



PATIENT

Nacho Zachmann

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr.

INVOICE

36394

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Decreased appetite, recent loose stool, but back to normal. Pacing at night, lethargic, new heart murmur, cough (history of collapsing trachea). Current meds: Cerenia administered on 3/21/22. Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes, CPL normal.

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 was uniform at 0.61 cm.

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 and no evidence of pelvic dilation was present. The right kidney measured 3.77 cm. The left kidney measured 3.38 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 right adrenal gland measured 1.63 cm x 0.34 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 1.24 cm x 0.50 cm at the caudal pole and 0.48 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 left medial **liver** revealed a mixed echogenic nodular change. Increased portal markings noted. The liver was subnormal in size. An anechoic cyst was noted in the left cranial liver measuring 0.60 cm. A separate hyperechoic nodule measured 0.79 cm. The gallbladder was overdistended with echogenic debris and striating bile, best characterized as emerging mucocele, measuring 4.0 cm x 3.0 cm in long axis.

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.



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Pancreas

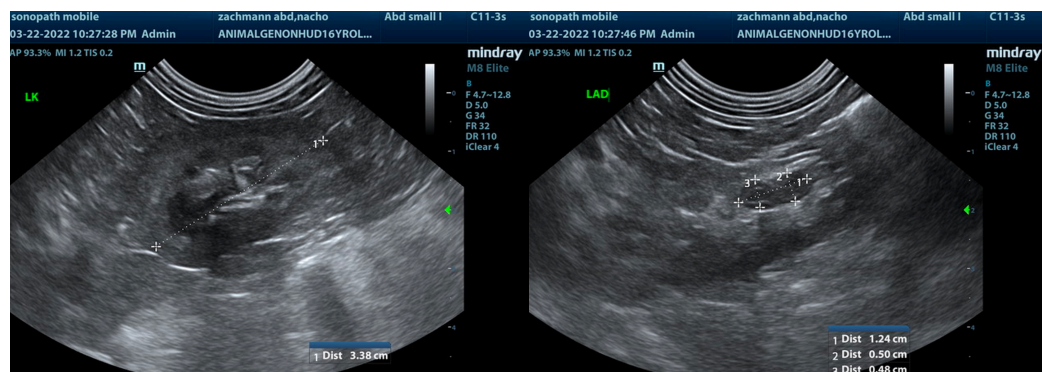
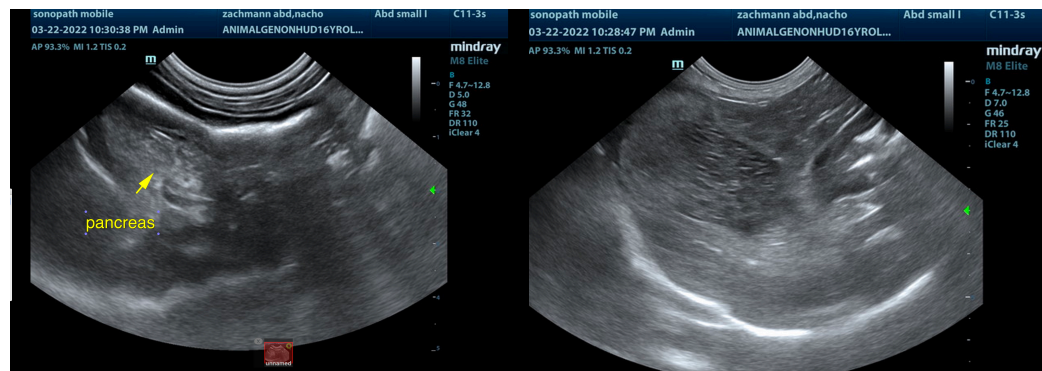
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and nodular changes with microhepatica and emerging mucocele
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory hepatopathy with likely nodular hyperplasia. Minor potential for underlying neoplasia. Bile acid profile indicated. Ursodiol therapy warranted with liver-oriented diet. FNA of the general parenchyma and nodules could be considered for further definition. Prognosis long-term of the liver is guarded. Ursodiol therapy over the next 6-8 weeks with recheck sonogram and bile acids at that time recommended. The lethargy may be related to emerging hepatic failure in this patient, especially if bile acids are elevated.





