



PATIENT

Jax Simmons

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 years, 3 months

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

12171

DATE

9/2/21

PRESENTING CLINICAL SIGNS

P IS A 6Y2M OLD M/N YORKSHIRE TERRIER PRESENTING TODAY FOR EXCESSIVE PANTING GOING ON A WEEK AND A HALF. O STATES BELLY DISTENDED. O STATES P ACTING NORMAL AND PLAYING. E/D NORMAL. O STATES P IS ON MEDICATION TO REDUCE FLUID IN LUNGS PRESCRIBED BY ANOTHER VET RAN OUT OVER A WEEK AGO. O STATES DOES NOT KNOW NAME OF MEDICATION OR THE ANIMAL HOSPITAL THAT PRESCRIBED IT SO CAN'T CALL FOR RECORDS. WENT TO ANOTHER DVM FOR SAME PROBLEM 2 WEEKS AGO, STARTED ON WHAT SOUNDS LIKE LASIX WHICH DID NOT DO ANYTHING, NO IMPROVEMENT. IS NOT PU/PD, NO GI SIGNS, NO COUGHING. HAS GAINED 2 LBS BUT MR FEELS HAS HAPPENDED SUDDENLY. NOT PANTING EXCESSIVELY INSIDE ONLY OCCURS AFTER BEING OUTSIDE FOR 10 MINUTES BUT NORMALLY WOULD BE FINE FOR LONGER THAN THAT EVEN WHEN HOT OUTSIDE NO SIGNS OF PAIN, NORMAL GAIT

Abnormal PE/Chem/CBC/UA Results: Blood: Tbili 0.4 [n=0.1-0.3] Urine: pH7.5, protein 2+, blood 3+, RBC >50 Rads: obesity, pendulous abdomen, hepatomegaly, cervical tracheal collapse, mild generalized and unspecific cardiomegaly w/out evidence of CHF

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. Several dependent, small, cystic calculi were present. An example measured 0.14 cm in diameter. 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 was noted 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 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 with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 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 0.38 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 0.51 cm width at the caudal pole and 0.5 cm width at the cranial 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.



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Liver/ Gallbladder

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The liver presented mildly 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.

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The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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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 0.32 cm width.

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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 width. The jejunum wall measured 0.23 cm width.

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

Pancreas

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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.

Free Abdomen

No evidence of intraabdominal masses, effusion, or lymphadenopathy was present.

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Michaleen

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Several small dependent cystic calculi
- Nonspecific mild hepatomegaly - subjectively benign
- Moderate gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant abdominal visceral pathology.

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The mild hepatomegaly was nonspecific yet subjectively benign and without evidence of hepatic congestion. This may indicate minor vacuolar hepatic changes or possible mild cholestasis, given the presence of mild gallbladder debris. Hepatosupportive medications including Ursodiol are recommended.

The possibility of underlying adrenal disease is considered less likely, given the lack of clinical signs typically associated with adrenal disease.



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Full echocardiographic workup, given the unspecific cardiomegaly, panting, and potential exercise intolerance may be considered.

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Thyroid levels are recommended if not recently done.

