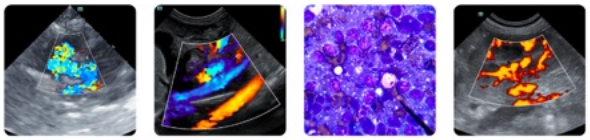



**PATIENT**

Fancy Haydt

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

6.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wasserman

**HOSPITAL NAME**

Highlands AH

**REFERRING VET**

Dr. Frankenberger

**INVOICE**

78036

**DATE**

5/27/26

## PRESENTING CLINICAL SIGNS

History: Appetite WNL. No PU/PD noted. No coughing, sneezing, diarrhea, or vomiting reported. Patient is currently being fed Purina Pro Plan GI Low Fat diet. Upcoming dental procedure is scheduled; grade 3–4 dental disease noted on examination. Purpose of sonographic evaluation today was investigation of elevated liver enzymes.
Abnormal PE/Chem/CBC/UA Results: CBC normal. Panel elevated ALT 216 (10-125), ALP 324 (23-212), and GGT 39 (0-11). Mildly reduced Amylase 475 (500-1500). Urine obtained via cystocentesis today at sonogram.

## 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.

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 and no evidence of pelvic dilation was present. The right kidney measured 3.78 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 1.6 x 0.32 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 1.45 x 0.88 cm at the cranial pole and 0.42 cm at the caudal 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 was noted.

### *Liver*

The **liver** revealed multi-focal, hypoechoic, non-disruptive nodule measuring up to 1.0 cm in the cranial liver and a hyperechoic nodule measuring 1.45 cm. The gallbladder revealed minor polypoid change noted at the apex measuring 1.0 cm.

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### *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. 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.

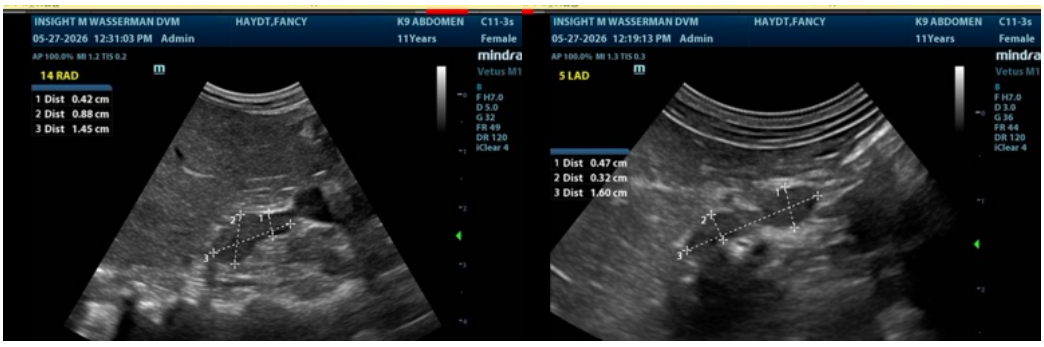
## ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with nodular hyperplasia pattern.

Minor gallbladder polyp.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyps should be monitored periodically to ensure no progressive change has occurred. This is likely polypoid hyperplasia; however, I cannot rule out an early carcinoma. Recheck sonogram is recommended in 6-8 weeks regarding the liver nodules and gallbladder polyp. Otherwise, the abdomen is unremarkable. FNA of the liver nodules and general parenchyma can be considered for further definition. Power Doppler assessment of the gallbladder polyps can be performed at the recheck as well.



