



PATIENT

Carlos Dewilde

SPECIES

Canine

BREED

Chihuahua

SEX

M/N

AGE

12 years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Tumalo AH

REFERRING VET

Keaton Cuthbert
DVM

INVOICE

15949

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Approx 2 weeks duration of pica (eating dirt) and intermittent weakness (dazed behavior). No CSVD
Abnormal PE/Chem/CBC/UA Results: PE: LS OU, pale mm's, full and doughy abdomen Blood work: —
PCV: 17 %, reported regeneration appreciated on CBC — borderline low platelets CHEM: WNL Chest
rads pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes was noted.

The residual prostate was free of pathology.

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 4.7 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 2.3 cm length x 0.46 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 2.3 cm length x 0.46 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged with a mildly expansive, nonhomogeneous, cystic to cavitated mass lesion in the medial spleen measuring approximately 2.3 cm in diameter. Concurrent separate similar appearing mildly expansive splenic nodules were noted with an example measuring 0.8 cm in diameter. Generalized mild splenic parenchyma heterogeneity was noted. The small splenic mass and associated nodules mildly distorted the splenic capsule without evidence of parenchymal escape.

Liver/ Gallbladder

The liver was enlarged with asymmetrical capsule contour and generalized nonhomogeneous variably cystic to cavitated appearing parenchyma including ill-defined multiple to potentially coalescing nonhomogeneous cystic to cavitated appearing intraparenchymal masses. An example of a liver mass measured 3.5 cm in diameter. The gallbladder was non-distended in size containing anechoic content with possible mild gallbladder displacement secondary to hepatic parenchymal pathology. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, focally shadowing ingesta without evidence of mechanical pyloric outflow obstruction.

BREED

Chihuahua

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.

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Mildly expansive, nonhomogeneous, cystic to cavitated splenic mass and concurrent separate splenic nodules
- Hepatomegaly exhibiting diffuse nonuniform cystic to cavitated parenchyma changes including intermittent ill-defined to coalescing intraparenchymal masses
- Mild chronic renal changes
- Overtly normal gastrointestinal tract with moderate, variably echogenic, focally shadowing gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, a primary concern for multicentric hepatosplenic neoplastic criteria such as multicentric sarcoma or other is warranted. Benign etiology for the hepatosplenic presentation i.e., hyperplasia, hematopoiesis, complicated cysts, or cystic granulomas are possible yet thought less likely. No overt evidence of gastrointestinal mural changes was present. Given the patient history, potential for nonobstructive gastric foreign material as opposed to ingesta and/or metabolic gastric stasis if documented NPO could be possible.

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If normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered for further assessment. However, this case appears to be nonsurgical even if clean thoracic radiographs. No overt evidence of intraabdominal hemorrhage or peritoneal effusion. Potentially, this may indicate anemia associated with chronic disease or possible neoplastic-associated anemia.



