



PATIENT PRESENTING CLINICAL SIGNS

Mia Marie Vega

History: Presented for an abdominal ultrasound to further evaluate possible mass in the liver. Originally presented to evaluate urine as it was very dark color. Pt is very Jaundice and there is hepatomegaly and suspicion of a liver mass. ddx cholangiohepatitis

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Pt has a murmur grade 3. Discomfort on cranial abdomen palpation. BW: CBC - RETIC 167.0 K/ μ L (10.0 - 110.0), RETIC-HGB 21.5 pg (22.3 - 29.6), WBC * 22.14 K/ μ L (5.05 - 16.76), NEU * 18.25 K/ μ L (2.95 - 11.64), BASO * 0.12 K/ μ L (0.00 - 0.10), MPV * 16.0 fL (8.7 - 13.2), PCT * (0.11 % 0.14 - 0.46) Chem: ALKP 1859 U/L (23 - 212), GGT 48 U/L (0 - 11), TBIL 10.7 mg/dL (0.0 - 0.9), Na 141 mmol/L (144 - 160), K 3.3 mmol/L (3.5 - 5.8), Cl 102 mmol/L (109 - 122) Rads: Caudal displacement of gastric silhouette urinalysis: US: 1.030, RBCs, WBCs, Bilirubin 3+ icteric

BREED

Chihuahua

SEX

Spayed feamle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

12 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 his age patient. Medullary structure differed distinctly from that of the cortex. Mineralization and cortical cysts were noted in the kidneys. Irregular, cortical infarcts were also noted. The left kidney measured 3.3 cm with slight pyelectasia that measured 0.16 cm.

WEIGHT

4.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.53 x 0.65 cm. The left adrenal gland measured 1.53 x 0.7 cm.

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Ortiz

INVOICE

42574

Liver

The **liver** was swollen, yet uniform. The gallbladder was over distended with suspended debris and immobile striation. This is consistent with mucocele formation. The gallbladder mucocele measured 5.0 x 5.0 cm with peripheral inflammation.

DATE

12/5/22



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Gastrointestinal

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The **stomach** in this patient presented mucosal hypertrophy and echogenic remodeling. The muscularis layer and submucosa were unremarkable. The small intestines and colon were unremarkable.

SPECIES

Canine

Pancreas

BREED

Chihuahua

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Gallbladder mucocele.

Swollen liver.

Gastric hypertrophy.

WEIGHT

4.1 lbs

Renal mineralization and cortical cysts.

Bilaterally enlarged adrenal glands.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate cholecystectomy is warranted with liver biopsies. The patient may be Cushingoid given the mild bilateral adrenal hypertrophy. Surgical intervention is essential in this patient.

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