



PATIENT

Khalua Alvira

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.2 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Jose Cruz

INVOICE

13216

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate acute and sudden pain with discomfort without clear origin. Pt has been having recurrent and daily painful event episodes especially when trying to lay down, to relax and sleep. Pt has been on carprofen, methocarbamol, Metacam, Librera, and Fentanyl patch but still having these episodes. Wanted to evaluate abdomen to rule out causes.

PE: neurologic exam: cranial nerves wnl and good neck range of motion, normal CPs and reflexes. Radiographs and BW attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

Normal size and margination was 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. Pinpoint areas of medullary mineral were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small noncapsule deforming thinly walled caudate lobe intraparenchymal cyst was present measuring 1.1 cm in diameter.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.



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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 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.

Normal visible colon wall layers were present with formed to semi formed fecal matter in lumen.

Pancreas

The right pancreatic limb was prominent in size with mild asymmetrical capsule contour and mild nonhomogenous hypoechoic parenchyma compared to peripancreatic mildly echogenic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with benign caudate intraparenchymal cyst.
- Noninflamed immature gallbladder mucocele.
- Mildly prominent nonhomogenous hypoechoic right pancreas.
- Normal gastrointestinal tract/spleen.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no hepatic enzyme elevations or reported gastrointestinal signs, the hepatobiliary and pancreatic appearance are nonspecific and of unclear clinical significance. The gallbladder does not appear to be a clinical player at this stage. Likewise given normal liver parameters yet monitoring of hepatic enzymes or for evidence of cranial abdomen/subxiphoid discomfort on palpation going forward is advised. A spec cPL could be considered to assess for evidence of non-clinical pancreatitis. Hepatosupportive medications including ursodiol with sonographic monitoring of the gallbladder, if evidence of progressive hepatopathy, is recommended.



