



PATIENT

Teddy Bear Rogers

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tessa Maggiulli

HOSPITAL NAME

Willamette Vet
Hospital

REFERRING VET

Dr. Corinne Weston

INVOICE

42879

DATE

11/20/22

PRESENTING CLINICAL SIGNS

Pt ate rib bones last week, has been coughing and won't E kibble only E rice, still ur/bm ok and D ok. HISTORY: O shared pt is not acting as if they are sick although brought pt in to be seen since they stopped E all together this morning. E- hasn't eaten their kibble/ full meals since 3d ago, only E rice until this morning stopped. Drinking frequently per O, UR/BM O unsure since pt has a backyard & goes out with rest of the dogs unmonitored. Signs of C/S started about the same time pt had eaten the rib bones early mid last week, O mentioned rest of their dogs at home have also been C+/S+ as well but are all utd on vx's per O, except this pt. V+ the one time about 1-2d ago- O described it to look yellow/mucous, no signs of D+. Does have a regular rdvm hasn't been in.

Abnormal PE/Chem/CBC/UA Results: CBC: monocytosis (1.83), WBC (29.52), neutrophilia (23.07) Chem 10: ALT (773) H, ALKP (4268) H, GLOB (5.3) H, TP (8.3) H GGT: 73 H TBIL: < 1.0- WNL cPL Vcheck: 111.1 ng/mL (WNL)

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 were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm long x 0.59 cm at the caudal pole. The right adrenal gland measured 1.2 cm long x 0.52 cm 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

The liver exhibited mild to moderate enlargement with rounded, primarily symmetrical hepatic capsule contour. Mild overall decreased parenchyma echogenicity and subtle increased prominence of portal vascular borders. Moderate coarse hepatic echotexture. Suspect intermittent discreet areas of hepatic nodular hyperplasia or small lipogranulomas. No masses. The gallbladder was subjectively distended in size, containing primarily anechoic content with mild non-dependent, mildly congealed echogenic luminal debris. Evidence of mild hyperechoic peripheral mesentery around the gallbladder. No evidence of peritoneal free fluid. Common bile duct was normal.

