



PATIENT	PRESENTING CLINICAL SIGNS
Chico Taylor	Recent (weeks -months) intermittent inappetence/anorexia, vomiting, and lethargy. Different diets offered per owner, patient will eat some days, and not others. Vomiting occurs several times daily on some days, intermittently. Most recently, patient was prescribed Cerenia and Entyce for symptomatic treatment, pending ultrasound results. Currently being treated for congestive heart failure diagnosed in 2019. Patient is taking Furosemide, Spironolactone, Pimobendan, and Enalapril. Owner reports extreme difficulty in medicating patient. No other significant medical history or diagnoses.
SPECIES	
Canine	
BREED	
Chihuahua	Abnormal PE/Chem/CBC/UA Results: PE on 9/19/2022: Grade V/VI systolic murmur, P-150bpm, no arrhythmia. Eupneic, R-24rpm, left lungs harsh, right lungs quiet on auscultation. No crackles/wheezes noted. Abdominal palpation wnl. Temp 99.9F. Loss of approximately 0.5 lbs since 12/2021. Three-View Thoracic Rads 9/19/2022: Cardiomegaly, VHS 11.88, mild-mod perihilar and dorsocaudal edema/unstructured interstitial pattern. Comparing to radiographs 12/2021, no significant changes noted. A soft tissue opacity measuring 5x4 cm was noted in the cranioventral abdomen on radiographs, just caudal to the liver on the right lateral view. On the left lateral image, this soft tissue opacity appeared to be gas-filled centrally. Also, there was apparent ventral displacement of the descending colon on both lateral images with poor retroperitoneal detail subjectively.
SEX	
MN	
AGE	
9yr	CBC/Chemistry/TT4/SDMA (9/19/2022): Elevated SDMA (29), Crea (2.0), BUN (54). Mild Hypochloremia (104). In-house TT4 0.8ug/dL
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
6.1lb	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. Bilateral medullary mineral and mild pyelectasia was noted. Multiple variably sized cysts present in both kidneys, the cysts in the left kidney appeared to mildly distort the renal capsule. The left kidney measured 4.4 cm in length. The right kidney measured 4.0 cm in length.
IMAGING PERFORMED BY	
Dr. Coe	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	Adrenal Glands
Riverside Animal Clinic	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 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 0.5 cm width at the caudal pole and 0.5 cm width at the cranial pole.
REFERRING VET	
Dr. Coe	Spleen
INVOICE	
11728ag	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.
DATE	Liver
09/26/2022	



PATIENT

Chico Taylor

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.

SPECIES

Canine

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

BREED

Chihuahua

The stomach presented intact yet mildly prominent wall layering. Subjective increased gastric mucosa echogenicity was present with mildly prominent muscularis layer. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.42 cm in width.

SEX

MN

The small intestine presented intact wall layering with potential for mildly thickened upper duodenum. The mid to distal descending duodenum exhibited normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.32 cm in width. The jejunum measured 0.29 cm in width.

AGE

9yr

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

Pancreas

WEIGHT

6.1lb

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral chronic polycystic kidneys with minor medullary mineral and mild pyelectasia-chronic and polycystic changes more prominent in the left kidney
- Heterogeneous pancreas-patient/age related variant, potential for low grade to chronic pancreatitis
- Intact yet prominent gastric walls with mild mucosal hyperechogenicity
- Overtly normal small bowel-possible concurrent mildly thickened upper duodenum

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside Animal
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Coe

Sonographically the appearance of the stomach and upper duodenum is suggestive of chronic gastritis with potential for chronic upper duodenitis. Concurrent low-grade pancreatitis possible if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL is suggested. Minor potential for very early to low grade infiltrative gastric and upper duodenal neoplasia cannot be excluded yet is considered less likely.

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Empirically, gastric protectants i.e. omeprazole 1 mg/kg PO SID over the next 3 weeks, a limited antigen or hydrolyzed canned diet trial with avoidance of dry food may prove beneficial. Sonographic reassessment of the stomach is recommended in 4 weeks, sooner if persistent/progressive vomiting.

