



**PATIENT PRESENTING CLINICAL SIGNS**

Trinket Xa History: -Chronic soft stool, anorexic today

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: GGT 19, TBili 7.2

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Chihuahua Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

**SEX**

Spayed Female

Both kidneys were normal in size and margination with minor to emerging loss of corticomedullary border demarcation. Pinpoint to focal medullary mineralization present in both kidneys. No evidence of pyelectasia. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

7 Years

**Adrenal Glands**

**WEIGHT**

8 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.32 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 0.36 cm width at the caudal pole and 0.70 cm width at the cranial pole.

**INTERPRETED BY**

**Spleen**

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

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**

**Liver**

Jenn Nolan

**HOSPITAL NAME**

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. The gallbladder revealed mild congealed yet non-organized gallbladder debris primarily in the cranial lumen. The cystic and common bile ducts were normal. No evidence of post hepatic stasis or obstruction.

Rockaway AH

**REFERRING VET**

**Gastrointestinal**

Dr. Kahn

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, non-shadowing ingesta and chyme present. The gastric body wall measured 0.31 cm.

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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 0.33 cm.

**DATE**

9/28/21

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



**PATIENT** *Pancreas*

Trinket Xa 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 was evident.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Chihuahua Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Early age-related renal changes with pinpoint to focal medullary mineral
- Mild gastric ingesta/chyme
- Suspect inflammatory enteropathy/enterocolonopathy
- Mild gallbladder debris

**AGE**

7 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

8 Pounds

Dietary intolerance/food hypersensitivity, occult parasitism or suspect structurally insignificant inflammatory enteropathy/enterocolonopathy suspected. Minor potential for mild gastric stasis if documented NPO. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**INTERPRETED BY**

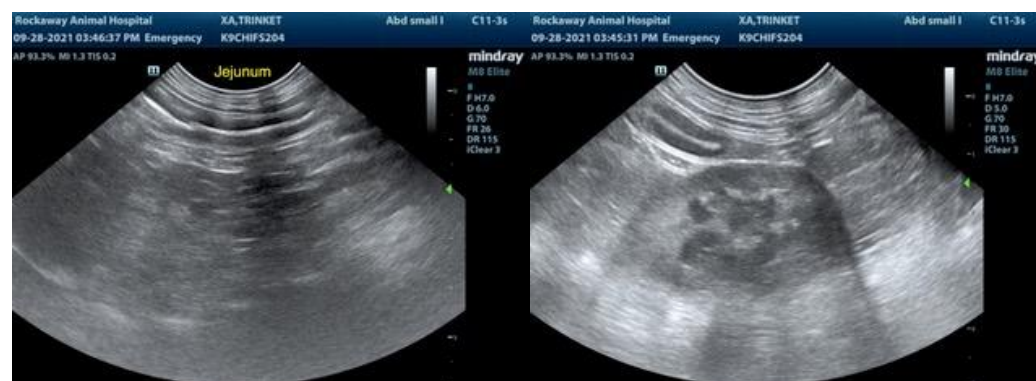
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Although considered unlikely, resting cortisol to rule out occult Addison's may be considered.

**IMAGING PERFORMED BY**

Jenn Nolan



**HOSPITAL NAME**

Rockaway AH

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**DATE**

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**PATIENT**

Trinket Xa

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**HOSPITAL NAME**

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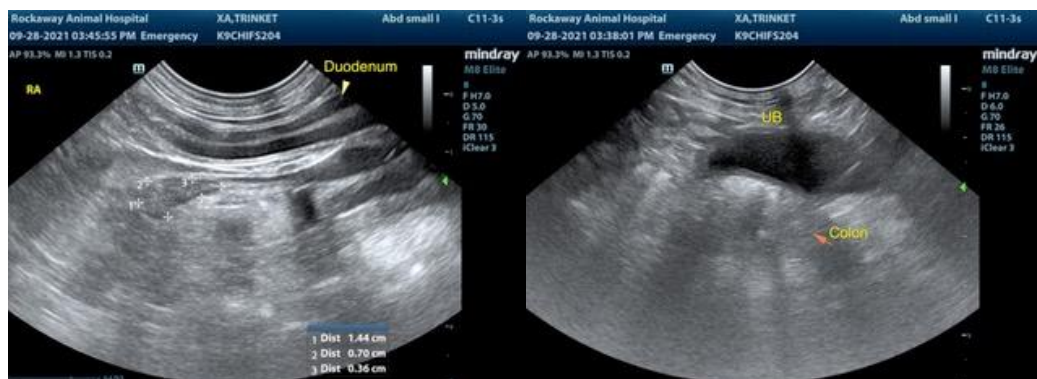
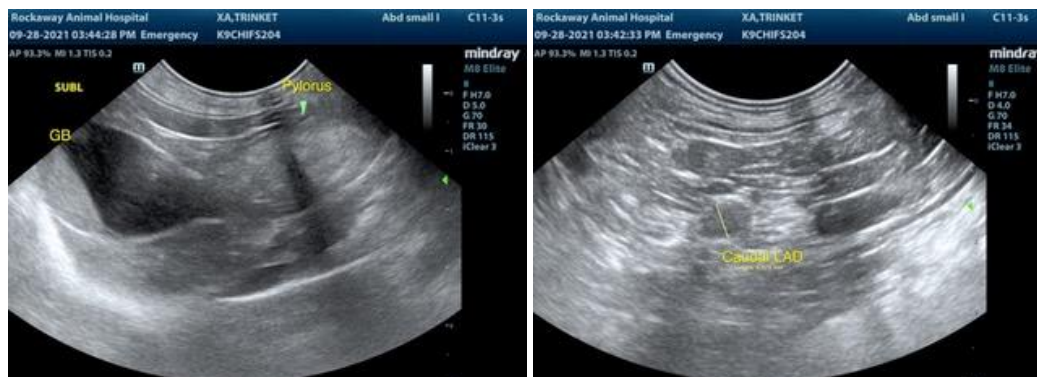
Dr. Kahn

**INVOICE**

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**DATE**

9/28/21



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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