

PATIENT PRESENTING CLINICAL SIGNS

Min Kay History: History of elevated liver enzymes- Acute lethargy, hyporexia, pyrexia meds: Clavaseptin 250mg 1/2 Tab BID

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 143 10 - 125 U/L HIGH ALKP 768 23 - 212 U/L HIGH

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Chihuahua X The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

SEX

Spayed Female 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

AGE

12 Years

Adrenal Glands

WEIGHT

19 Lbs.

A well-defined, nonhomogeneous to mild hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization. The nodule measured 0.61 cm in diameter without evidence of parenchymal escape or overt vascular invasion. Overall, the left adrenal gland was prominent in size measured 1.9 cm in length x 0.67 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.0 cm in length x 0.58 cm width at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

Norwich VS

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.

REFERRING VET

Dr. DePaulo

Liver

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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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

2/1/22

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 gastric body wall measured 0.40 cm.



PATIENT 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. The jejunum wall measured 0.32 cm.

Min Kay

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

Canine **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

Free Abdomen

Chihuahua X

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Bilateral prominent adrenal glands with nonspecific left adrenal nodule- functional versus nonfunctional adenoma, hyperplasia, potential for emerging neoplasia, such as pheochromocytoma, adenocarcinoma or other.

AGE

12 Years

- Hepatopathy, sonographically unremarkable gallbladder

WEIGHT

19 Lbs.

- Overtly normal gastrointestinal tract

- Mild to moderate pancreatic remodeling- potential for low-grade to chronic pancreatitis possible

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The overall appearance of the pancreas is not consistent with active pancreatitis yet the heterogeneous presentation with parenchymal remodeling may indicate low grade chronic to possible chronic active pancreatitis. This may be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation.

IMAGING

PERFORMED BY

Kelly Reschny

Overall, the appearance of the liver was nonspecific yet most suggestive of benign hepatopathy. Considerations may include vacuolar hepatopathy and nonclinical cholestasis given the ALP elevation with potential for primary or concurrent nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, other) given the ALT elevation. Further assessment may include hepatic FNA for screening cytology, assuming normal clotting status and leptospirosis titers/PCR, if clinically indicated.

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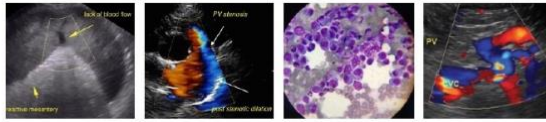
An obvious cause of pyrexia was not definitively evident within the abdominal cavity. Three-view chest radiographs may be considered, if not done, to rule out occult thoracic pathology as a contributing factor to the clinical signs. 24-48-hour hospitalization with IV fluid and hepatogastrointestinal support with potential for conservative chronic pancreatitis therapy may prove beneficial. Screening blood pressure recommended to assess for evidence of hypertension. Although the clinical signs don't overtly fit with adrenal hyperfunction, adrenal work up could be considered, if clinically indicated. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks suggested.

