



PATIENT

Fresca Magar

PRESENTING CLINICAL SIGNS

History: Assessing liver.
Abnormal PE/Chem/CBC/UA Results: SDMA 15, TP 8.3, Alb. 4.0, glob. 4.3, AP 2486.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Chihuahua

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Neutered male

The residual prostate measured 1.13 cm.

AGE

13 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Non-obstructive calculi were noted. Slight pyelectasia was noted. The right kidney measured 4.8 cm. Pyelectasia in the left kidney measured 1.0 x 0.5 cm with corticomedullary mineralization. The left kidney measured 3.96 cm.

WEIGHT

17.2 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** was uniform and measured 1.88 x 0.62 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland revealed a slightly enlarged cranial pole that measured 2.22 x 1.04 cm at the cranial pole and 0.72 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Ringwood AH

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Walker

Liver

INVOICE

92325

The **liver** revealed multi-focal, mixed hyperechoic and hypoechoic nodular changes. The largest hyperechoic nodule measured 1.34 cm. The hypoechoic nodule measured 1.26 cm. However, multiple, heterogenous parenchymal changes were noted throughout the liver. The gallbladder was unremarkable. The margins were uniform, yet mildly swollen.

DATE

10/12/21



PATIENT

Gastrointestinal

Fresca Magar

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Chihuahua

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Neutered male

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Pronounced nodular hyperplasia liver pattern.

Slightly swollen left adrenal gland. Adenoma versus hyperplasia.

WEIGHT

17.2 lbs

Moderate degenerative renal changes with calculi and pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to scarring from prior episodes of passage of calculi. However, no obstructive disease was noted at this time. Renal values should be monitored carefully with urinalysis to assess for any urinary tract infection. If the urine specific gravity is less than 1.020 then work-up for Cushing's is indicated. FNA of the general hepatic parenchyma and nodular changes would be valid. The potential of neoplasia is minimal; however, the nodules should be monitored for growth over the next 1-3 months with a recheck sonogram.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

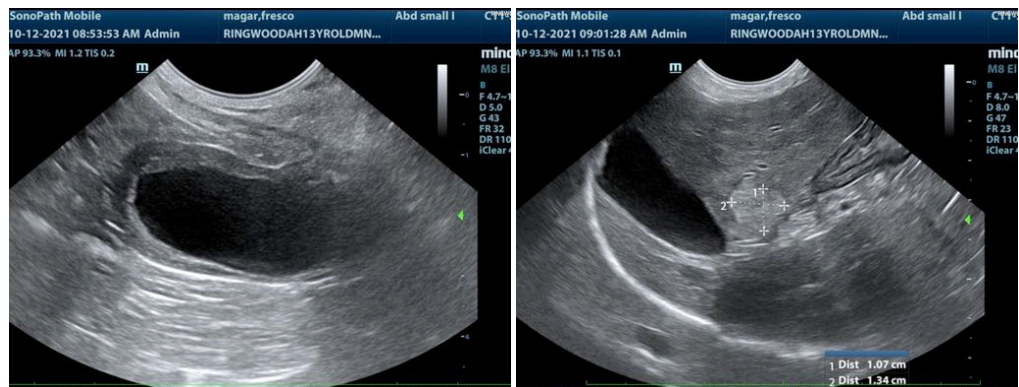
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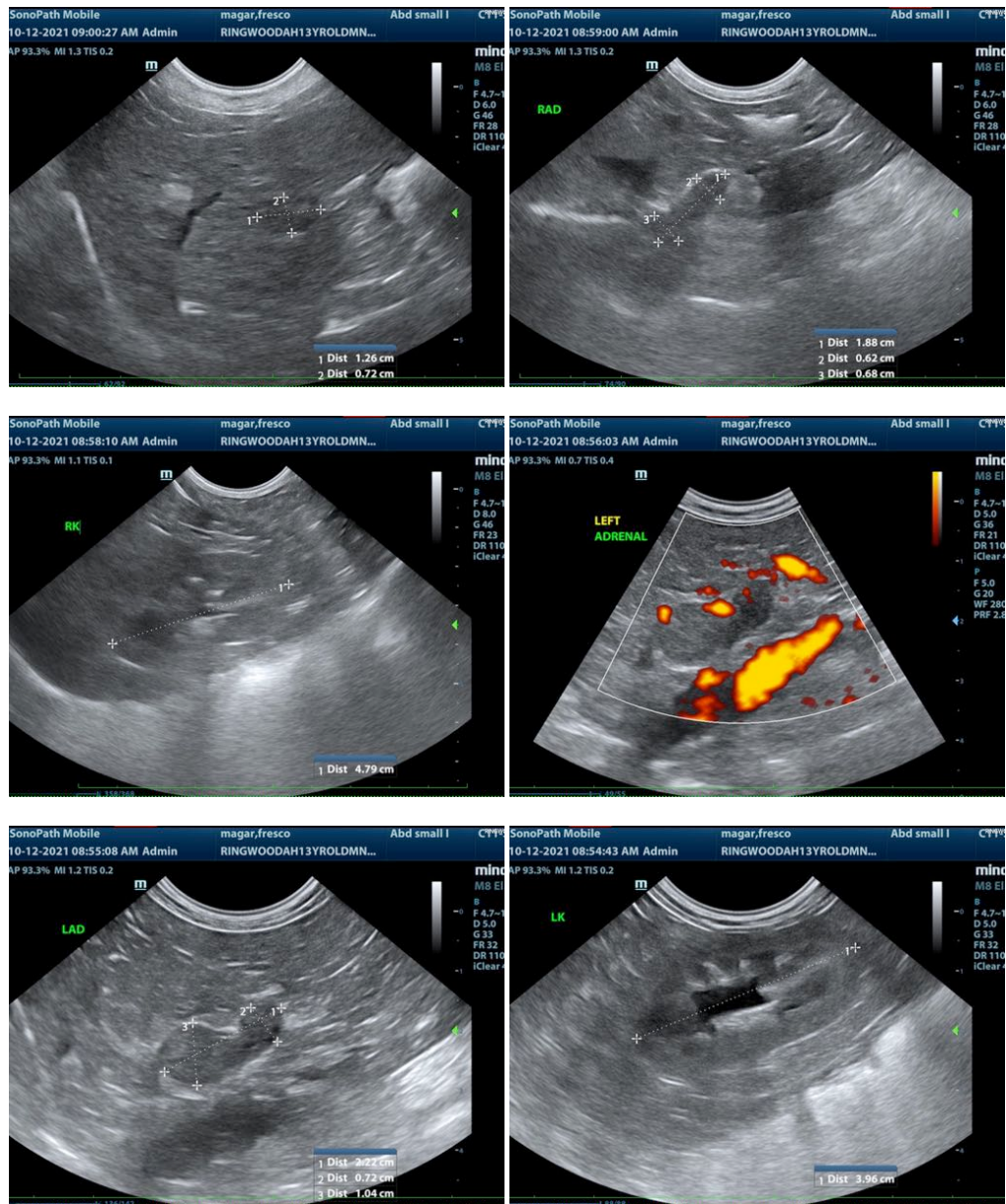
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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