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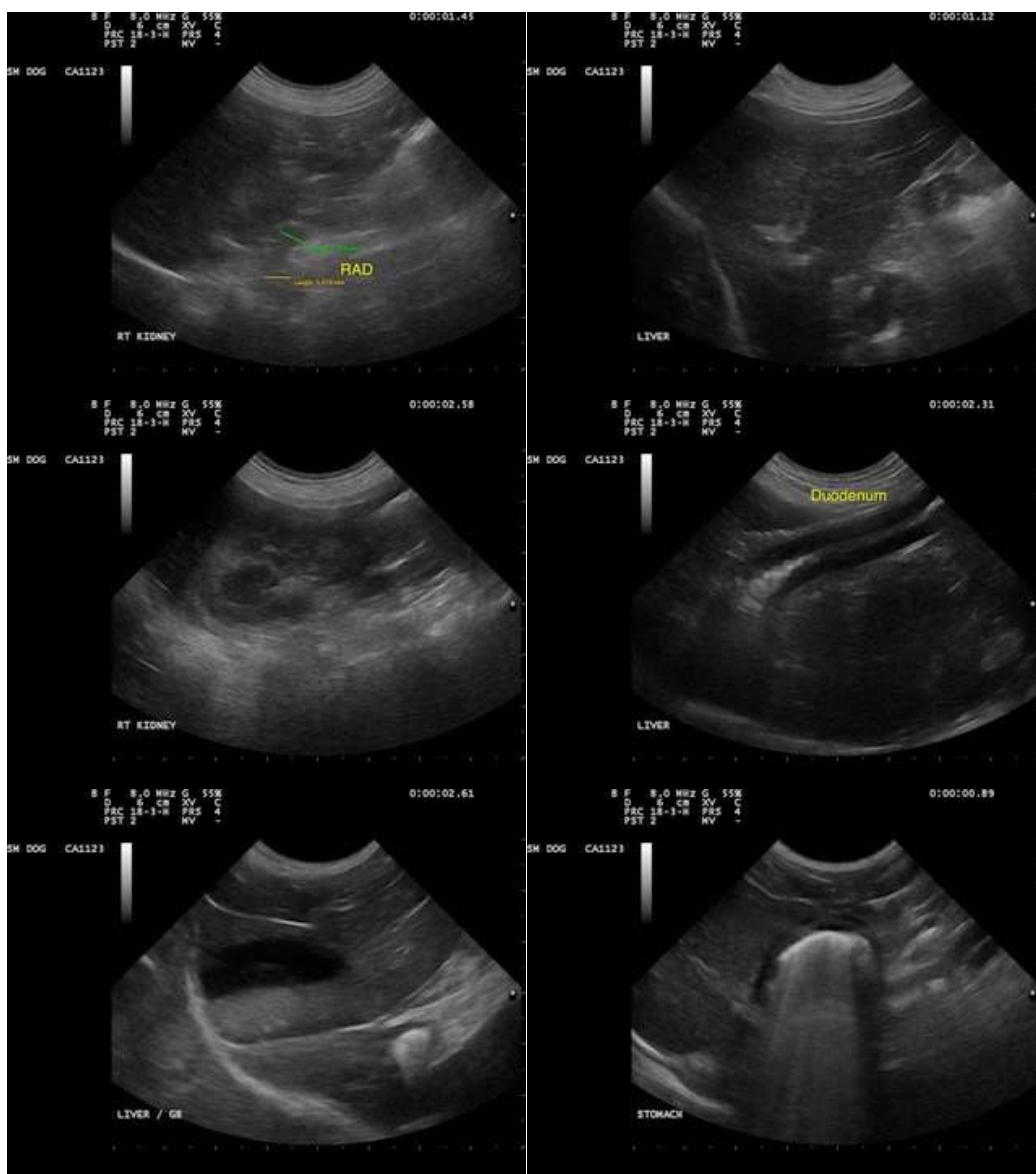
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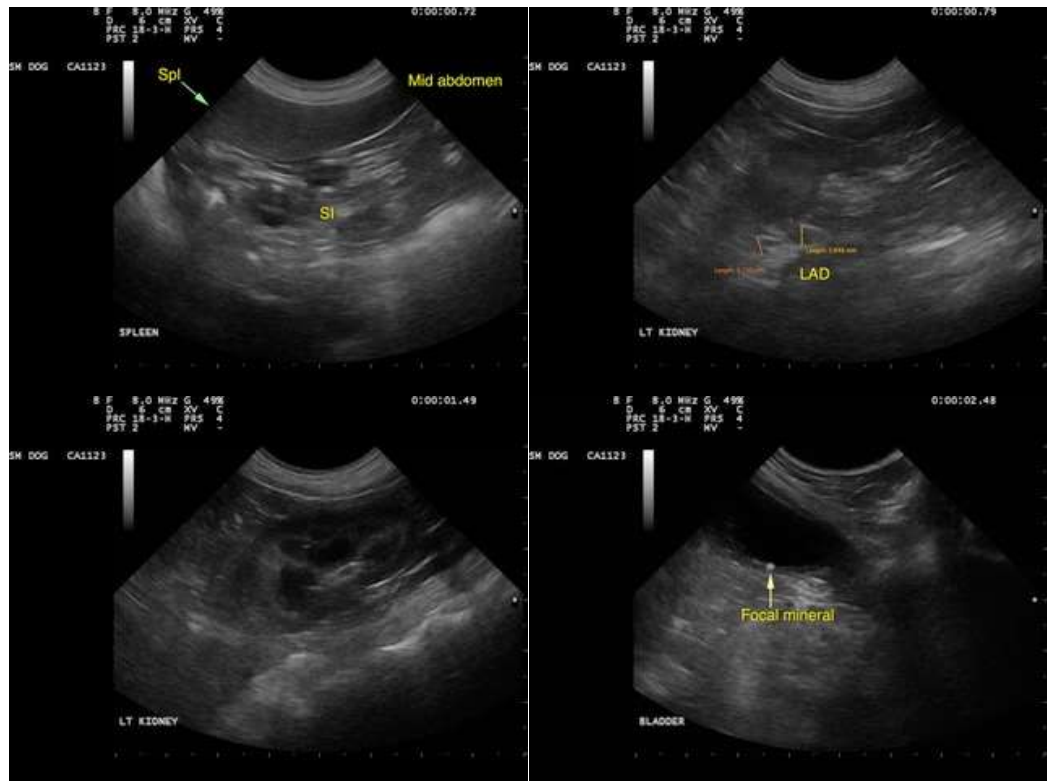
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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