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SPECIES

Canine

BREED

Chihuahua X

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Spayed Female

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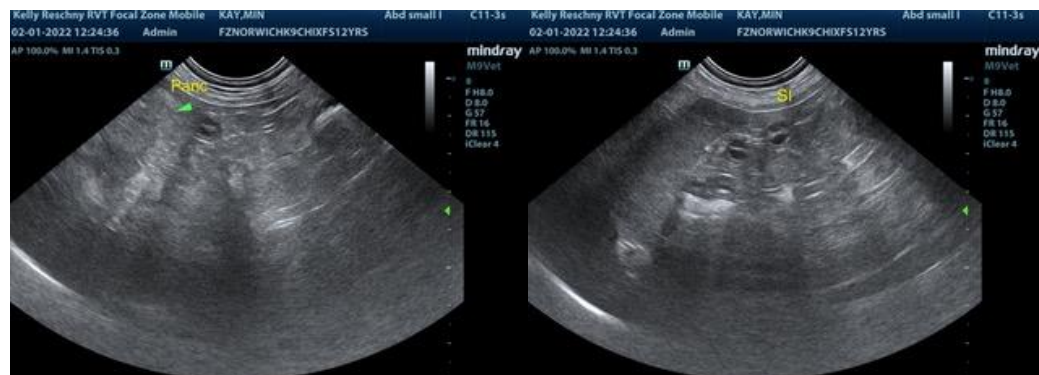
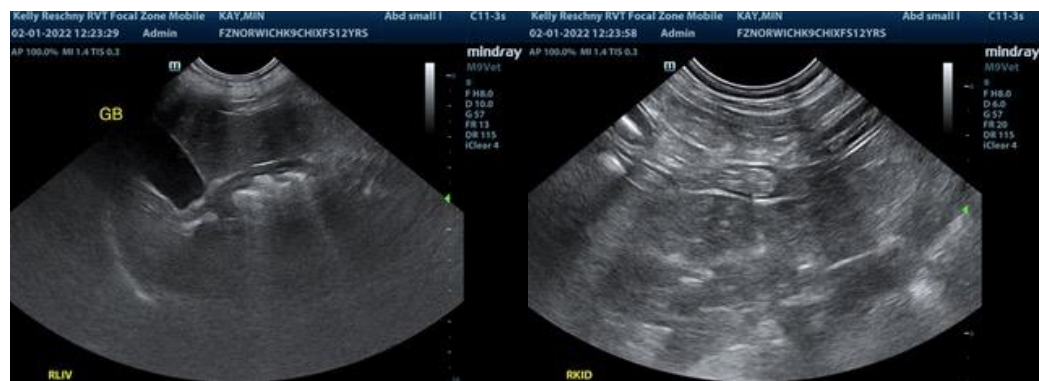
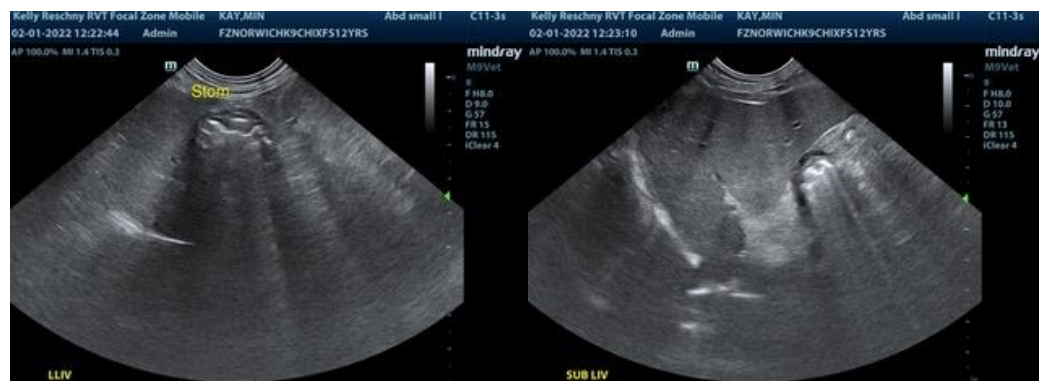
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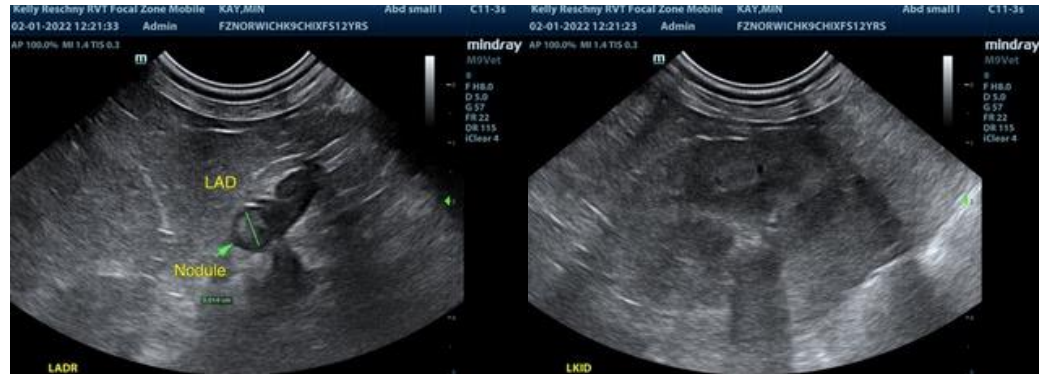
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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