



PATIENT

Angel Mohinder

SPECIES

Canine

BREED

Chihuahua Pom X

SEX

Female Spay

AGE

10

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

Dr. Patel

INVOICE

15776

DATE

1/3/23

PRESENTING CLINICAL SIGNS

Vomiting started intermittent now daily anorexic and lethargic.

Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes and well as mild elevation of post prandial bile acids consistent with cholangitis.

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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited borderline increased size based on caudal pole width measurement in light of body weight, measuring 0.38 cm width in the cranial pole and 0.58 cm width in the caudal pole. The right adrenal gland was normal in size measuring 0.64 cm width in the cranial pole and 0.53 cm width in the caudal pole. No adrenal tumors were present

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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Possible, indistinctly visualized, discrete, nonhomogeneous, nondisruptive, hepatic intraparenchymal nodules, suggestive of probable hyperplasia or small lipogranulomas, were present.

The gallbladder was mildly distended in size with thickened variably echogenic gallbladder walls exhibiting evidence of wall edema. The gallbladder contained anechoic content with moderate inspissated yet non-organized, mildly echogenic, nonmineralized, luminal debris. Subtle evidence of



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| PATIENT | pericholecystic hyperechoic omentum was present. Potential for mild proximal common bile duct dilation, not overtly consistent with common bile duct obstructive criteria. |
| Angel Mohinder | |
| SPECIES | Gastrointestinal |
| Canine | The stomach presented moderate wall thickening secondary to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained primarily anechoic to mildly echogenic fluid and chyme. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall measured 0.42 cm width. The ventral gastric body wall measured 0.39 cm width. |
| BREED | |
| Chihuahua Pom X | |
| SEX | The duodenum exhibited intact, mildly prominent walls with mild retained duodenal fluid, yet without evidence of a duodenal obstructive pattern. The duodenum wall measured 0.33 cm width. The jejunum exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective discrete segmental jejunal hyperechoic mucosal speckling, which is nonspecific, potential for patient variant, or concurrent segmental jejunal inflammation. The jejunum wall measured 0.33 cm width. |
| Female Spay | |
| AGE | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| 10 | |
| WEIGHT | Pancreas |
| 5.8 kg | The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. |
| INTERPRETED BY | Free Abdomen |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Subtle evidence of pericholecystic hyperechoic omentum was present. No evidence of peritoneal effusion was noted. A solitary nonspecific yet subjective benign / reactive gastric or pancreaticoduodenal lymph node was present in the right cranial abdomen. No evidence of additional or significant lymphadenopathy. |
| IMAGING PERFORMED BY | ULTRASONOGRAPHIC FINDINGS |
| Dr. Belan | Primary Findings |
| HOSPITAL NAME | <ul style="list-style-type: none"> Acute on chronic cholecystitis with possible atypical mucocele criteria, evidence of discrete peripheral pericholecystic inflammation Hepatopathy with possible discrete, intraparenchymal nodules - subjectively benign Gastroduodenitis pattern with moderate gastric hypomotility, possible generalized gastroenteritis pattern Heterogeneous pancreas - age/ patient variant, minor remodeling owing to previous inflammation or age, potential for concurrent low-grade / chronic pancreatitis |
| Prairie Winds AC | |
| REFERRING VET | Secondary Findings |
| Dr. Patel | <ul style="list-style-type: none"> Bilateral chronic renal changes exhibiting pinpoint medullary mineral |
| INVOICE | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
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Concern for inflamed atypical gallbladder mucocele is warranted, although not definitive.

Angel Mohinder

Aggressive therapy for acute on chronic cholecystitis / cholangiohepatitis with as-needed gastrointestinal support and with close monitoring of the gallbladder and liver enzymes for evidence of progressive inflammatory changes would be reasonable.

SPECIES

Canine

A spec fPL could be considered for further assessment of potential concurrent or low-grade pancreatitis. Clotting status is recommended. If evidence of cranial abdominal or subxiphoid discomfort on palpation, progressive cholestasis / icterus, or nonresponsive hepatic enzyme elevations, cholecystectomy with hepato-gastrointestinal biopsies should be considered in this case.

