



## PATIENT

Chewy Albert-Mayer

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male Neutered

## AGE

16y

## WEIGHT

2.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Triofetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Kristen Woltman,  
DVM

## INVOICE

13108

## DATE

1/21/26

## PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate liver mass, elevated LES and renal values, marked thrombocytosis, left perineal hernia, previous reported left anal gland mass (noted in June 2025) that may have resolved. Clinical signs - occasional vomiting, diarrhea with mucous and blood. PHM: Heart murmur

Abnormal PE/Chem/CBC/UA Results: 1. Three view thoracic radiographs: no overt evidence of pulmonary metastatic disease is appreciated at this time. 2. CBC/CHEM/LYTES/EPOC/PCV/TS: Hct 47% PLT 1586K, ALKP 353, ALT HIGH, ALT dilution 2046, CL 122, K+ 3.5, NA+ 156; EPOC-Na+ 155, LAC 3.18; PCV 45%, TP 8.0.

## 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. Minor, non-dependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate presented sonographically normal.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Areas of medullary mineral and mild pyelectasia present. Intermittent, small cortical cysts noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left adrenal gland exhibited mild adrenomegaly and the right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the caudal pole.

### Spleen

The spleen is normal in size and overall contour with primarily homogeneous parenchyma. Solitary, mildly expansive, hypoechoic caudal medial nodules were present with an example measuring 0.52 cm in diameter.

### Liver

The liver exhibited generalized hepatomegaly. Irregular, expansive, mixed hypoechoic to cystic central to ventral caudal liver mass was present measuring 5.6 cm in diameter. Concurrent separate, small



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hepatic cysts were present. The gallbladder was non distended in size with moderate. Congealed, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

### **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 apparent formed feces in lumen.

### **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 was evident.

### **Free Abdomen**

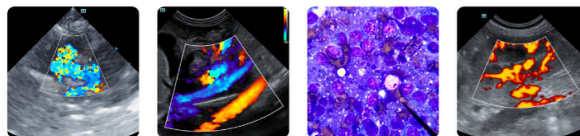
No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Liver mass with concurrent hepatic cysts
- Immature gallbladder mucocele
- Mildly expansive splenic nodule
- Chronic renal changes exhibiting medullary mineral, cortical cysts and mild pyelectasia
- Mild left adrenomegaly
- Minor urine sediment
- Sonographically normal gastrointestinal tract

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass is almost certainly consistent with neoplasia, i.e. carcinoma or other. The splenic nodule may indicate incidental lymphoid hyperplasia, hematopoiesis, focal inflammation, hematoma, although focal splenic primary or metastatic neoplastic nodule possible. Further assessment may include, assuming normal clotting status, liver mass and splenic nodule FNA cytology using 25-gauge needle.



