



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mitzi Daskivich	Annual evaluation. ALK: 259, GGT:4, USG: 1.049, Urine protein: 2+, prot/creat ratio 0.6.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Chihuahua Cross	
<b>SEX</b>	Left kidney is normal in size (5.55 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
Spayed Female	Right kidney is normal in size (5.88 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
<b>AGE</b>	<b>Adrenal Glands</b>
10 years	Left adrenal gland is normal in size (2.02 x 0.5 cm at cranial pole and 0.7 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
<b>WEIGHT</b>	Right adrenal gland is normal in size (2.18 x 0.77 cm at cranial pole and 0.72 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
19.8 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Rodriguez	Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.
<b>HOSPITAL NAME</b>	
Foxfield VS	
<b>REFERRING VET</b>	
Dr. Rodriguez	
<b>INVOICE</b>	<b>Gastrointestinal</b>
94954	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
<b>DATE</b>	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
1/4/22	



**PATIENT** Colon is normal in wall thickness (< 0.2 cm) and layering.

Mitzi Daskivich

**Pancreas**

**SPECIES**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Canine

**BREED**

**Free Abdomen**

Chihuahua Cross

Lymph nodes are normal with no observed enlargement.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

**Primary Findings**

**AGE**

Hyperechoic hepatomegaly. The liver is most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

10 years

**WEIGHT**

Canine early mucocele. Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

19.8 lbs

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Beth Johnson, DVM  
DACVIM

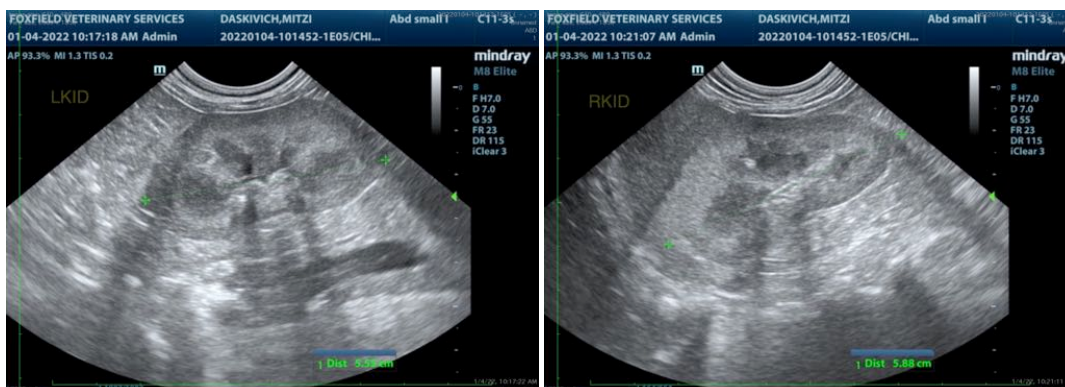
Recommendations for this patient given the mildly increased ALKP and the ultrasonographic gallbladder changes include an empirical course of Ursodiol +/- concurrent antibiotics with monitoring of ALKP and gallbladder for improvement/progression. If any clinical signs of hyperadrenocorticism are present such as polyuria, polydipsia, polyphagia, panting, etc. then testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test can also be considered. A FNA of the liver can be considered if the patient's coagulation status is appropriate. However, the top differentials for the hepatic changes are benign with cytology likely to be of low yield.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS



**REFERRING VET**

Dr. Rodriguez

**INVOICE**

94954

**DATE**

1/4/22



**PATIENT**

Mitzi Daskivich

**SPECIES**

Canine

**BREED**

Chihuahua Cross

**SEX**

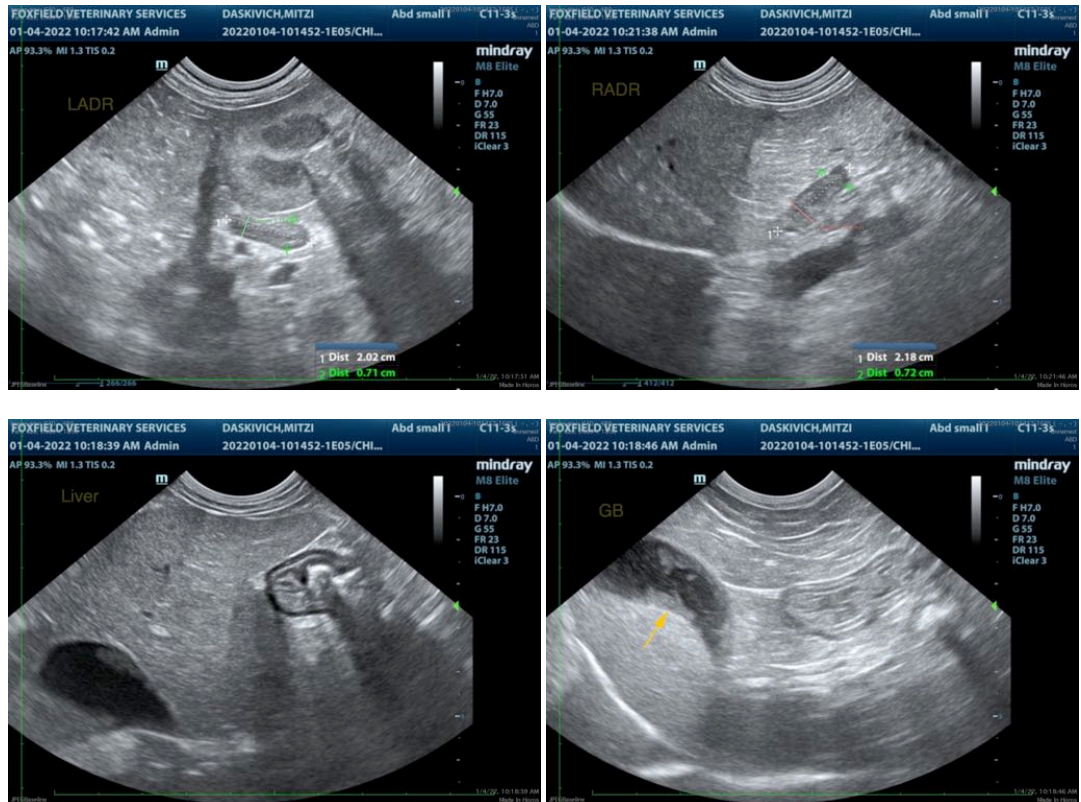
Spayed Female

**AGE**

10 years

**WEIGHT**

19.8 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Rodriguez

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Dr. Rodriguez

**INVOICE**

94954

**DATE**

1/4/22

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com