



PATIENT PRESENTING CLINICAL SIGNS

Mitchell Luz History: PU/PD. BW c/w Cushing's disease. Radiographs: irregular-shaped liver. AST 128; ALT 987; ap p 1907; GGTP 845; BUN 42; amylase 1538;psl 4054

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Chihuahua

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.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.98 cm in width.

AGE

11 Years

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. Small cortical cysts were present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

14.1 Pounds

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the cranial pole and 0.71 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.69 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was normal in overall size and contour with generalized mild splenic parenchyma heterogeneity with mid splenic, non-specific, non-expansive, subtly hypoechoic nodule. The splenic nodule measured 0.8 cm in diameter.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

VCA Palmer AH

The liver exhibited generalized enlargement. Indistinct non-homogeneously echogenic to focal mildly cystic mass occupying the majority of the mid to left liver was present. The mass measured approximately 7.5-8 cm in diameter. Mid to right hepatic parenchyma exhibited mild increased echogenicity with parenchymal remodeling.

REFERRING VET

Dr. Michelle Haroules,
DVM

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

INVOICE

13052

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 gastric body wall measured 0.35 cm.

DATE

12/12/21



PATIENT

Mitchell Luz

The duodenum exhibited generalized increased mucosa echogenicity primarily adjacent to the luminal border extending into the segmental jejunum. Intact wall layering was maintained throughout the small intestine without loss of wall layering or intestinal masses.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Chihuahua

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with cortical cysts
- Mildly prominent to subtle non-homogeneous adrenal glands
- Indistinct to focally cystic liver mass
- mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas- age-related variant, parenchymal remodeling owing to previous inflammation or suspected low grade to chronic pancreatitis possible
- Non-specific splenic nodule- lymphoid hyperplasia, focal hematopoiesis, granuloma or focal splenitis suspected. Minor potential for emerging primary versus metastatic neoplasia could not be definitively excluded.

AGE

11 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

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

Secondary Findings

- Non-specific duodenal and segmental jejunal increased mucosa echogenicity- patient variant, potential for chronic duodenitis and segmental jejunitis if previous history of gastrointestinal signs

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal work up, including LDDST may be considered, if strong clinical suspicion for hyperadrenocorticism. Ultrasound guided FNA of the hepatic mass, assuming normal clotting status recommended for further clarification. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Dr. Michelle Haroules,
DVM

Sonographic monitoring of the non-specific splenic nodule for evidence of persistence/progression is suggested.

INVOICE

13052

DATE

12/12/21



PATIENT

Mitchell Luz

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

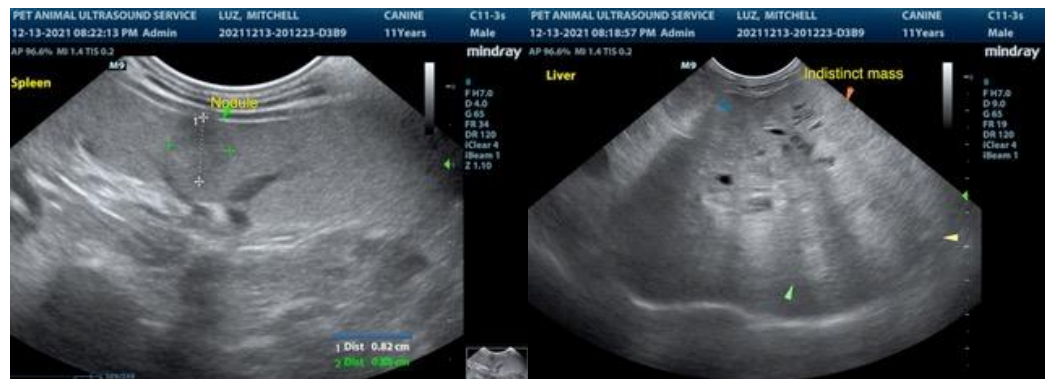
Dr. Michelle Haroules,
 DVM

INVOICE

13052

DATE

12/13/21





PATIENT

Mitchell Luz

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Dr. Michelle Haroules,
 DVM

INVOICE

13052

DATE

12/13/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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