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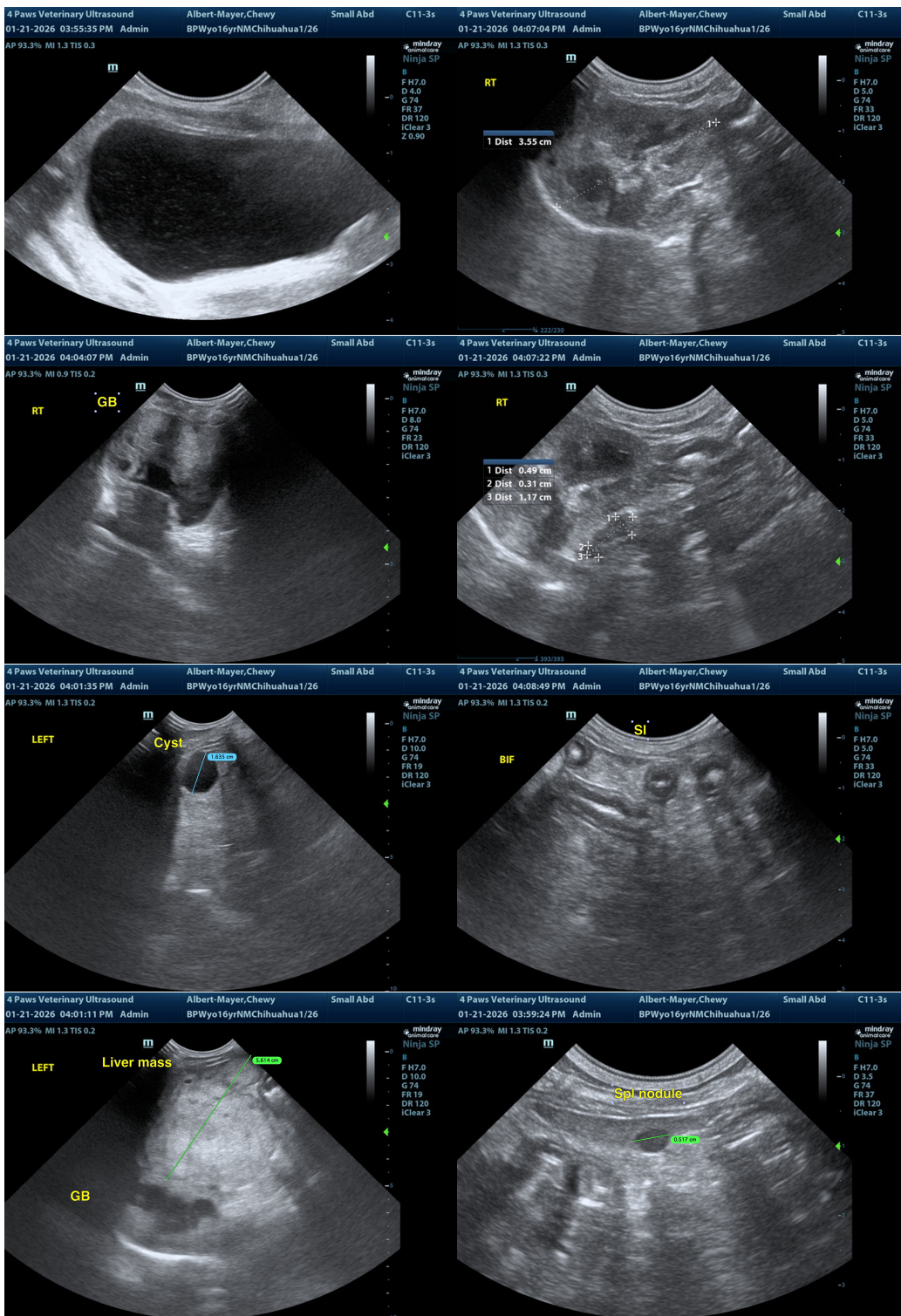
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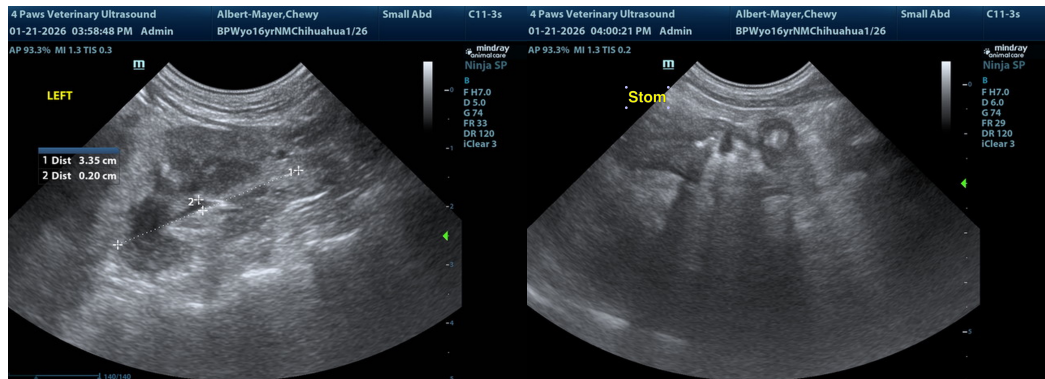
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)