PATIENT

Charlie Picazio

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

14 years

WEIGHT

5.56 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Littleton Animal Hospital

REFERRING VET

Dr. Tayana Kalani

INVOICE

10784

DATE

11/20/2025

PRESENTING CLINICAL SIGNS

Hyporexia, PU/PD, large volume of urine, significant weight loss. BW: SDMA 16, BUN 35, sodium 156, chloride 127, alb 2.6, USG 1.016, urine pH 5.5. On Fluoxetine 5 mg SID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Left kidney measures 2.98 cm, with mild pyelectasia measuring 0.15 cm in transverse view. Right kidney measures 3.1 cm, with mild pyelectasia measuring 0.23 cm in transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.32 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 (0.38 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.2 cm thick at the hilus), however, it has a subtly scalloped or undulating capsular contour primarily cranially near the head of the spleen. Otherwise, shape and parenchyma are normal in appearance. No focal nodules or masses or observed. Splenic vasculature appears normal.

Liver

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

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty except for an approximately 1.2 cm in diameter echogenic curvilinear shadowing density with no visible evidence of obstruction noted in these images at this time. 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.

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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

- Mild to moderate chronic kidney disease changes with mild bilateral pyelectasia.
- The mildly scalloped spleen could be normal patient variant or could be associated with reaction to an immune stimulus including benign inflammation, or less likely, but possible early infiltrative neoplasia such as round cell neoplasia versus other.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- A small non-obstructive gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ruling out proteinuria as a possible contributing factor to the reported hyperalbuminemia is recommended if not already ruled out. A blood pressure is also recommended if not already evaluated.

Pending results of that, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Removal of the gastric foreign body via gastroscopy could be considered, although it's small and non-visibly obstructive and likely an incidental finding. Therefore, monitoring for clinical signs, etc., may be equally appropriate.

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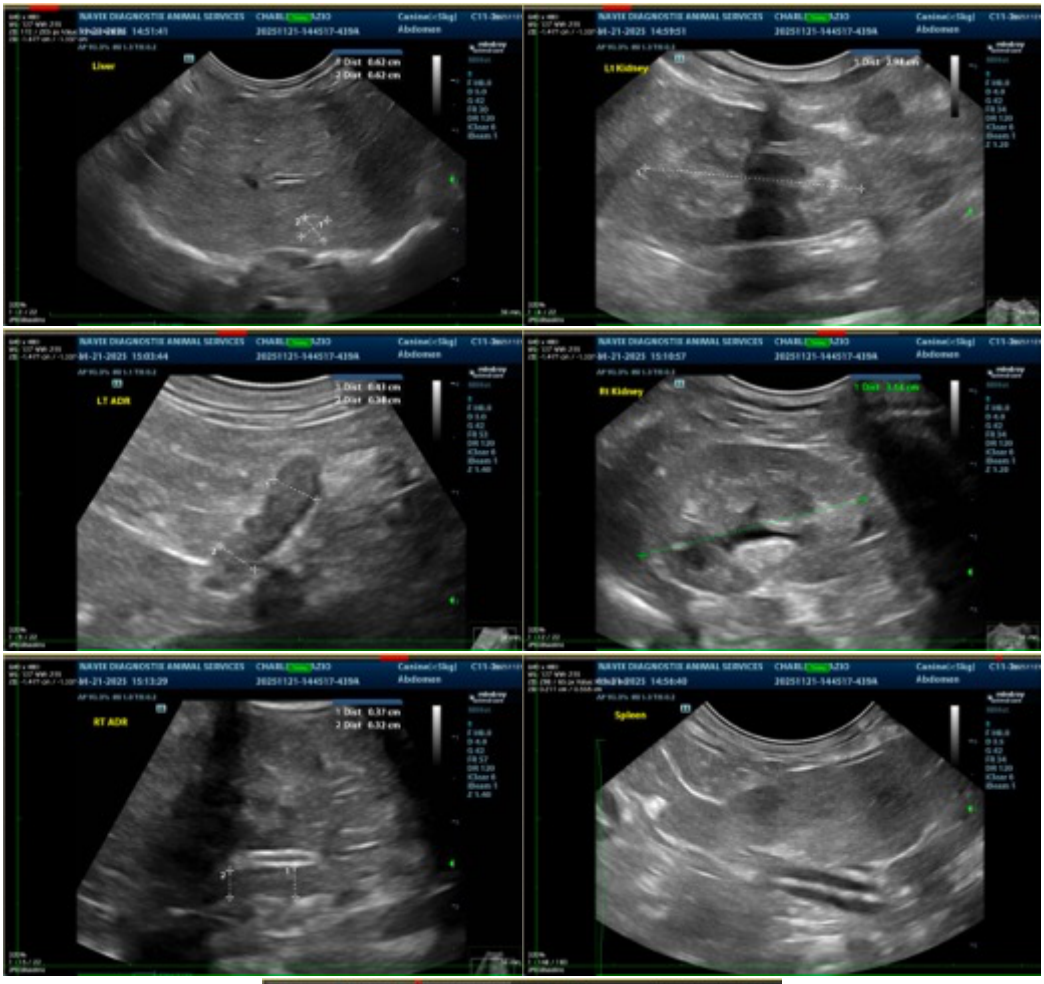

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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