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SPECIES

Canine

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Chihuahua

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IMAGING PERFORMED BY

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HOSPITAL NAME

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Clinic

REFERRING VET

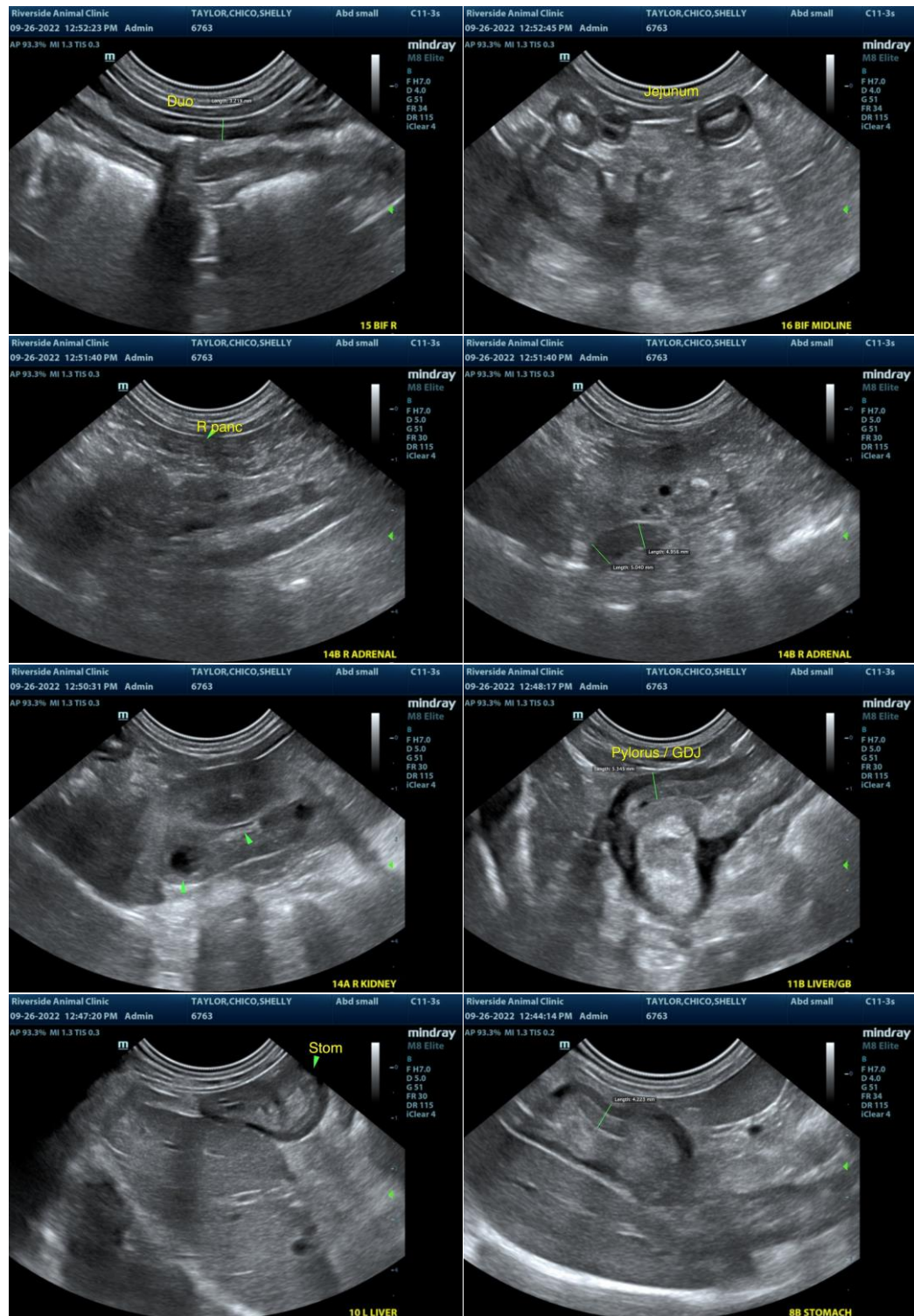
Dr. Coe

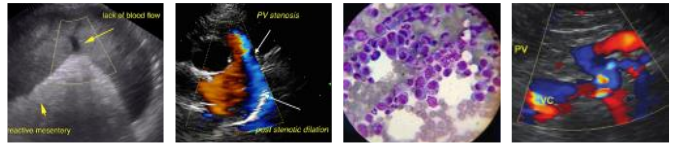
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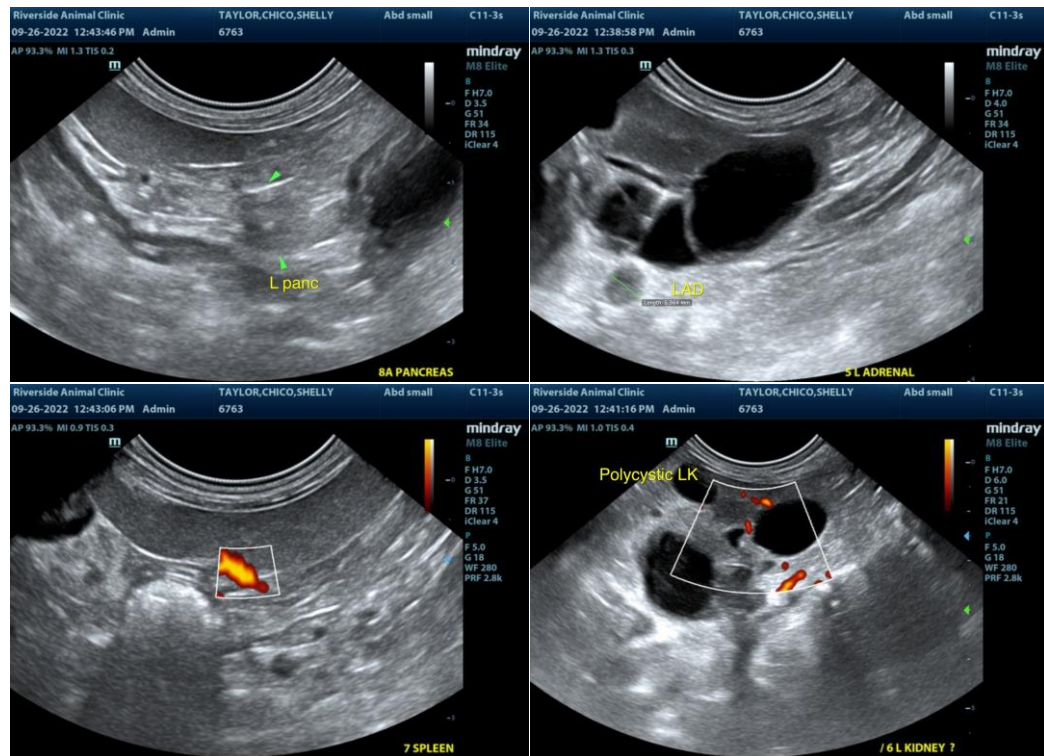
Dr. Coe

INVOICE

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DATE

09/26/2022



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)

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