



PATIENT

Pancho Milardo

SPECIES

Canine

BREED

Chihuahua Mix

SEX

NM

AGE

12 years

WEIGHT

19.5 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

13060

DATE

1/13/22

PRESENTING CLINICAL SIGNS

History: P IS A 12YR OLD M/N CHIHUAHUA MIX PRESENTING TODAY FOR ULTRASOUND. P HAS INCREASED LIVER ENZYMES. INCREASED HUNGER GAINING WEIGHT. CONCERNED ABOUT CUSHINGS BUT NOT SHOWING ANY OTHER SYMPTOMS OF CUSHINGS. P BEING TREATED FOR TOOTH INFECTION IS CURRENTLY ON ABX.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade III/VI murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 9/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: ~pea-sized, dermal growth on R zygomatic arch. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Assessment: Lenticular sclerosis Periodontal disease Heart murmur Obese Hx of ELE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective normal size, position, and shape, measuring 0.55 cm width at the caudal pole. The right adrenal gland was indistinctly visualized. Overt pathology associated with the right adrenal gland was not obviously evident, with the right adrenal gland subjectively measuring 0.49 cm width at the cranial pole and 0.76 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



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Liver/ Gallbladder

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The liver exhibited generalized enlargement yet maintained a symmetrical to mildly swollen hepatic contour. The hepatic parenchyma exhibited generalized mild increased echogenicity with regional areas of mildly hypoechoic parenchyma to discreet hypoechoic intraparenchymal nodules. An example of an area of hypoechoic hepatic parenchyma measured 2.8 cm in diameter. Capsule distortion associated with the areas of hypoechoic hepatic parenchyma was not present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.30 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.42 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly exhibiting areas of hypoechoic parenchyma to discreet hypoechoic intraparenchymal nodules
- Overtly normal bilateral adrenal glands
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy with areas of hematopoiesis or nodular / regenerative hyperplasia. Neoplasia cannot be definitively excluded. Assessment of urine specific gravity is recommended if borderline decreased urine specific gravity (1.020 or less).

Full adrenal work up including LDDST may be considered if strong clinical suspicion for hyperadrenocorticism.



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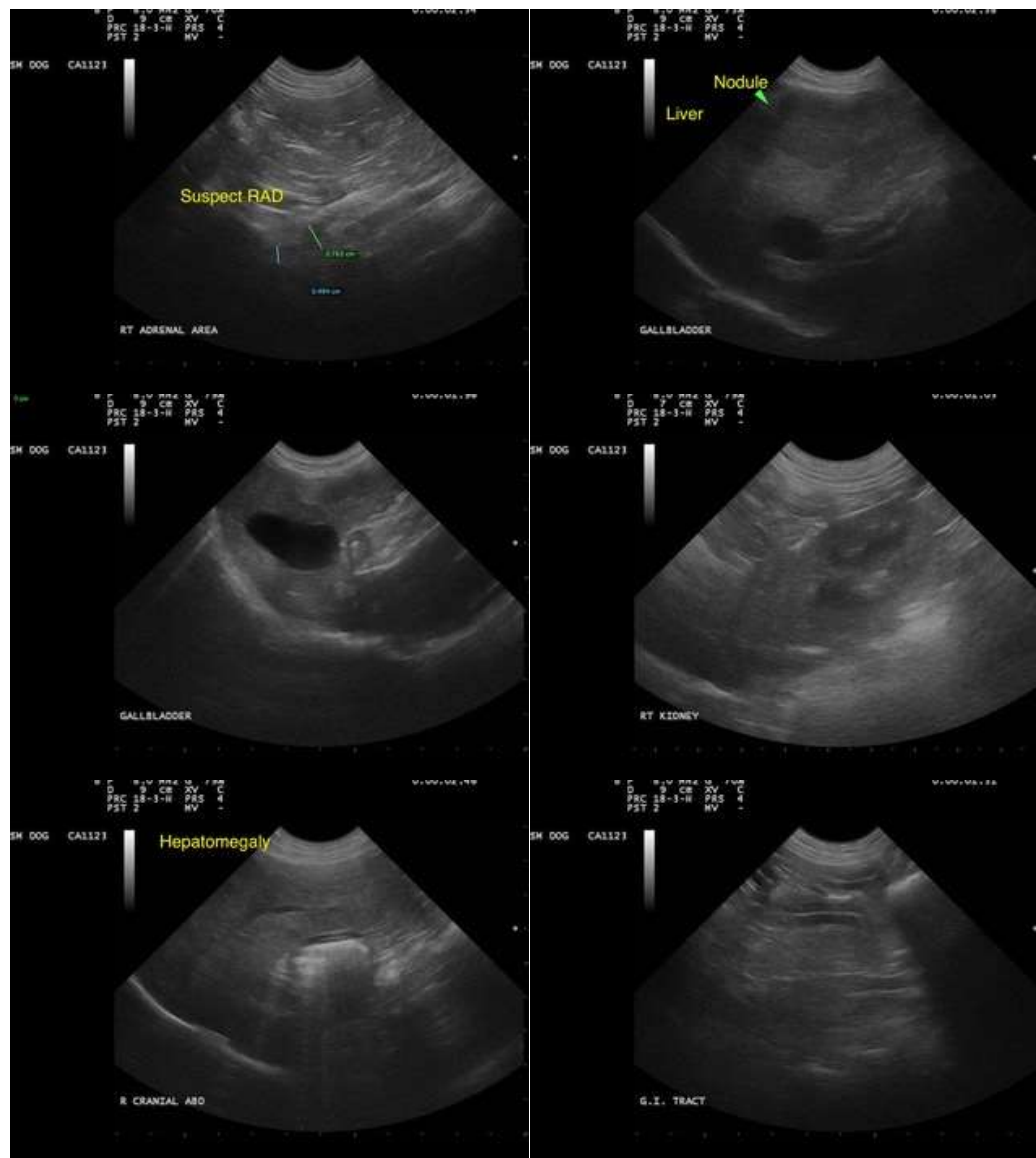
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Alternatively, assuming normal clotting status, ultrasound-guided FNA of the liver parenchyma for screening cytology and potential Identification of Inflammatory cell type, if present, as well as to rule out the less likely potential for neoplasia, would be warranted. Hepatosupportive medications including Denamarin and Ursodiol due to its antioxidant and Immunomodulatory effects within the liver may prove beneficial.





