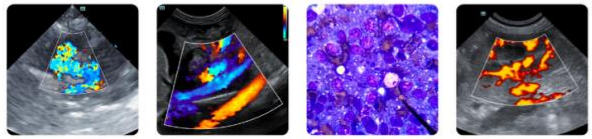


PATIENT
Ramsey Amezcua

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
10 Years

WEIGHT
3 pounds

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY
Dr. Vincent Tavella

HOSPITAL NAME
Williamsburg Veterinary Clinic

REFERRING VET
Dr. Tessa Miller

INVOICE
12554

DATE
12/05/25

PRESENTING CLINICAL SIGNS

Owner reports they have had Ramsey, since this past Saturday. Got from a friend. Previously was on a diet of pizza & hamburger. Owner has tried to transition him to Purina Pro Plan Small Breed- dry, but he is only eating 5- 10 kibbles/ meal. Owner states his urine is the color of Mt Dew & stool is small pellets. No coughing, sneezing, vomiting or diarrhea.

PE: Bilateral oronasal fistula, icteric mucous membranes, emaciated (BCS 3/9) Chem: Hypoalbuminemia (2.6), Elevated ALP (1339), Elevated ALT (1022), Elevated AST (830), Elevated GGT (45), Elevated Tbili (2.1). CBC: Mild regenerative anemia, monocytosis. UA: Elevated urine bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The area of the residual prostate appeared normal and free of overt pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary to pelvic mineral was visualized without evidence of pyelectasia. The left kidney measured 3.1 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.35 cm width in the caudal pole. The right adrenal gland measured 0.41 cm width in the caudal pole.

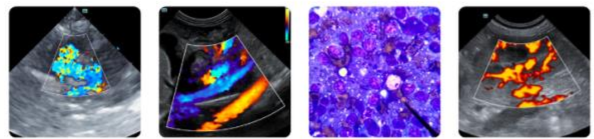
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented subjective mildly enlarged in size, asymmetrical contour, and diffuse heterogeneous mixed echogenic hepatic parenchyma exhibiting multifocal intraparenchymal nodules with an example measuring 0.80 cm to 1.6 cm in diameter.

The gallbladder was non-distended in size with normal walls and without evidence of wall edema. Primarily gravity dependent to focally mineralized nonorganized bile debris. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Stomach contained mild anechoic fluid and lumen gas. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.40 cm wall width.

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 semi formed fecal matter in lumen.

Pancreas

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.

Free Abdomen

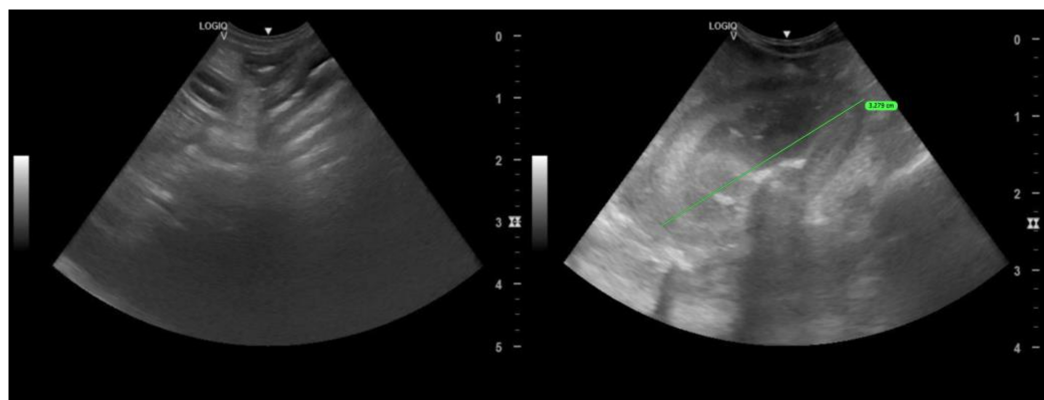
No overt significant or swollen mesenteric lymphadenopathy or visible peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Diffuse irregular nodular liver- chronic active hepatitis, hepatic fibrosis/cirrhosis, vacuolar changes, hyperplasia, neoplasia, hepatocutaneous syndrome (thought less likely if no concurrent cutaneous lesions) are all potentials.
- Nonorganized to focally mineralized gallbladder debris (non-mucocele).
- Hypomotile gastritis with possible structurally insignificant enteritis.
- Normal colon containing semi formed fecal matter.
- Mild chronic renal changes exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt current evidence of posthepatic obstruction. Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Hepatic biopsies are likely required for a definitive diagnosis. Hepatogastrointestinal support would be appropriate with clinical monitoring and sonographic reassessment if progressive gastrointestinal signs or hepatopathy. Guarded prognosis is suspected given degree of hepatic parenchymal pathology.



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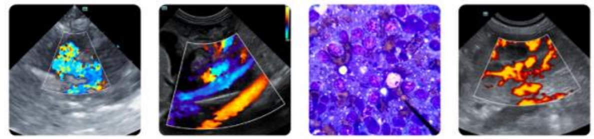

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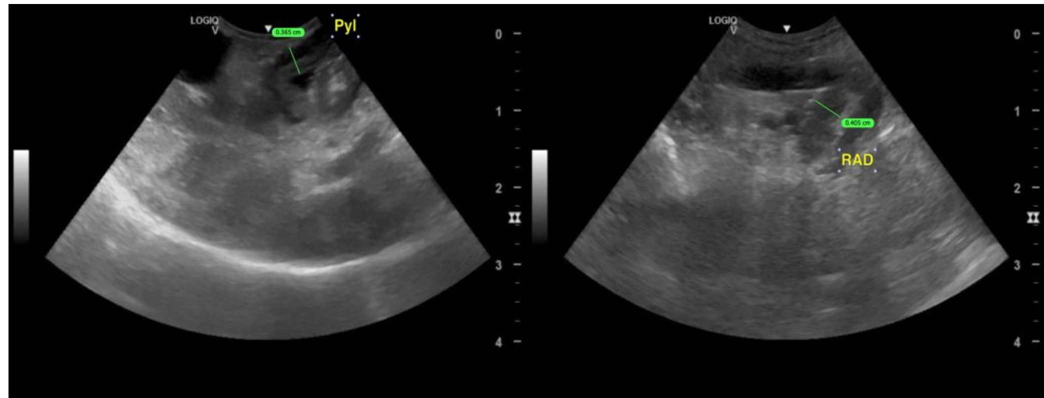

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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