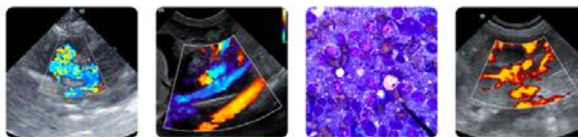


PATIENT

Cody Huynh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.1 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

72784

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Cody presented to GSiVS for twitching/shaking back legs for the past two weeks. Owner reports Cody overall looks uncomfortable. Owner noticed his neck looks thinner. Malodorous urine. Drinking large amounts of water. Diarrhea at night for the past two weeks. Eating normally. No vomiting. No coughing or sneezing. Cody was adopted from owners Grandpa aprox 1 yr ago. Owner in usnure of medical history. No current meds. Presented for further eval.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE findings: dehydrated, tense painful abdomen, full body tremors, mild ataxia in hind CSL: mchc 38.6 (32-37.9), mono 1.32 (0.16-1.12), plt 686 (148-484), pct 0.84 (0.14-0.46), glu > 686 (70-143), bun 74 (7-27), phos 7.9 (2.5-6.8), alkp 266 (23-212), chol 321 (110-320), Na 137 (144-160), cl 97 (109-122) Ketodiastix: 1000 glucose, moderate ketones PSL: 929 (0-200) Urinalysis and culture: pending BP: 120mmhg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is mild pyelectasia present in the left kidney with anechoic contents. The renal pelvic fat is of normal echogenicity. There are small cortical cysts present within the renal cortices of both kidneys. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 4.0 cm. Right kidney measures 4.0 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height measures 4.5 mm at the cranial pole and 3.6 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

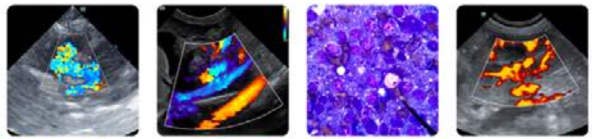
Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderatey distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is mildly distended with gas and small shadowing objects typical of pills or dense food. The gastric wall is 4.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The pancreas is hypoechoic to the surrounding mesenteric fat, with an inhomogeneous parenchyma and normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed.

PRIMARY FINDINGS

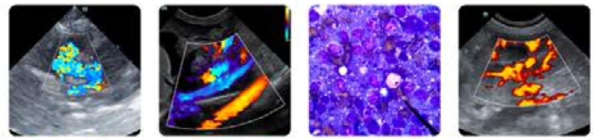
- Bilateral chronic renal changes, with mild left pyelectasia
- Diffusely heterogeneous, hyperechoic liver consistent with a non-specific / reactive hepatopathy
- Mottled pancreas, consistent with chronic remodeling change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical for the patient's breed and age. Discordant elevation of BUN is also common in older Yorkshire Terriers, and so the creatinine may be a more meaningful assessment of renal reserve in the this patient. Given a lack of associated inflammation the pyelectasia in the left kidney is most likely secondary to the diabetes mellitus, however the pending urinalysis and culture will further assist with ruling out the possibility of concurrent pyelonephritis.

The appearance of the liver is non-specific, and might be associated with vacuolar hepatopathy, reactive hepatopathy, nodular regeneration, or less likely an inflammatory or neoplastic process. Diabetes mellitus is a common cause of vacuolar and reactive hepatopathy, and so may be the cause in this patient. Liver sampling would be needed for definitive diagnosis, but given that liver values are normal except for the mild elevation in ALP, it is unlikely that there is significant hepatic pathology present.

The appearance of the pancreas may be an incidental aging change, or may represent chronic pancreatitis. A pancreatic-specific lipase level may be helpful in further determining the significance of this finding.



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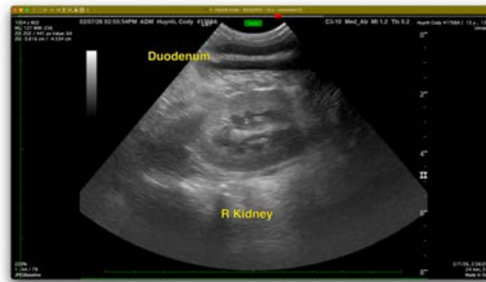

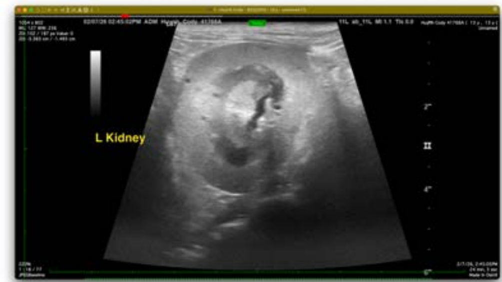

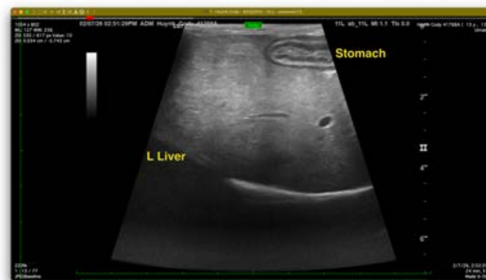

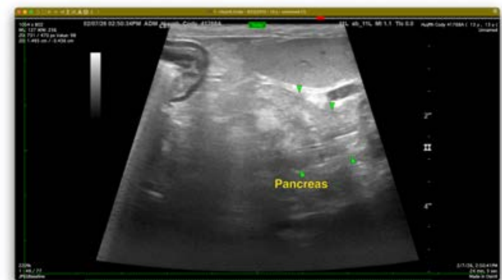

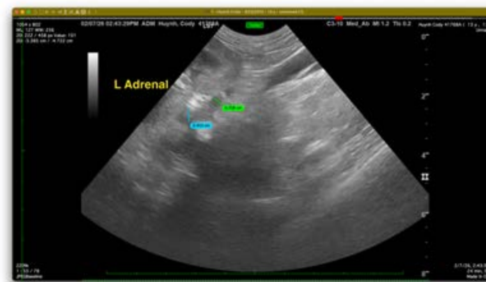

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com