



PATIENT

Chico O'Connor

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.44 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

72044

DATE

1/7/26

PRESENTING CLINICAL SIGNS

P presented 1/7/26 for diarrhea, vomiting and anorexia - P currently on Meloxidyl and Gabapentin - On exam a mass was palpated in cranial abdomen so ultrasound ordered - Was given Cerenia, B12 and Pen G Procaine SQ and seems to feel better this AM, P ate and no more vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: All bloodwork yesterday was WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The prostate is largely normal in appearance for a neutered dog, except for an approximately 0.40 cm x 0.50 cm anechoic density/suspect cyst.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Multiple small cortical cysts are noted bilaterally, as well as a large, 5.0 cm in diameter anechoic/suspect cortical cyst involving almost the entire caudal pole of the left kidney. Left kidney measures 4.2 cm. Right kidney measures 3.6 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen has previously been removed.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect gallbladder mucocele.
- The markedly heterogeneous liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or even chronic inflammatory disease. However, infiltrative neoplasia can't be ruled out without tissue sampling.
- Bilateral age related kidney changes with multiple bilateral small cortical cysts and a large cortical cyst in the left kidney.
- Suspect small prostatic cyst.
- The patient's spleen has previously been removed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported resolution of clinical signs, normal lab work, etc., aggressive follow up and/or intervention may not be warranted. Having said that, the gallbladder mucocele could have contributed or be contributing to chronic low-grade gastrointestinal signs, and if clinical signs persist, especially in the face of liver enzyme changes, ultimately a cholecystectomy may be warranted.

In the meantime, empirical medical management could be considered, including hepatic nutraceuticals such as ursodiol. Additionally in the meantime, given the degree of heterogeneity in the liver, fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.



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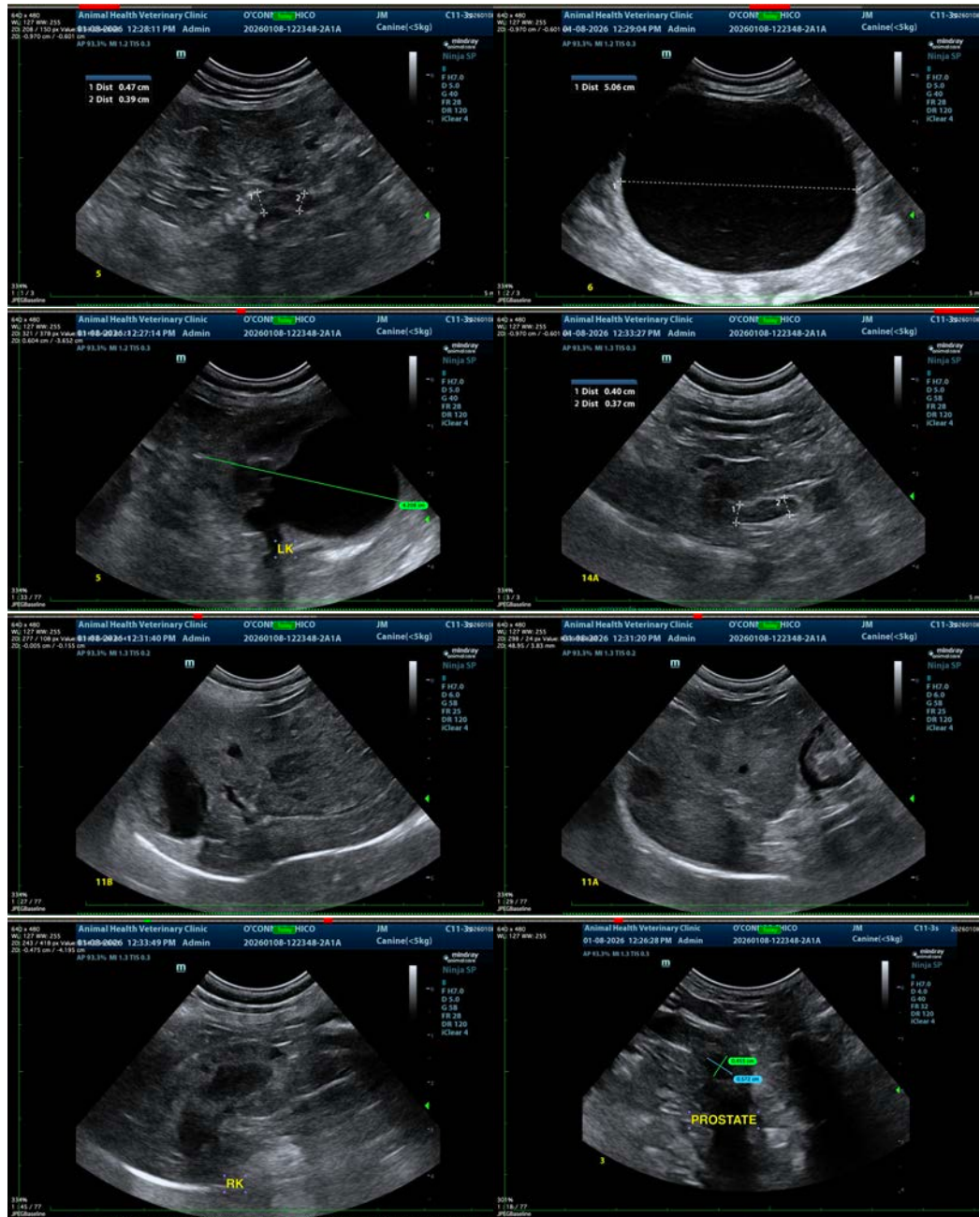
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com