



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charley Paws of All Kinds	PU/PD hepatomegaly
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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.
Yorkie	
<b>SEX</b>	No evidence of pathology was noted in the area of the uterus or bilateral ovaries.
Female	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
8 months	
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. No evidence of renal dysplasia, pyelectasia, or over pyelonephritis. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.
8 months	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was normal in light of patient's size and age, measuring 1.3 cm length x 0.28 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Rockaway AH	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of pyloric outflow obstruction.
<b>INVOICE</b>	
12145	
<b>DATE</b>	
9/1/21	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**  
Charley Paws of All  
Kinds

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

### **Pancreas**

**SPECIES**

Canine

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.

**BREED**

Yorkie

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Female

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

**AGE**

8 months

- Sonographically unremarkable abdomen
- Gastric ingesta - likely post prandial presentation

**WEIGHT**

8 months

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

A minor potential for gastric hypomotility or stasis may be possible if documented NPO. No overt evidence of a portosystemic shunt, given the overall normal hepatic size and subjective hepatic volume, lack of renal mineralization, or urinary bladder sediment. If evidence of hepatic enzyme elevations, fasting and post prandial bile acids as well as Leptospirosis titers / PCR may be considered. Urine culture and sensitivity on a sterile urine sample is recommended to rule out underlying infection. Adrenal screening with resting cortisol may also be considered if clinically indicated.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

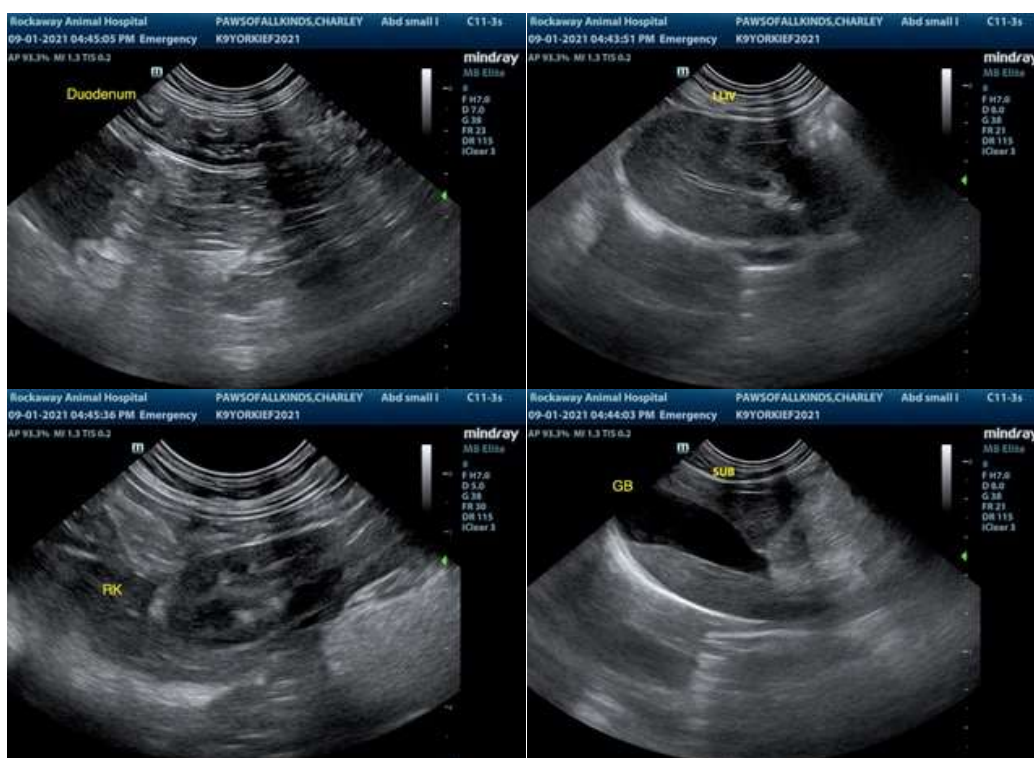
Dr. Maniar

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**PATIENT**  
Charley Paws of All  
Kinds

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Female

**AGE**

8 months

**WEIGHT**

8 months

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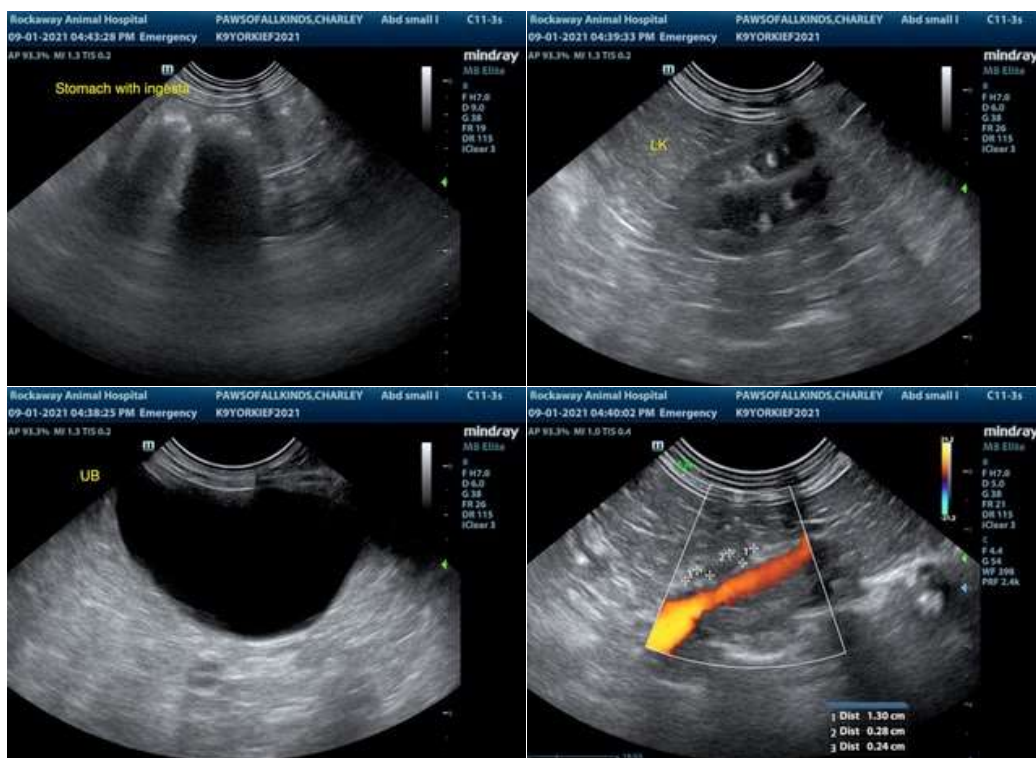
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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