



PATIENT

Milo Lee

PRESENTING CLINICAL SIGNS

Came in with decreased appetite, polydipsia V+ lethargic as well as trouble walking.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chem: TP- 7.5 g/dL GLOBULIN- 3.7g/dL ALT (SGPT)- 215 IU/L PrecisionPSL- 216U/L Urinalysis: Protein- 3+ Urine/Protein Creatinine Ratio- 1.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pekingese Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. Several dependent calculi were present an example measuring 0.4 cm in diameter.

SEX

MN

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral and intermittent small cortical cysts were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

AGE

16yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

15.9lb

No overt pathology in the area of the residual prostate.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.32 cm width in the cranial pole and 0.61 cm width in the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Kim

Liver

The liver presented normal to borderline enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 primarily anechoic luminal content and moderate non-dependent mildly congealed variably echogenic luminal debris in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

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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. The gastric body wall measured 0.40 cm in width.

SPECIES

Canine

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 small intestinal wall measured 0.29 cm in width.

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

BREED

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Pancreas

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

SEX

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

16yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder calculi with suspect minor cystitis
- Bilateral chronic renal changes cortical cysts
- Hepatopathy-subjectively benign, suspect inflammatory hepatopathy
- Early/partial non-inflamed gallbladder mucocele
- Mild gastroenteritis pattern
- Pancreatic parenchyma remodeling, suspect mild chronic pancreatitis

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal discomfort on palpation associated with the pancreas or gallbladder is recommended. Urine C/S on a sterile urine sample with continued monitoring of UPC levels if no evidence of inflammatory cells is recommended. Assuming normal clotting status, a hepatic FNA for screening cytology to assess for inflammatory cells if present may be considered. Empirical as needed GI support as well as therapy for chronic pancreatitis would be reasonable. Thorough neurologic exam to assess for occult neurological disease as a contributing factor to the patient's clinical signs is suggested.

