



PATIENT

Lily Woods

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

12yr

WEIGHT

34

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Dr. Kiffney

INVOICE

12446ag

DATE

12/16/2022

PRESENTING CLINICAL SIGNS

In March an ultrasound and liver biopsy were performed due to gradually increasing liver enzymes. She is an obese dog, with persistent proteinuria (1.6-2.7 UPC) . Liver biopsy in March : Moderate to severe hepatic vacuolar degeneration, multifocal mild biliary and arteriolar hyperplasia, pigmented granulomas.

Abnormal PE/Chem/CBC/UA Results: Currently CBC: mild increase in platelets CHEM: only one liver enzyme(ALP) is abnormal- mild increase at 308 U/L cholesterol and triglycerides mildly increased (376 and 252 mg/dL respectively). Eats a kidney diet , on 10 mg telmisartan and 250 mg of ursodiol daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and proximal urethra were not definitively visualized.

Normal size and margination were present in the kidneys. Static mild cortical hypertrophy with mild loss of corticomedullary border demarcation was present. Pinpoint areas of bilateral hyperechoic cortical foci was present. No evidence of pyelectasia. The left kidney measured 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were subjectively mildly prominent in size based on caudal pole with and breed. No adrenal tumors. Subtle non-homogeneous parenchyma with no evidence of mineralization. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with generalized mild parenchymal heterogeneity and pinpoint hyperechoic foci which may indicate microinfarction, fibrosis or mineralization. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

Moderate generalized hepatomegaly was present with symmetrical to mildly rounded capsule contour. Generalized non-homogeneous to remodeled parenchyma exhibiting discrete hypoechoic nodular changes was present. No masses noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent echogenic luminal debris/mucus. The cystic and common bile ducts were normal.

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



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting static parenchymal changes
- Static chronic renal changes
- Mildly improved non-dependent non-organized gallbladder debris-no evidence of gallbladder or peripheral gallbladder inflammation was present
- Mild prominent bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Continued hepatosupportive medication including Ursodiol and Denamarin is warranted with continued monitoring of hepatic enzymes.

Adrenal testing could be considered if clinical signs consistent with Cushing's syndrome are present, however given the lack of reported PU/PD, polyphagia etc. underlying adrenal disease is considered less likely. As needed sonographic monitoring of the liver and gallbladder is recommended.

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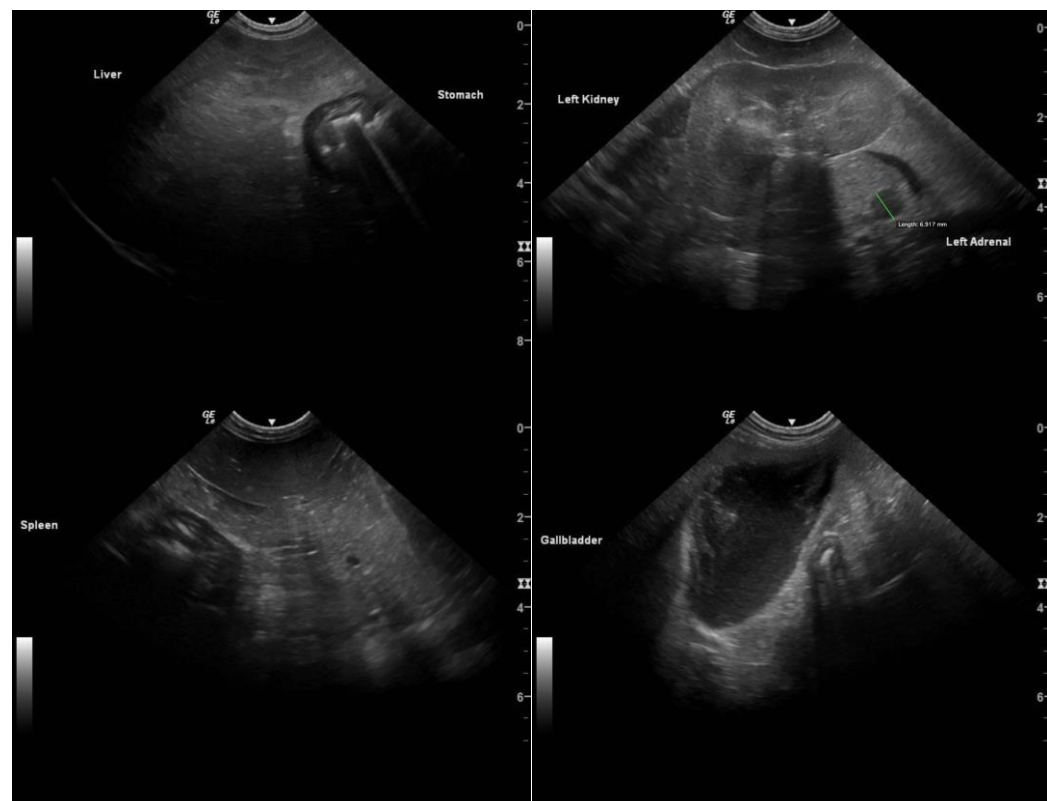
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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