



PATIENT

Little Girl Santagata

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed Female

AGE

9 years

WEIGHT

30.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Airport AH

REFERRING VET

Asha Gudluru, DVM

INVOICE

13317

DATE

9/27/21

PRESENTING CLINICAL SIGNS

New patient. Frequent panting, difficulty walking and breathing. Snores loudly. Obese. ALP 293; ALT 137; TT4 1.9

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 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. Minor pyelectasia was noted in the left kidney. The left kidney measured 5.1 cm in length. The right kidney measured 5.5 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 0.69 cm width at the caudal pole and 0.64cm 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 0.59 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized biliary sludge, primarily in the gallbladder neck extending into the cystic biliary duct. Otherwise, the gallbladder was normal. The common bile duct was normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic, ingesta and chyme without signs of obstruction or foreign material. The gastric body wall measured 0.50 cm. This is non-specific yet likely consistent with recent meal ingestion.



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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 0.48 cm. The jejunum wall measured 0.43 cm.

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

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. This is likely consistent with patient variant or minor to early age-related pancreatic changes and considered incidental.

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Free Abdomen

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No overt lymphadenopathy, effusion or intraabdominal masses present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related kidneys with minor left kidney pyelectasia
- Vacuolar hepatopathy pattern- subjectively benign
- Mild gallbladder debris (non-mucocele)

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Secondary Findings

- Mild gastric ingesta/chyme
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Hepatosupportive medications including denamarin and ursodiol may prove beneficial. Given the lack of polyuria/polydipsia potential for underlying endocrinopathy is considered unlikely, however, if clinical concern, screening UCCR may be considered. Potential for brachycephalic or Pickwickian syndrome may be contributing to the patients' clinical signs.

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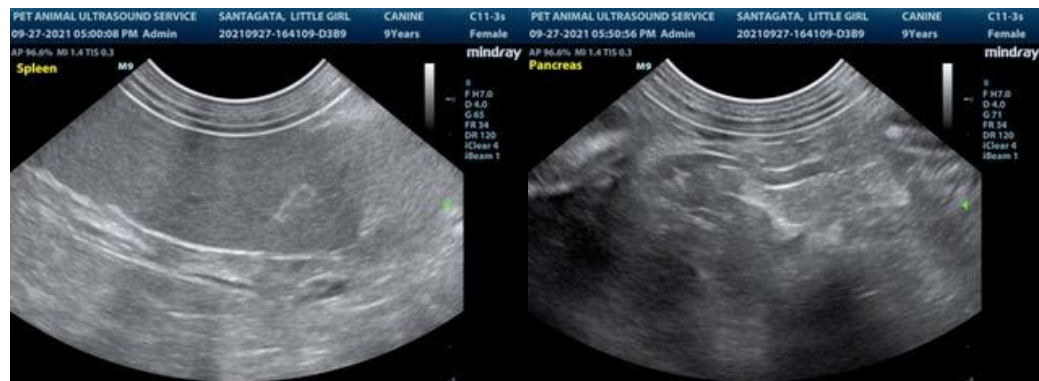
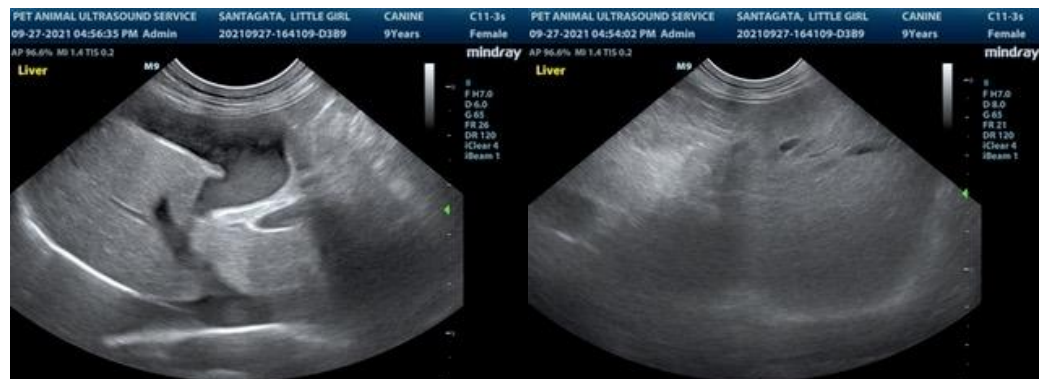
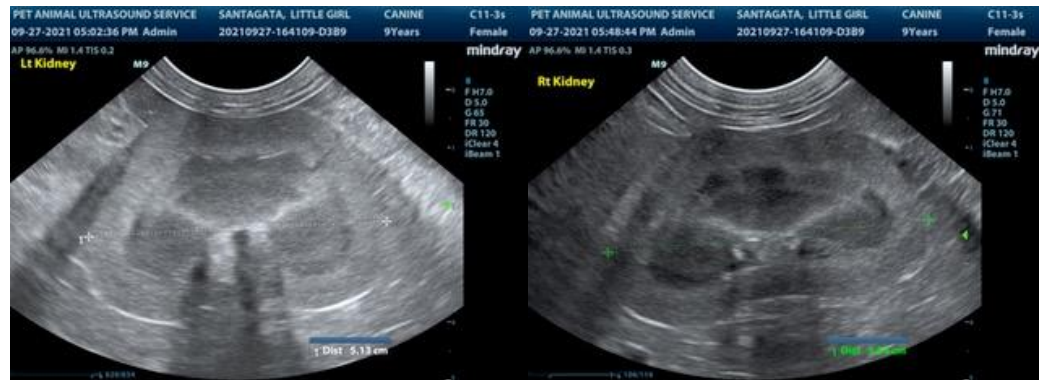
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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