



PATIENT

Whisky Rodriguez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. McConnell

INVOICE

20272

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: R/O Neoplasia vs unregulated DK A/DM vs cushing's unregulated vs other Current meds: 5 units insulin - N SQ BID

Abnormal PE/Chem/CBC/UA Results: PCT 568 (117-490), Glu 302 (74-143), Trig 7670 (98-31), ALP 230 (23-212), BUN 35 (7-26), AST 61 (0-50), ALT 338 UA: SG 1.030, Gluc 3+ , Ket 1+, 2+ protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation, which may indicate minor cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

The residual prostate 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. Minor pyelectasia was present in both kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

Both adrenal glands were mildly prominent in size, exhibiting mild asymmetrical capsule contour and subtle nonhomogenous nonmineralized parenchyma. No overt adrenal tumors were noted. The left adrenal gland measured 1.9 cm in length x 0.86 cm at the caudal pole in width. The right adrenal gland measured 2.0 cm in length x 0.84 cm at the caudal pole in width.

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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild nondependent echogenic luminal debris, without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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

BREED

Chihuahua

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

Free Abdomen

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

9 Years

- Minor urinary bladder sediment
- Mild chronic renal changes with minor pyelectasia
- Benign hepatopathy- suspect metabolic/reactive vacuolar (diabetic) hepatopathy, possible inflammatory hepatopathy, i.e., cholangiohepatitis or less likely infiltrative hepatic neoplasia.
- Mild gallbladder debris (non-mucocele)
- Heterogenous pancreas- not sonographically consistent with significant or active pancreatitis, potential for benign or age-related remodeling or low grade to chronic pancreatitis is possible.
- Bilateral prominent to mildly irregular nonhomogenous adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample given the glucosuria is suggested if not done. Full adrenal work up with ACTH stimulation test in the face of potential diabetes is recommended. Possible low grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a spec CPL is suggested. If Cushings syndrome is ruled out, screening hepatic FNA could be considered, primarily to assess for evidence of inflammatory cells. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. McConnell

