



**PATIENT**

Shea Pontenzone

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

16.5 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Pontenzone

**INVOICE**

35772

**DATE**

2/18/22

**PRESENTING CLINICAL SIGNS**

Concern for hepatopathy. History of CHF, current meds: Vetmedin 1.25 mgs BID/Benazepril 2.5 mgs BID/Lasix 1/2 12.5 mgs QID, multiple supplements and Galliprant. Abnormal PE/Chem/CBC/UA Results: AST 51, ALP 1591, GGT 16.

**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 were noted. Ureteral papillae were normal. The residual prostate measured 0.69 cm.

The **kidneys** presented moderate degenerative changes and irregular contour with subnormal size. The right kidney measured 2.91 cm. The left kidney measured 2.47 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.3 cm x 0.41 cm at the caudal pole and 0.44 cm at the cranial pole.

**Spleen**

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 were noted.

**Liver**

The **liver** revealed a 2.15 cm x 1.69 cm cystic, mixed echogenic nodule in the left medial liver. Slight increased portal markings and remodeling noted, largely expected for this age patient. The gallbladder was unremarkable.

**Gastrointestinal**

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.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Cystic hepatic nodule – likely benign cystadenoma, low-grade carcinoma possible. However, given the age of the patient, likely a benign lesion. Granulomatous change also possible. The lesion was moderately vascular.



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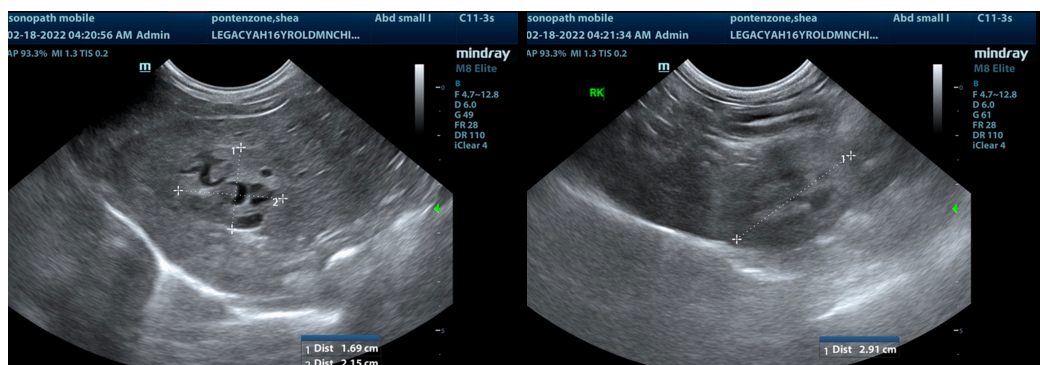
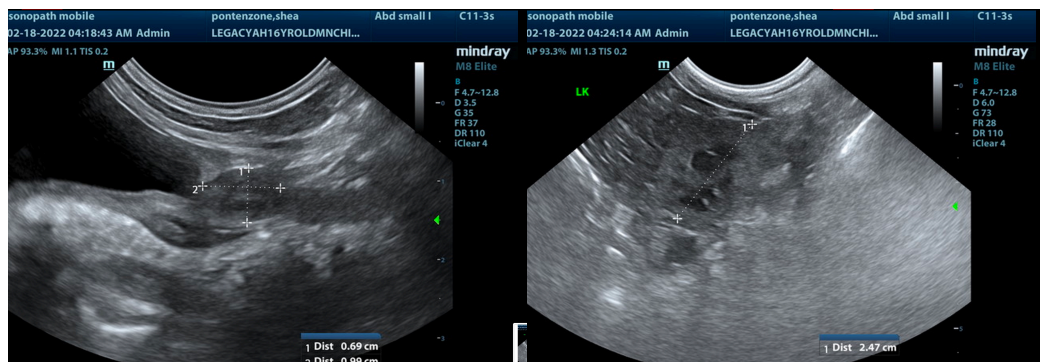
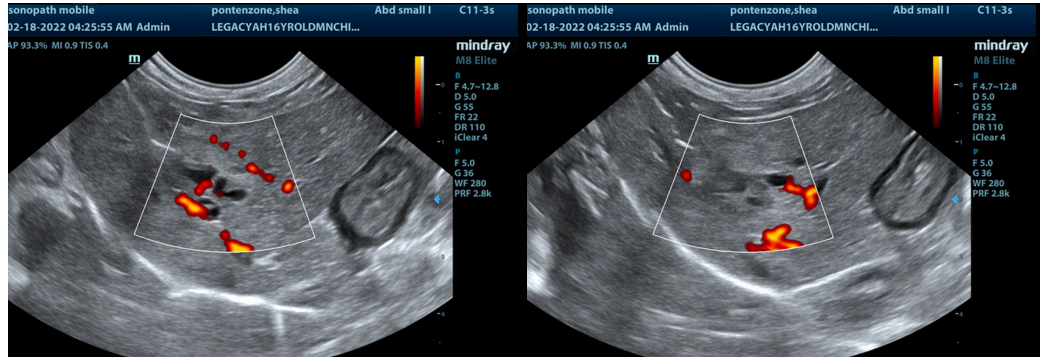
Legacy AH

**REFERRING VET**

Dr. Pontenzzone

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am most concerned about the long-term viability of the kidneys in this patient. Recommend monitoring the cystic hepatic nodule. I do not recommend FNA of this particular nodule given the significant vascularity and the cystic component, which will not likely exfoliate adequate cells for definitive diagnosis. Monitoring any growth or change in echotexture indicated over the next 1-2 months.



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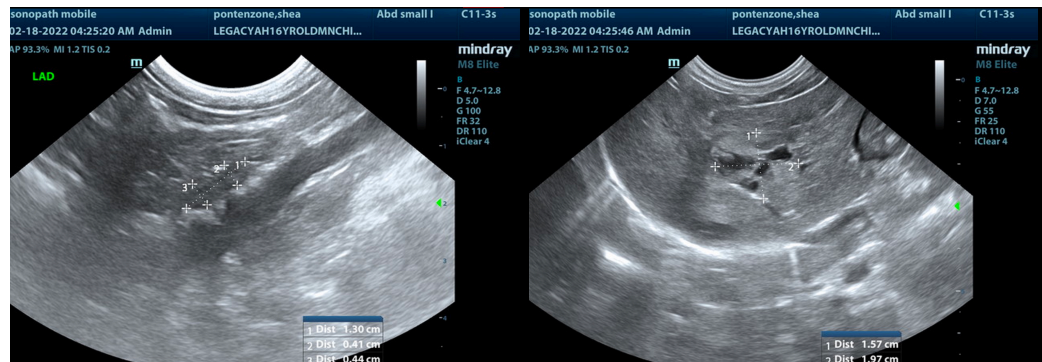
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)