



PATIENT

Chewie Spate

SPECIES

Canine

BREED

Yorkie X

SEX

MN

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland
Vet Clinic

REFERRING VET

Dr. Hamill

INVOICE

14977

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Presented Sept 16 initially for cough/gagging type noise after chewing up a ball. Mild ALP elevation at 300 then. Chest rads NSF. Tried on NSAID. Re-presented now with acute onset vomiting, hemorrhagic diarrhea, cranial abdominal pain. Currently on IVF, metronidazole, cerenia, ampicillin. Abnormal PE/Chem/CBC/UA Results: ALP further elevate to 600, ALT elevated at 380. CBC unremarkable. Proteinuria present with USG 1.040.

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.

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. The left kidney measured 4.2 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 0.56 cm width at the caudal pole and 0.36 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 0.41 cm width at the caudal pole and 0.46 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.

Liver/ Gallbladder

The liver exhibited subjective 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.

The gallbladder was non-distended in size containing minor nondependent mildly echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



PATIENT

Chewie Spate

SPECIES

Canine

BREED

Yorkie X

SEX

MN

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland
Vet Clinic

REFERRING VET

Dr. Hamill

INVOICE

14977

DATE

9-23-22

Gastrointestinal

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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental nonobstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present containing luminal gas.

Pancreas

The pancreas was mildly prominent in size with minor areas of capsule asymmetry and nonhomogeneous hyperechoic pancreatic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - metabolic, reactive, vacuolar hepatopathy, potential for inflammatory parenchymal disease possible, no evidence of neoplastic criteria
- Minor gallbladder debris
- Hyperechoic to nonhomogeneous pancreas - suspect chronic pancreatitis, potential for pancreatic fibrosis
- Gastroenteritis pattern
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline UPC level on sterile urine sample may be considered if consistent proteinuria.

No evidence of gastrointestinal foreign material or mechanical obstructive pattern. Spec cPL for further assessment of the pancreas is warranted.

Empirical therapy for chronic pancreatitis and acute hemorrhagic diarrhea syndrome should prove beneficial.