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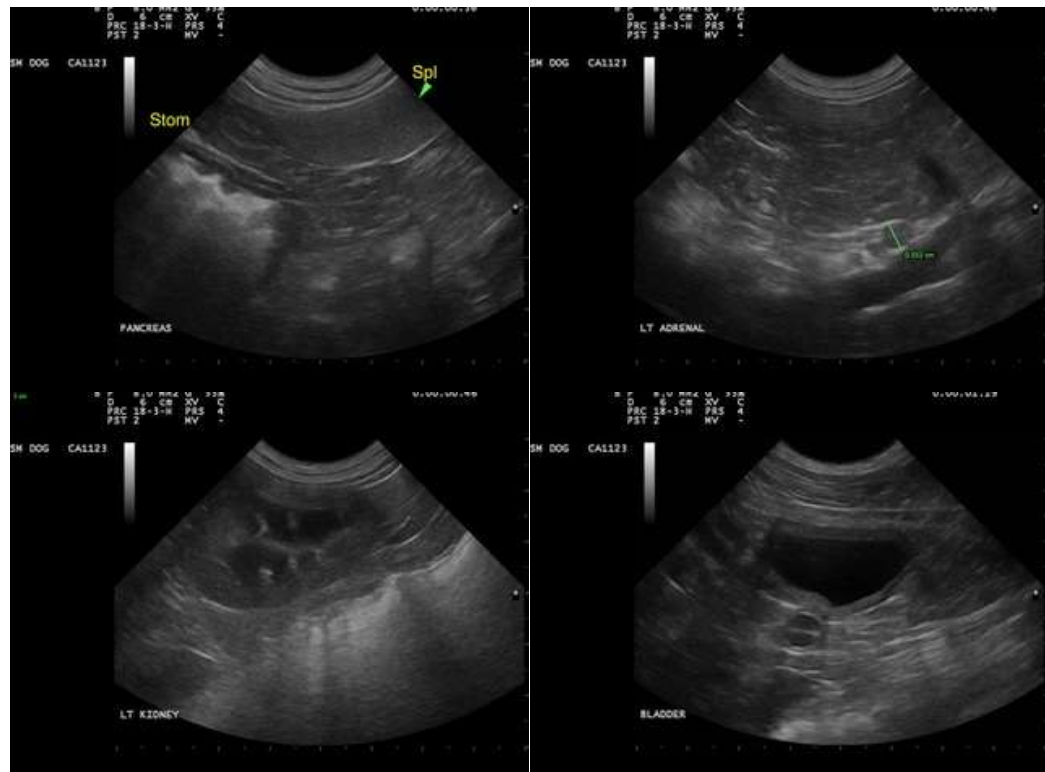
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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