Gastrointestinal



PATIENT	The stomach presented intact, sonographically unremarkable wall layering. The lumen of the stomach contained mild nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
Teddy Bear Rogers	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Chihuahua	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.
SEX	Free Abdomen
Spayed Female	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid.
AGE	ULTRASONOGRAPHIC FINDINGS
12 Years	<ul style="list-style-type: none"> • Hepatopathy - suspect acute on chronic, vacuolar hepatopathy, cholangiohepatitis, hepatotoxic, infectious hepatopathy, cholestasis, occult infiltrative neoplasia thought less likely • Mild distended gallbladder with mild nondependent non mineralized sludge, evidence of mild peripheral gallbladder inflammation - suspect atypical to emerging mucocele • Mild pancreatic remodeling - no overt signs of active or significant pancreatitis • Normal GI with mild retained gastric ingesta / chyme - no signs of foreign body or obstruction
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
8 Pounds	Dietary indiscretion and low-grade inflammatory bowel or pancreatitis, which may present sonographically normal, may be possible given patient history. However, primary hepatobiliary disease as the primary clinical player in the patient is of concern. The gallbladder did not have the classic appearance of a mucocele but atypical / emerging mucocele is of concern given evidence of mild peripheral inflammation. Further assessment of the liver may include FNA cytology assuming normal clotting status +/- Leptospirosis titers / PCR if indicated. Some or all of the following could be considered empirically with GI support and close monitoring for cranial abdominal / subxiphoid pain, increasing liver enzymes / cholestasis and gallbladder sonographic monitoring.
INTERPRETED BY	Enrofloxacin 5 mg/kg SID PO & Metronidazole (7.5 mg/kg po bid sick liver dose) over 3 weeks, Ursodiol (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxiphoid discomfort or progressive anorexia.
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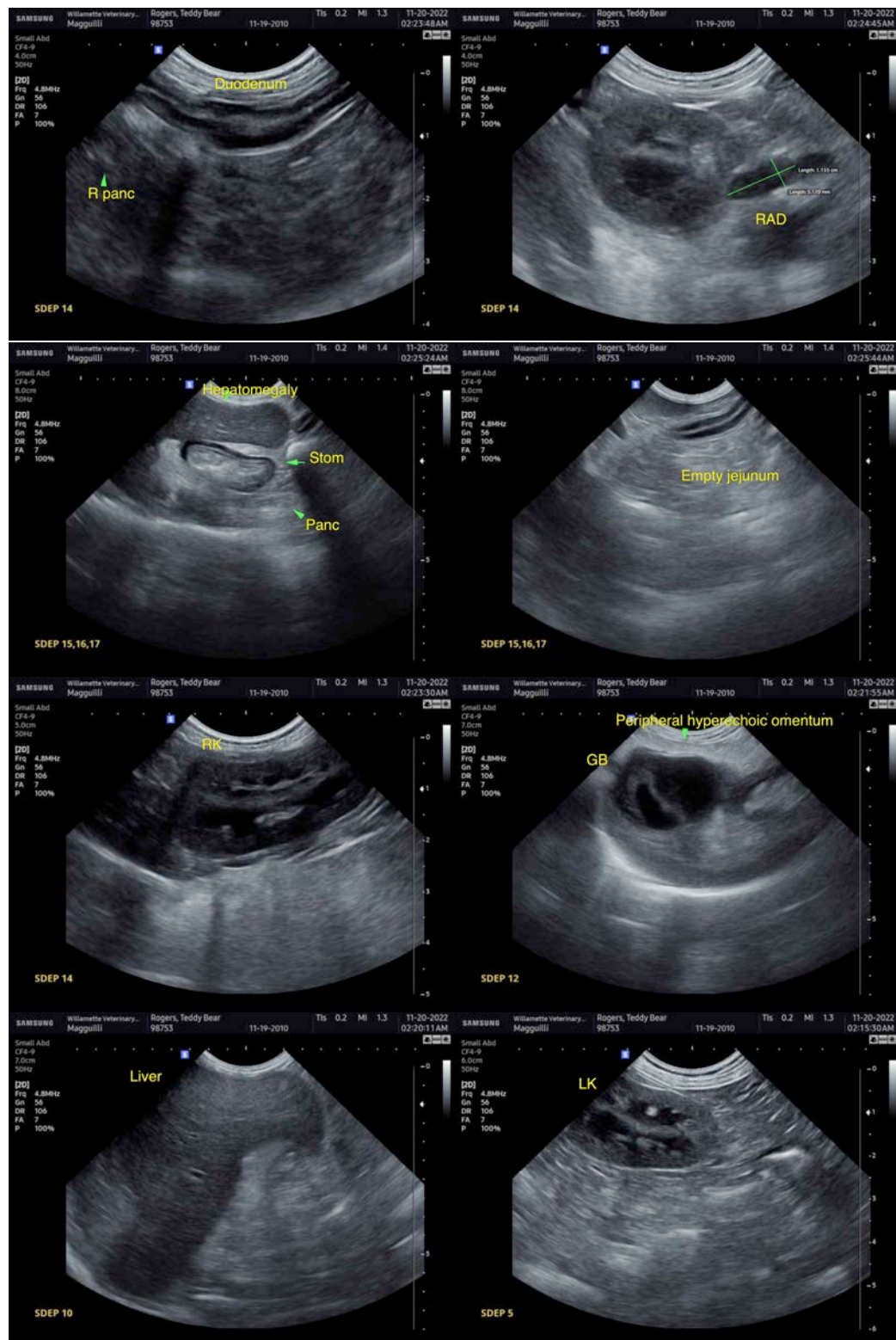
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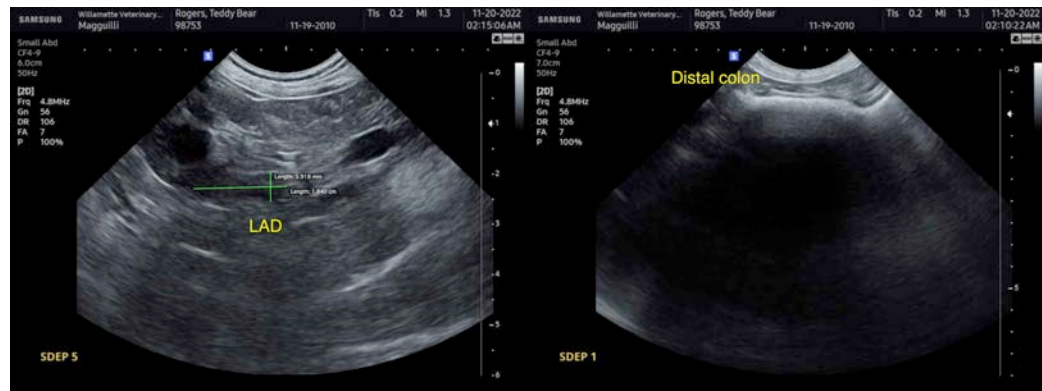
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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