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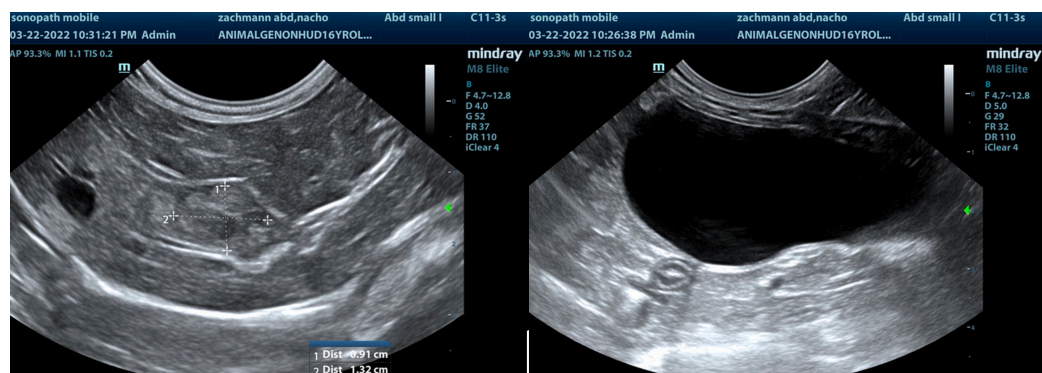
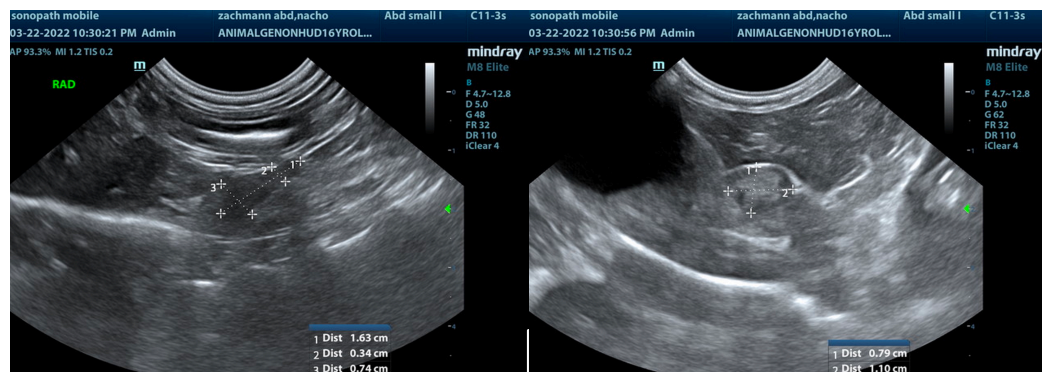
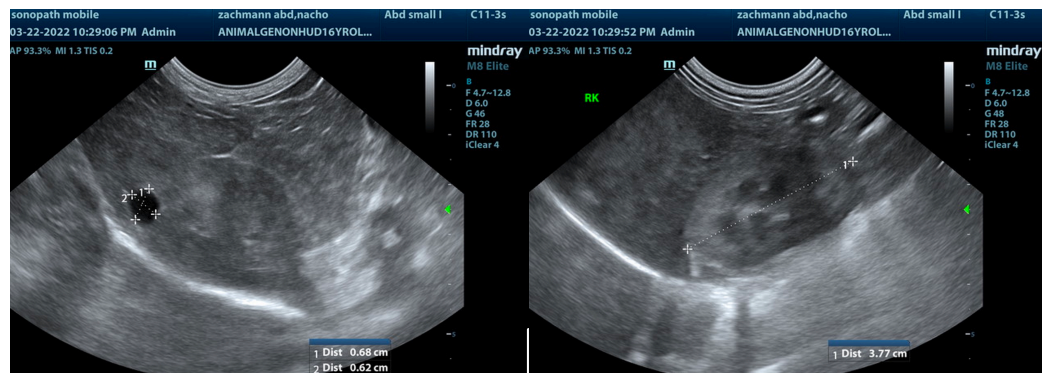
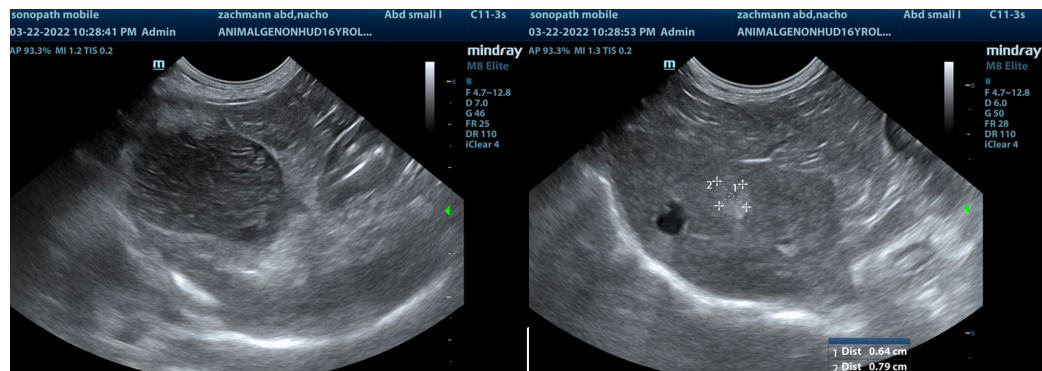
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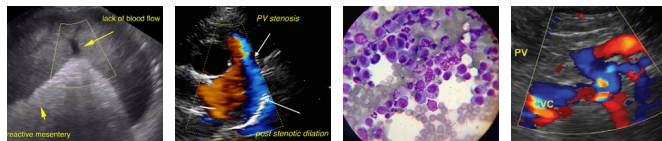
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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