



PATIENT

Nibz Rosario

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

16 years

WEIGHT

7 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Kenilworth Animal
Hospital

REFERRING VET

Dr. Mansour

INVOICE

11578

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- Anorexia, Lethargy, Pancreatitis
- Current medications - Metronidazole, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Albumin 2.5 (L), Precision 325 (H), WBC 23.5, Neutrophils 16685(H), Monocytes 1880 (H), Free T4 0.5, Lipase 1112.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.79 cm, and the right kidney measures 3.36 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left adrenal gland measures 0.51 cm x 1.22 cm. The right adrenal measures 0.50 cm x 1.63 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.2 cm at the hilus.

Liver

The liver is subjectively normal in size with a diffusely mottled or heterogenous parenchyma, and subtle circumscribed hyperechoic nodular changes throughout.

The gallbladder contains a moderate amount of suspended echogenic debris, and dependent sediment. The cystic and common bile ducts were normal. Gallbladder wall is appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation.

Gastrointestinal

The stomach is non-distended with a patent pyloroduodenal junction. Normal gastric wall thickness and layering. The majority of the small intestine is non-distended with normal wall thickness and layering. However, there is at least one focal segment of small intestine with a diffusely thickened wall



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and loss of normal recognizable wall layering. The segment also is moderately distended with echogenic fluid. There is no overt obstructive lesion identified on this study. However, an occult obstruction can't be definitively excluded. The colon contains normal shadowing feces.

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Pancreas

The pancreas is prominent and hypoechoic with irregular margins. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

There's diffuse hyperechoic mesentery or omental fat, consistent with peritonitis. There are multiple hypoechoic and prominent mesenteric lymph nodes, and a scant volume of anechoic free peritoneal effusion noted.

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ULTRASONOGRAPHIC FINDINGS

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- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- A focally thickened segment of small intestine. Likely represents infiltrative neoplastic disease such as round cell neoplasia, carcinoma, or sarcoma.
- The changes to the pancreas likely represent secondary inflammation or pancreatitis due to the small intestinal lesion.
- The prominent lymph nodes may represent normal reactive change. However, metastatic neoplastic disease can't be definitively excluded. The free peritoneal effusion is likely secondary to the diffuse intraabdominal peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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One could consider, fine needle aspirates of the small intestinal lesion as well. However, there is concern for the possibility of perforation of the small intestinal lumen and a secondary septic peritonitis. Alternatively, an exploratory laparotomy with potential resection and anastomosis or a gastrointestinal biopsies could provide another diagnostic avenue. An abdominocentesis with fluid analysis and fluid cytology may also provide additional information as to the underlying etiology of the intestinal lesion.

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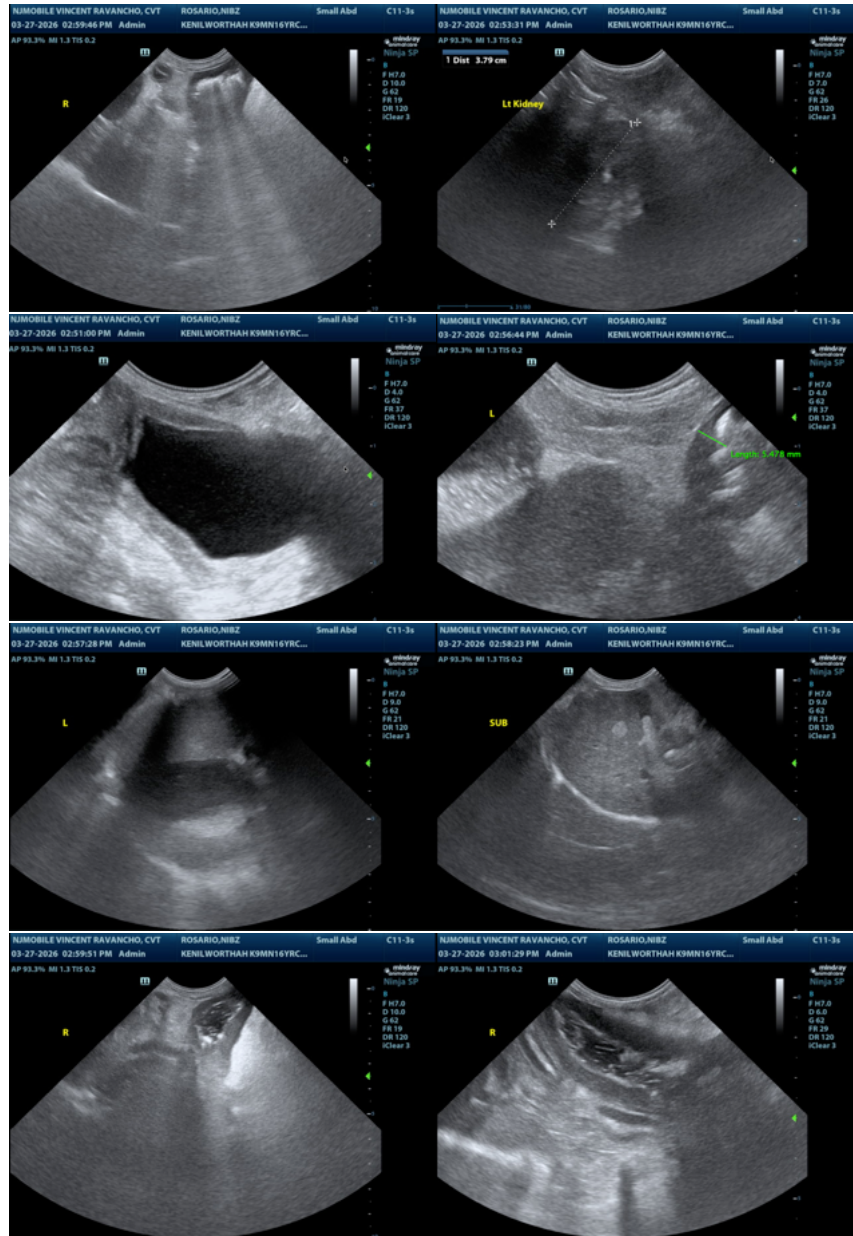
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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