



PATIENT

PRESENTING CLINICAL SIGNS

Brutus Garcia

S: Brutus, 12wk MI Yorkshire Terrier, presented for having trouble walking on his back legs, becoming weak and lethargic. Was playing with young kids today, when home wasn't putting pressure on his back legs, didn't seem painful to be touched. Licked some canned meat of the floor (food from older dog) earlier today. Adopted 3 weeks ago. No prior concerns.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Initially was depressed and nonambulatory but responsive; we checked glucose and was low normal, fed some canned chicken baby food with 50% dextrose (just a few cc's) which he seemed to eat readily; but within about 30 min he was much less responsive, as if anesthetized; considered high likelihood shunt or MVD given the size, presentation and ammonium biurate crystals but he is still completely unresponsive. Pulses are good/synchronous, cardiac ausc unremarkable; hard time maintaining his body temp Chem17: GLU 76, ALT 114, rest wnl Lytes: wnl UA: USG 1.030, pH 8.0, very cloudy with visible suspended sediment. Images too crowded for SediVue interpretation. Manual microscopic review of urine drop: large amount of ammonium biurate crystalline material Tx so far: IVC placed Bear Hugger heat support Dextrose 50% 0.5ml/kg diluted 1:4 in 0.9% NaCl given over 5 min, then initiated Norm-R with 5% dextrose at 2ml/hr (maintenance) Lactulose 0.5ml/kg enema q8 Cerenia 1mg/kg IV

BREED

Yorkie

SEX

M

AGE

3 Months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

WEIGHT

0.75 kg

The prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.5 cm in diameter.

INTERPRETED BY

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

No evidence of pathology in the area of the aortic trifurcation.

IMAGING PERFORMED BY

Dr. Callihan/AEC

Normal size and margination was 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 2.7 cm in length. The right kidney measured 3.0 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm length x 0.18 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 1.1 cm length x 0.21 cm width at the caudal pole.

REFERRING VET

Dr. Loeffler/AEC

Spleen

INVOICE

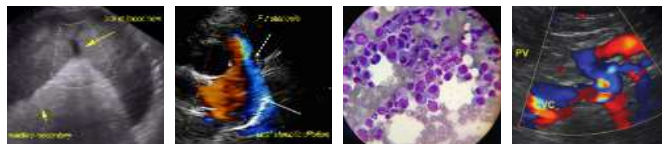
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The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

DATE

9-5-21

Liver/ Gallbladder



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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 area of the portal hilus was subjectively normal with normal subjective portal vein volume. An obvious portosystemic shunt was not present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained moderate echogenic, non-shadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.23 cm width.

SEX

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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 0.28 cm width.

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

AGE

3 Months

Pancreas

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.

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0.75 kg

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Urinary bladder sediment.
- Gastric ingesta - post-prandial presentation likely, possible gastric hypomotility if documented NPO.
- Subjective normal hepatic size and vascular volume.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt shunt noted but potential small shunt not visualized in this study cannot be definitively excluded. Fasting and post-prandial bile acids could be considered for further assessment. Mild low grade hepatic parenchymal disease, microvascular dysplasia, or potential hepatotoxic insult given the mild ALT elevation possible. No overt signs of intraabdominal trauma.

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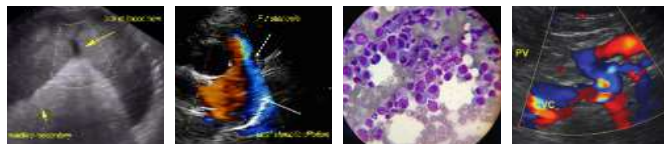
Continued supportive care with potential referral for additional diagnostics is warranted or could be considered if the patient continues to exhibit clinical signs and hypoglycemia.

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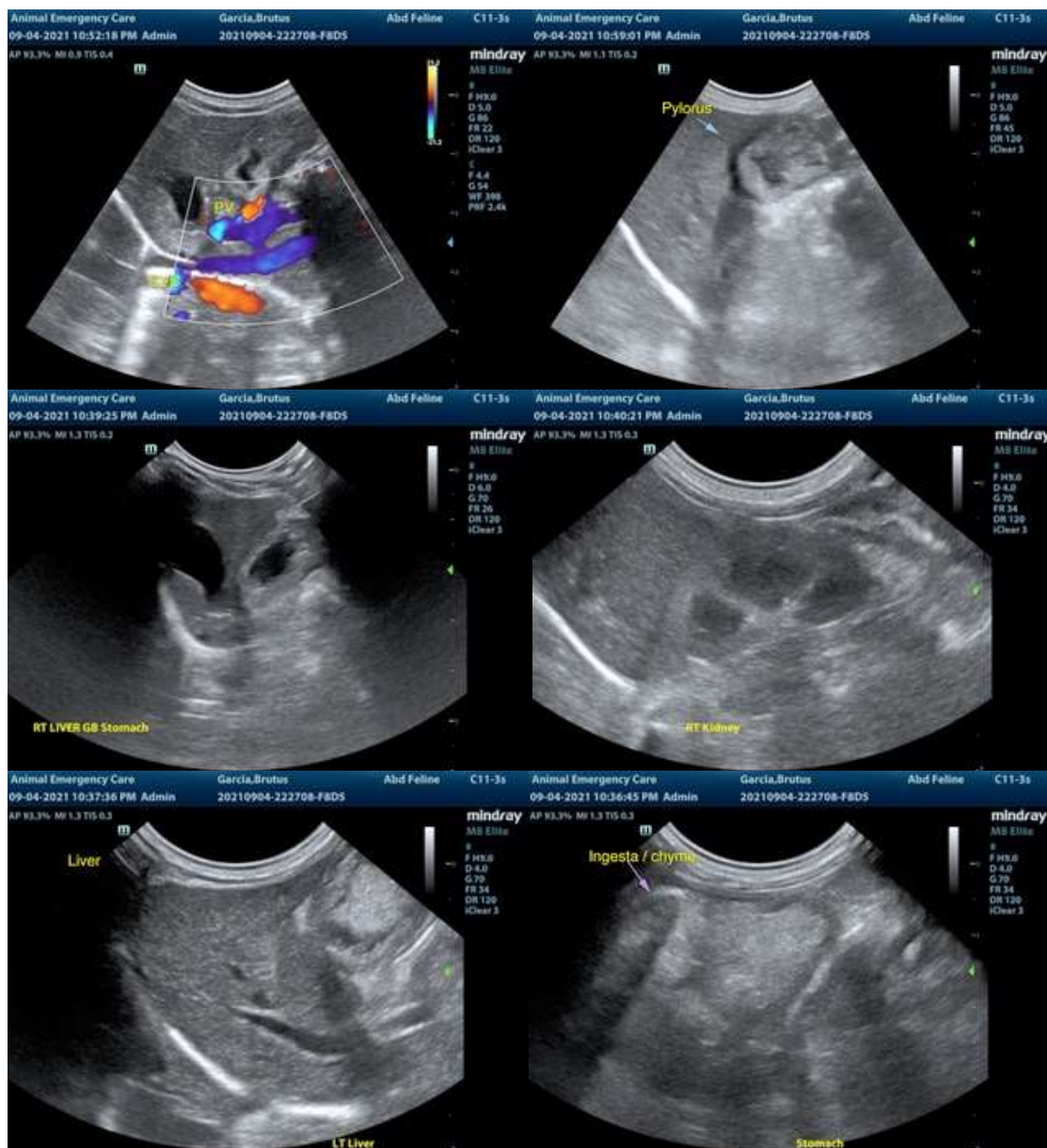
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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