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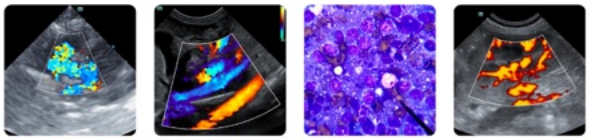

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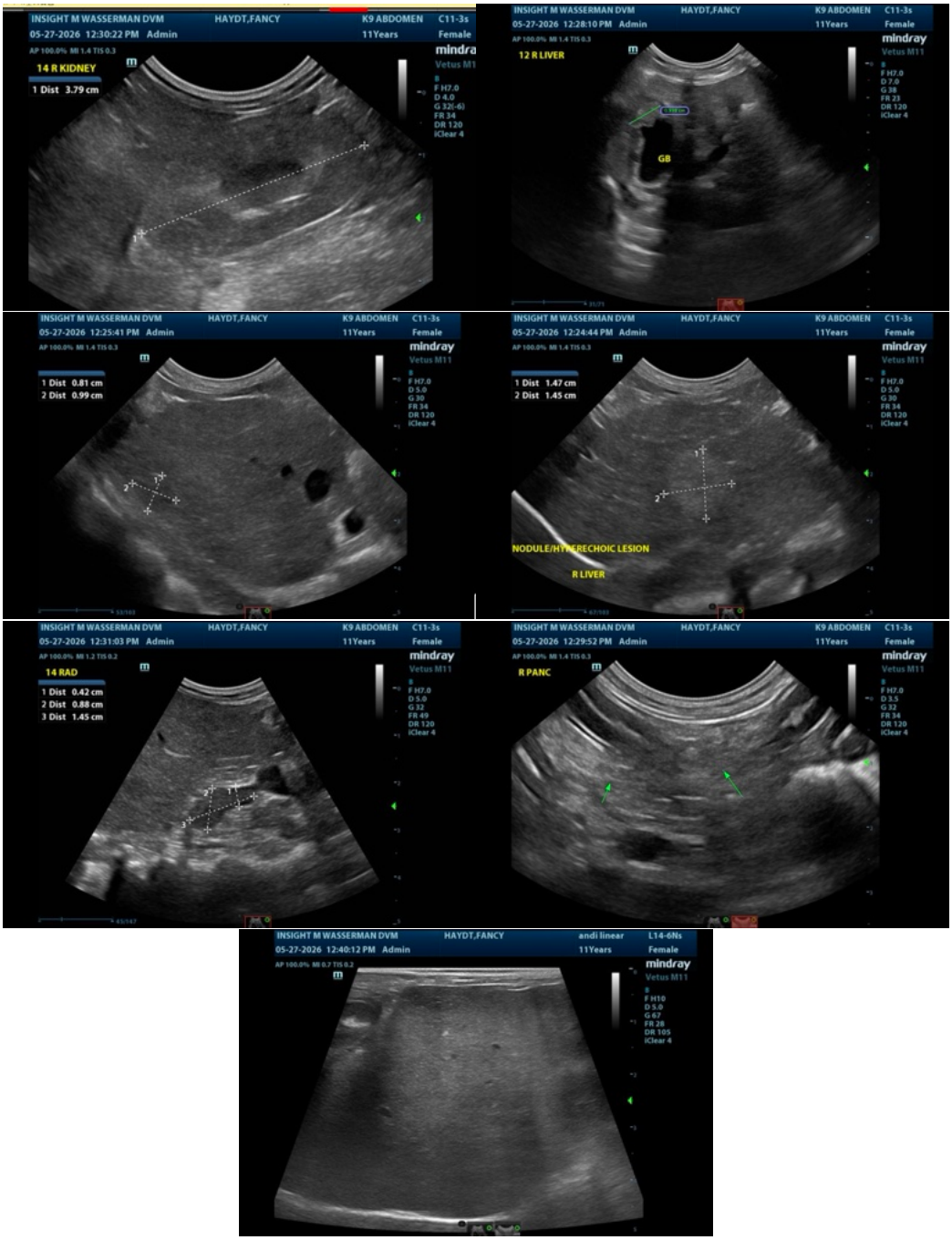


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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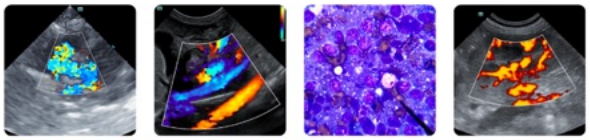

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