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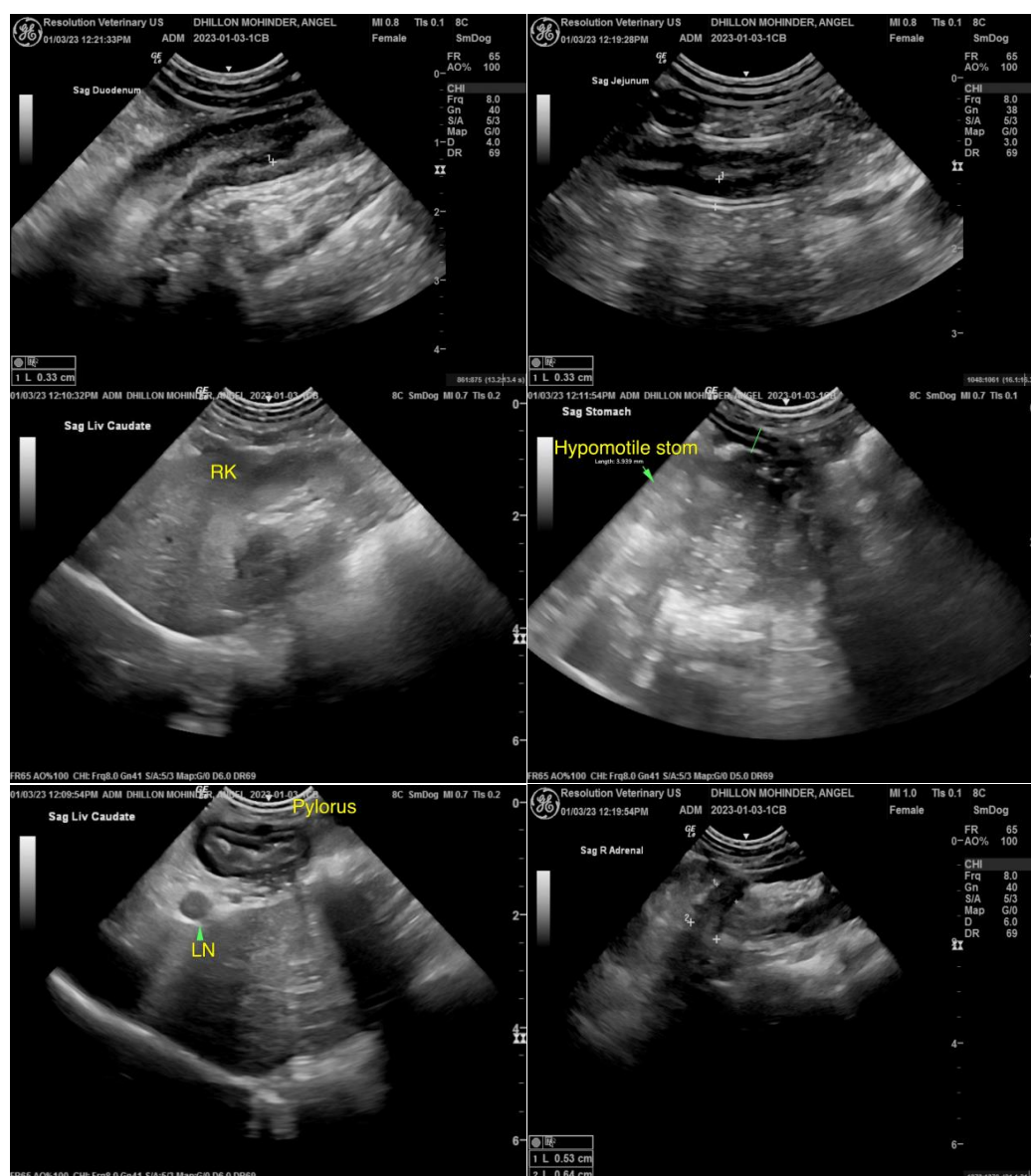
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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