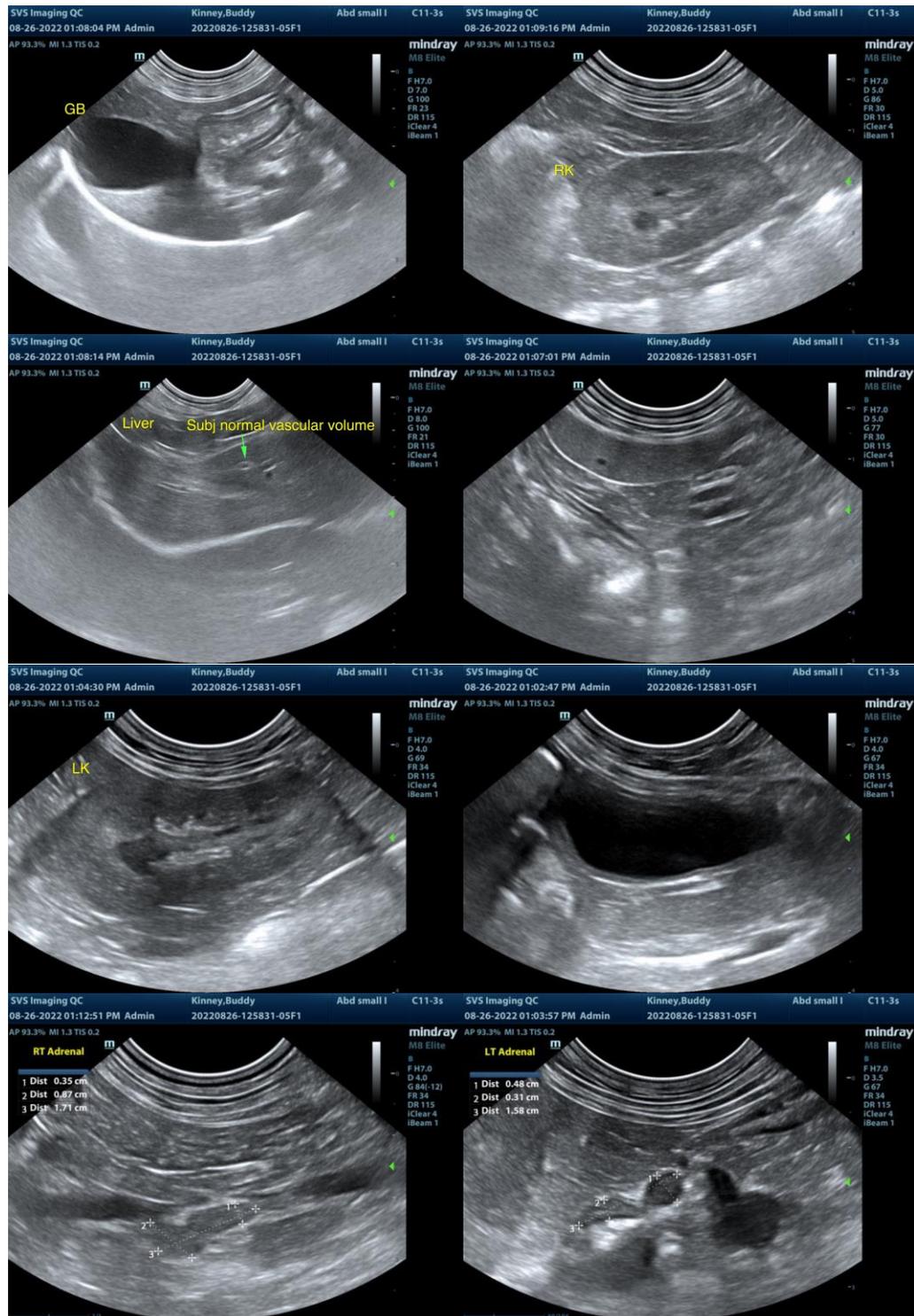
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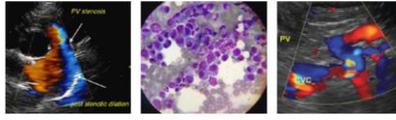
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Yorkie

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info@SonoPath.com

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