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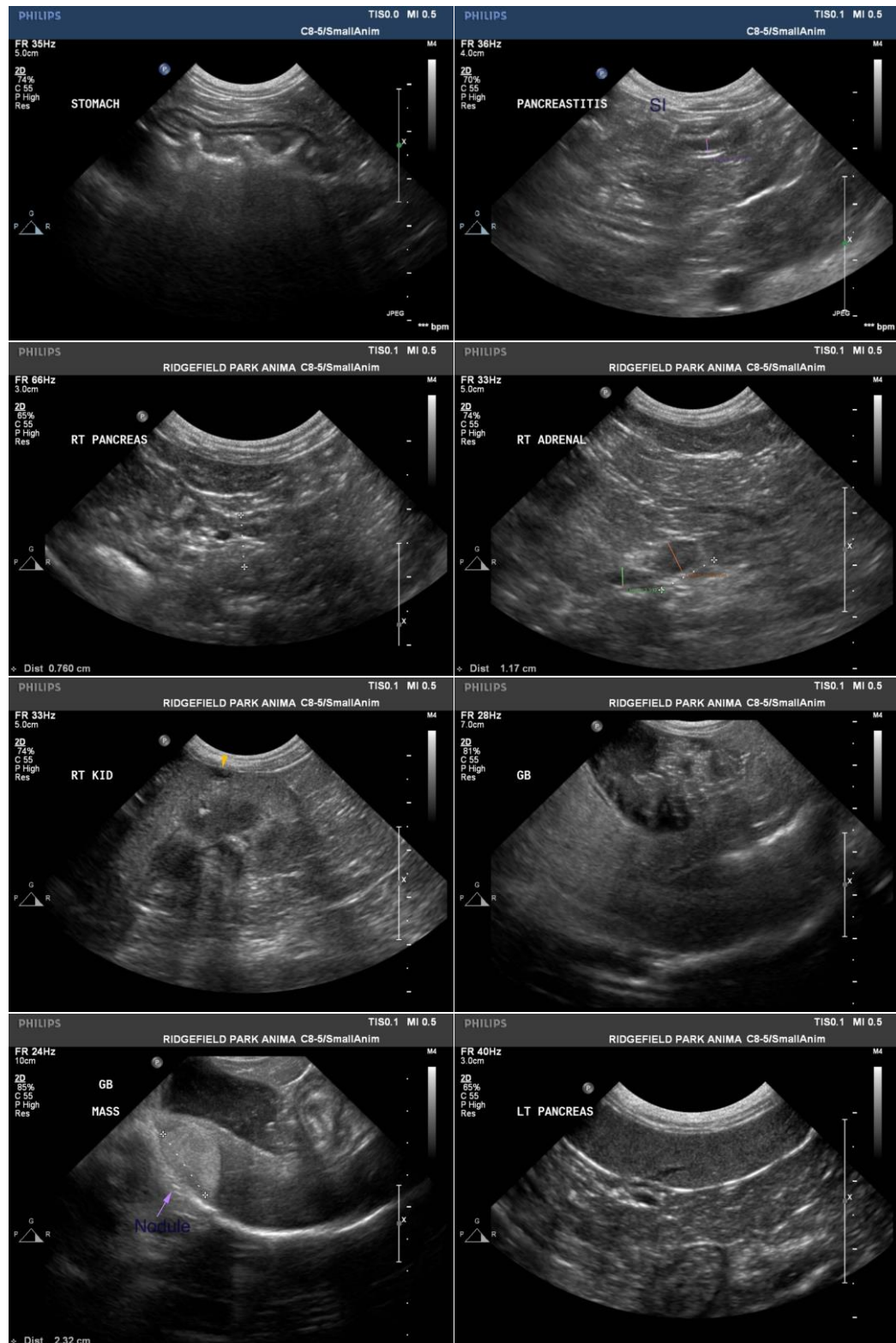
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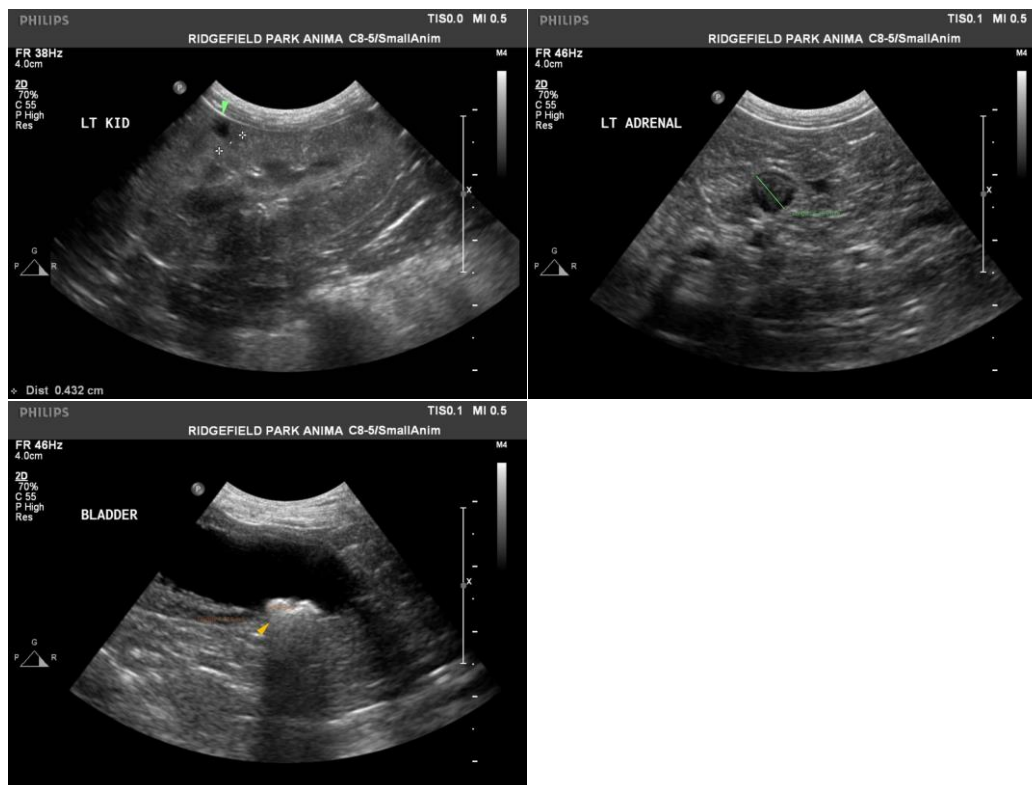
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AGE

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WEIGHT

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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.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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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