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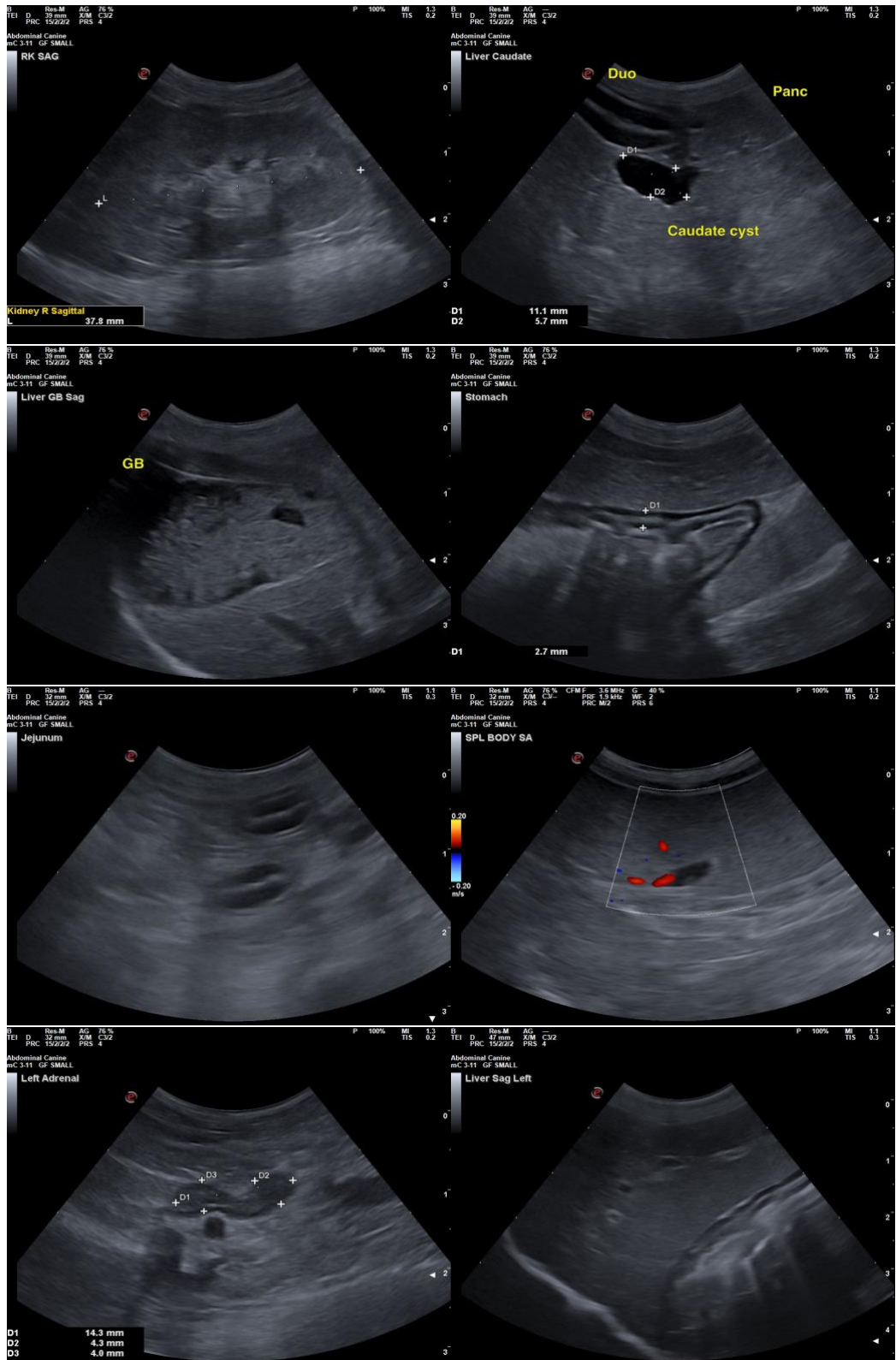
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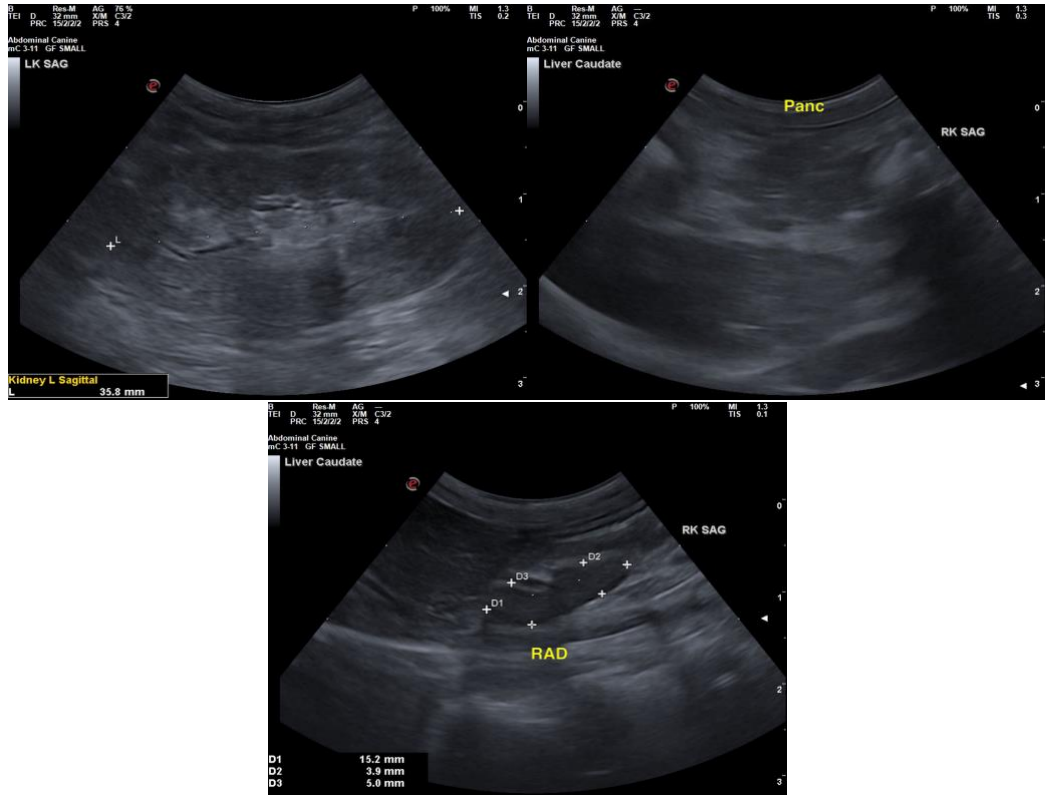
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com