PATIENT

Chewie Spate

SPECIES

Canine

BREED

Yorkie X

SEX

MN

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland
Vet Clinic

REFERRING VET

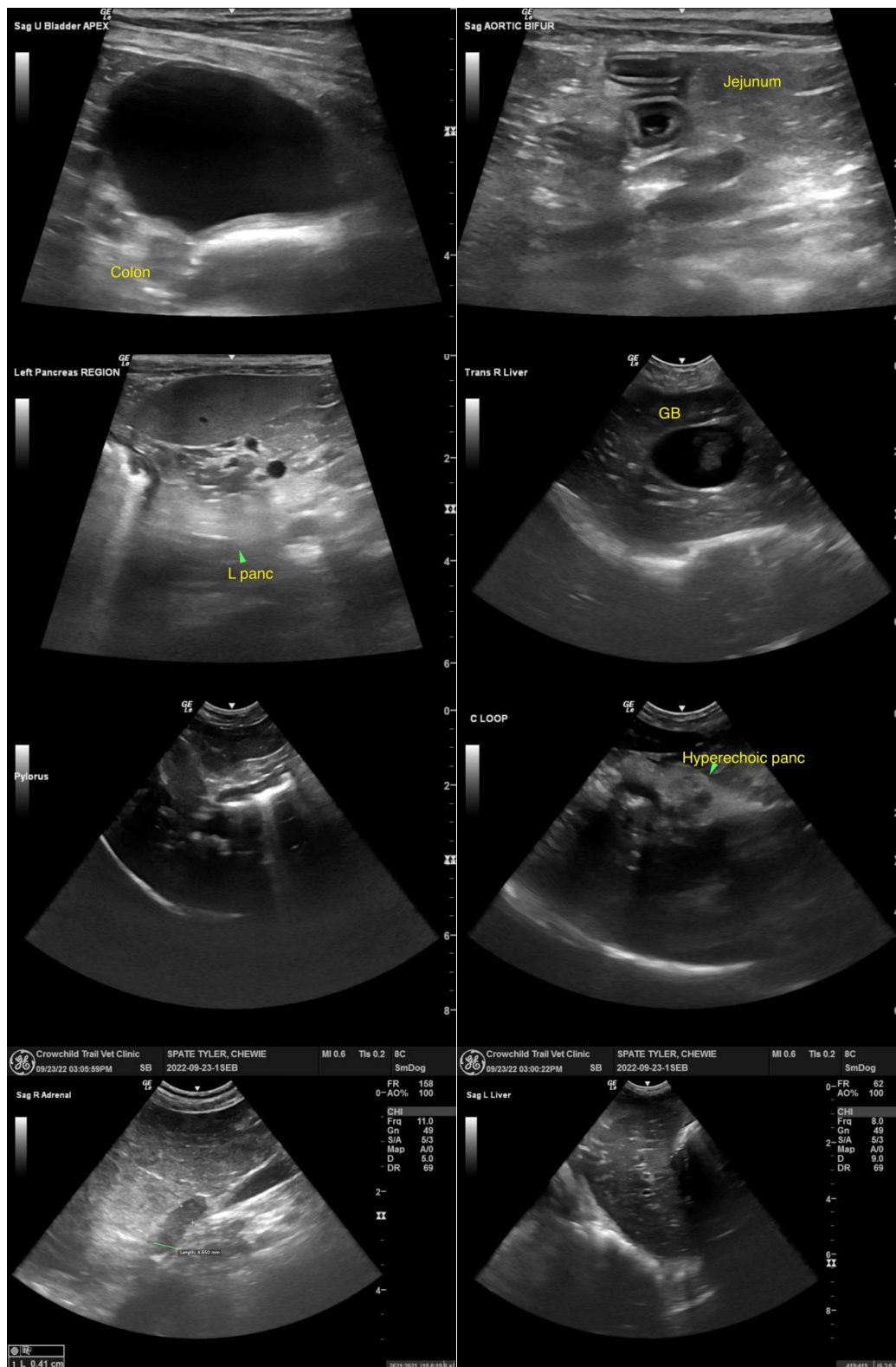
Dr. Hamill

INVOICE

14977

DATE

9-23-22





PATIENT

Chewie Spate

SPECIES

Canine

BREED

Yorkie X

SEX

MN

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Vet Clinic

REFERRING VET

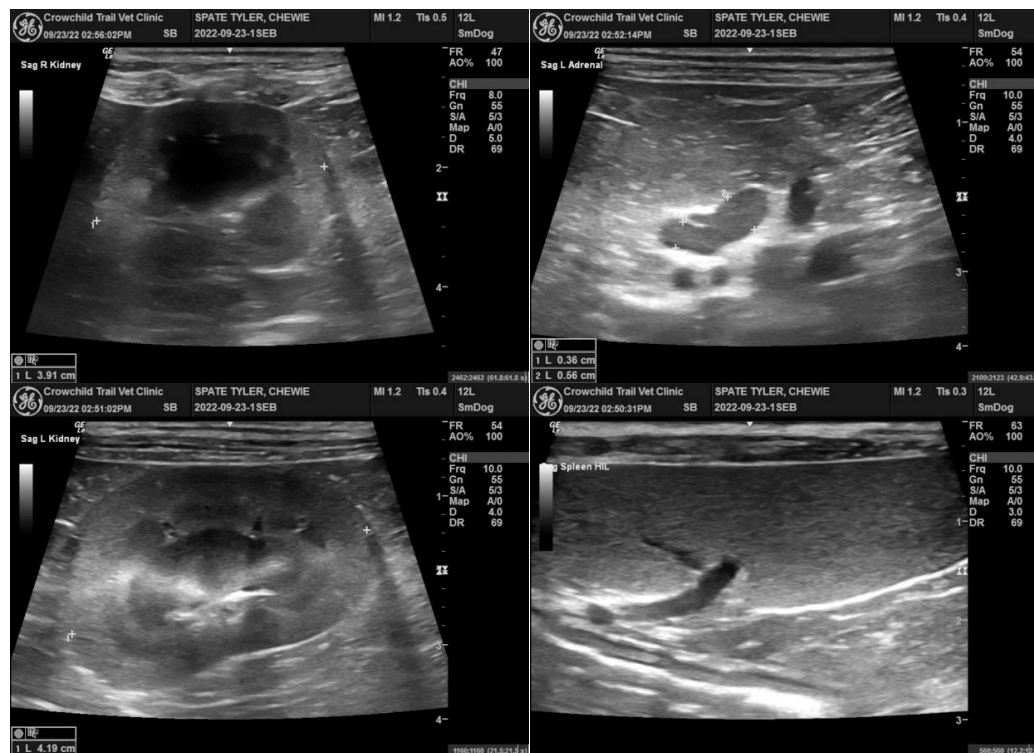
Dr. Hamill

INVOICE

14977

DATE

9-23-22



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 if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com