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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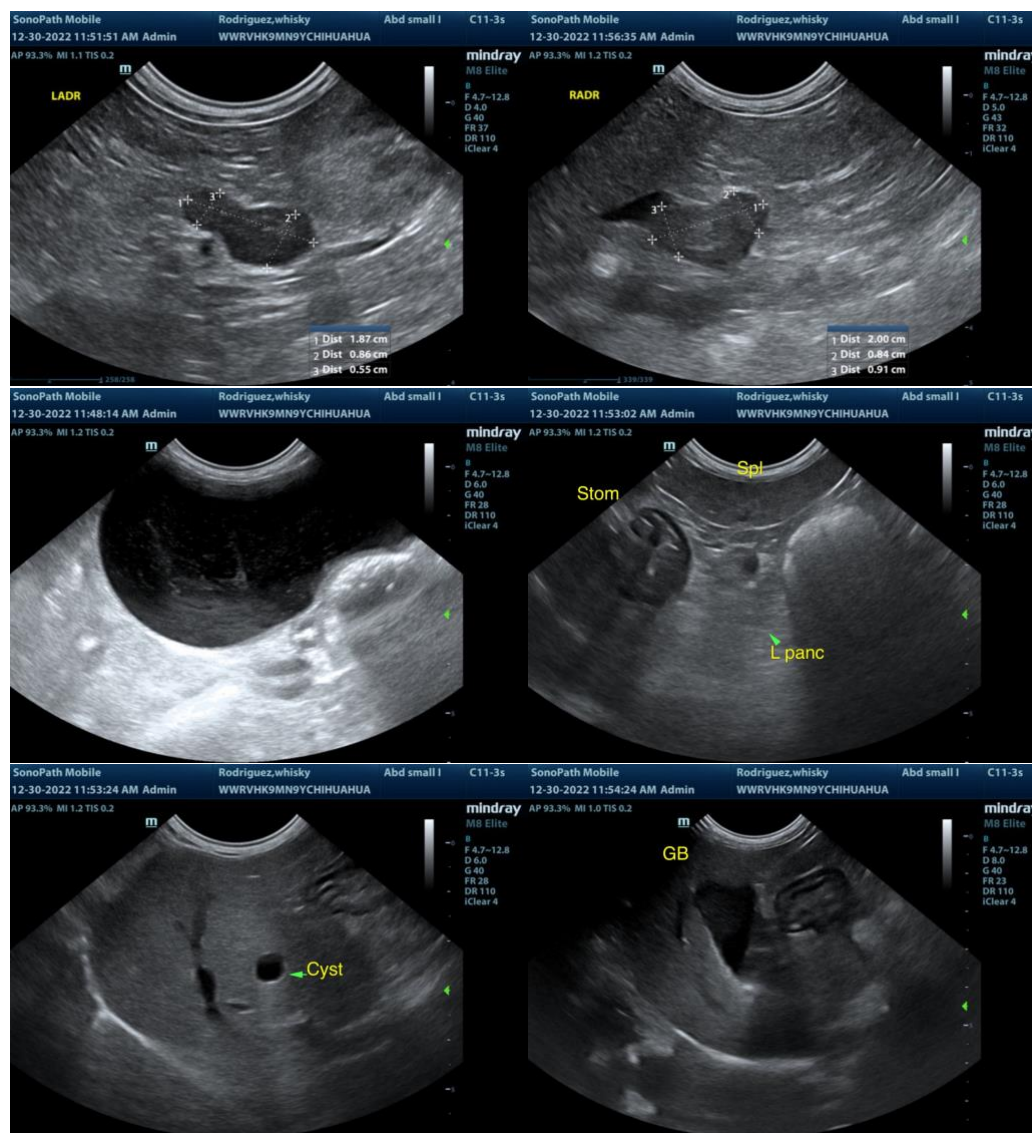
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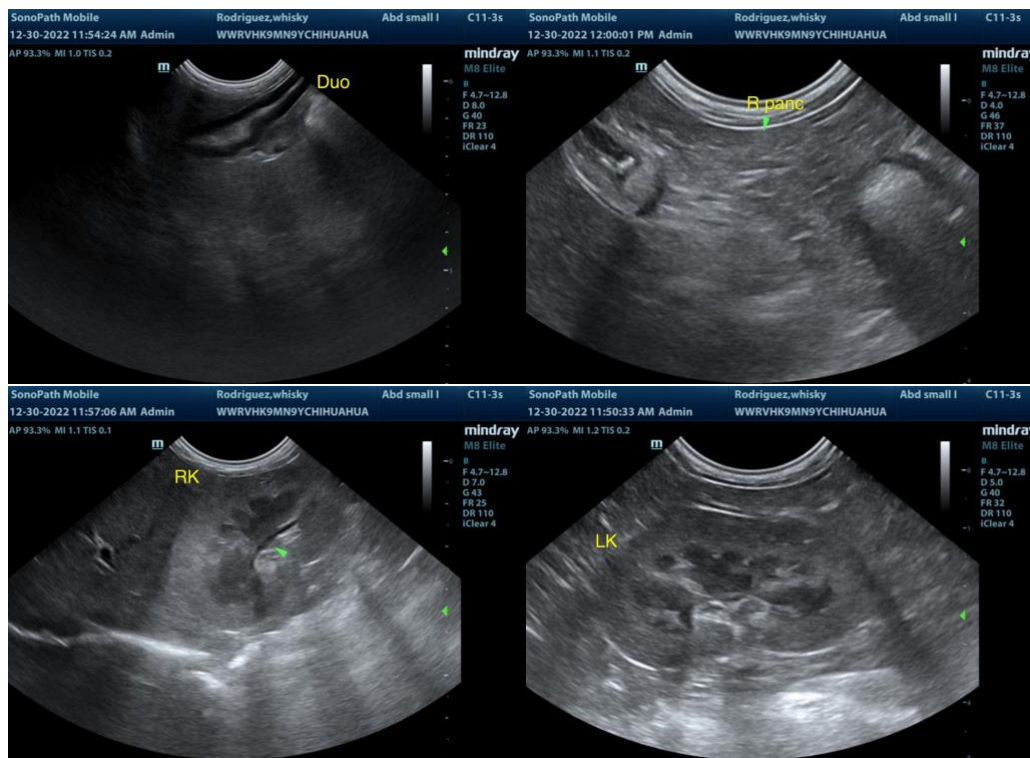
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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