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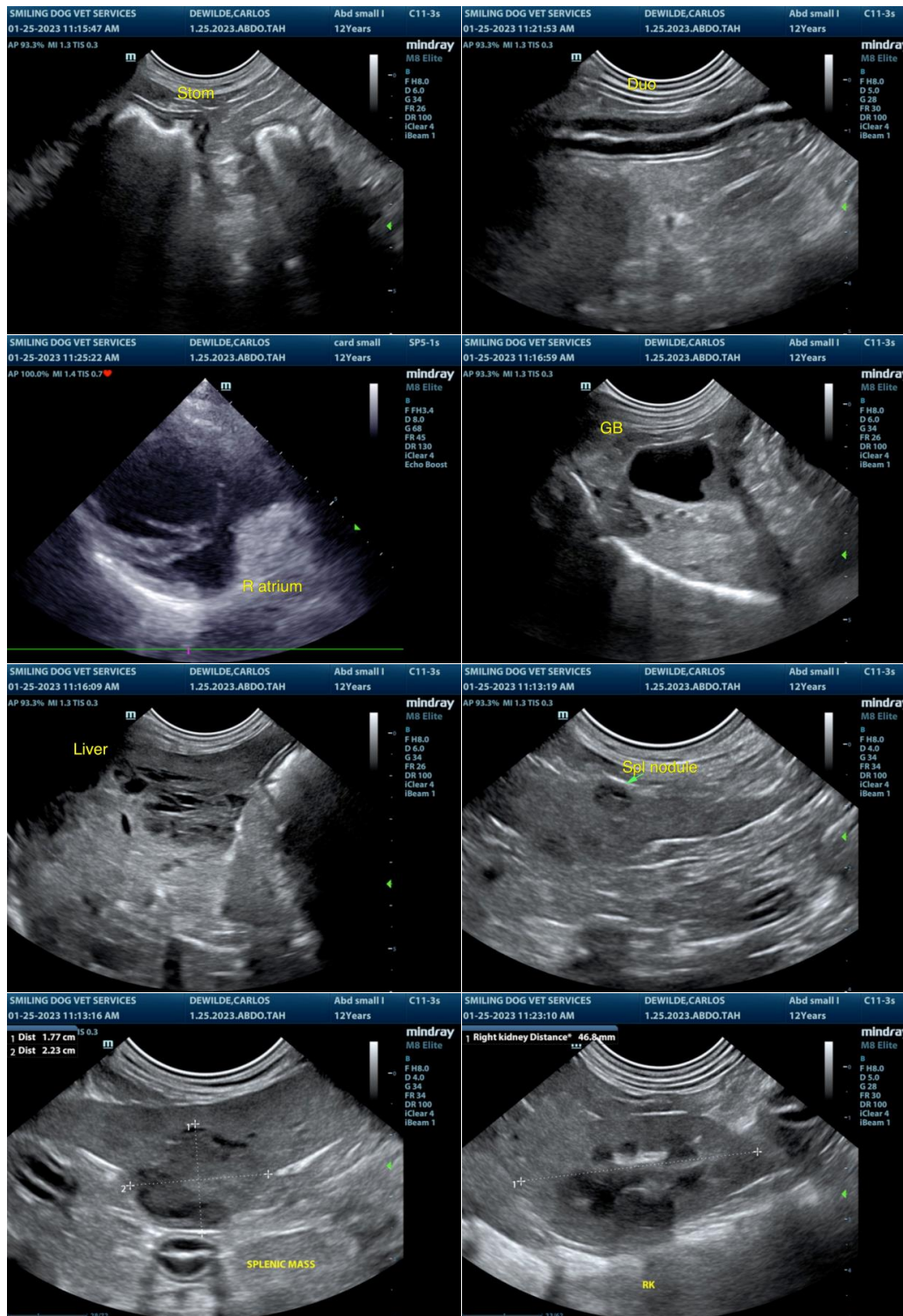
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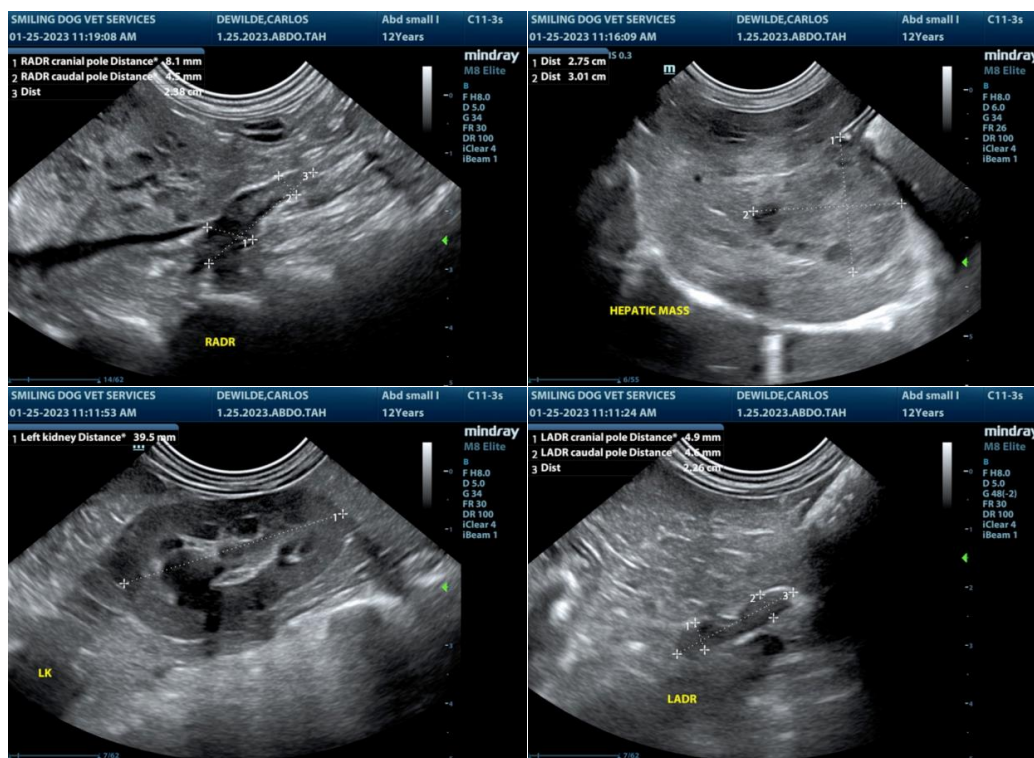
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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