

**PATIENT**

Lola Eberhart

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**AGE**

14 years

**WEIGHT**

14.7 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Jennifer Kissinger

**INVOICE**

13374

**DATE**

2/16/22

**PRESENTING CLINICAL SIGNS**

- Intermittent diarrhea and inappetence for 2 days. Recently had similar symptoms at the end of January with bloody diarrhea. Other dogs in household had similar symptoms at that time.

Abnormal PE/Chem/CBC/UA Results: PE: BAR, BCS 6/9, grade 2/6 left basilar heart murmur, increased gut sounds, malodorous gas, yellow liquid stool. ALT 181 (10-125 U/L), ALP 1316 (23-212 U/L), platelets 679 (175-500 K/uL)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts along with pinpoint areas of medullary mineral were present in both kidneys. 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.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.47 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size with asymmetrical contour and nonhomogeneous to mixed echogenic focally cystic to nodular parenchyma. No evidence of parenchymal mineralization, vascular invasion, or parenchymal escape was noted. The right adrenal gland measured 2.1 cm length x 0.47 cm width at the caudal pole and 0.99 cm width at the cranial pole. The right adrenal gland appeared to exhibit similar size compared to the previous study.

**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/ Gallbladder**

The liver exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing

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primarily anechoic content with mild dependent hyperechoic, nonorganized, luminal debris. The cystic and common bile ducts were normal.

***Gastrointestinal*****SPECIES**

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The stomach exhibited primarily intact and sonographically unremarkable wall layering. Normal-appearing gastric wall width measured 0.25 cm. A solitary, hypoechoic to mildly expansive mural nodule to mass lesion was present, measuring 1.5 cm -1.7 cm in diameter. The nodule to mass lesion appeared to distort surrounding gastric wall layering. The stomach was primarily empty with mild luminal gas.

**BREED**

Chihuahua

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 with measured 0.40 cm.

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

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***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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS****INTERPRETED BY**

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

***Primary Findings***

- Hypoechoic gastric mural nodule / mass lesion
- Mild enterocolitis pattern
- Chronic hepatopathy
- Mild gallbladder debris - improved gallbladder appearance compared to the previous study
- Bilateral chronic renal changes exhibiting mild cortical cysts and pinpoint medullary mineral
- Prominent right adrenal exhibiting nonhomogeneous mixed echogenic to nodular parenchyma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopic or surgical biopsies of the gastric mural nodule to mass lesion are warranted for further clarification via histopathology. Inflammatory, granulomatous, neoplastic etiologies are all possible.

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The right adrenal changes continue to potentially indicate functional vs. nonfunctional adenomatous change, atypical hyperplasia, or neoplasia such as pheochromocytoma, adenocarcinoma, or other. Monitoring of systemic blood pressure, as well as for evidence of progressive right adrenal changes is recommended.

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Assuming normal clotting status, ultrasound guided FNA of the liver could be considered for screening cytology. FNA of the gastric mural nodule to mass lesion, if accessible, could also be considered yet may not be possible.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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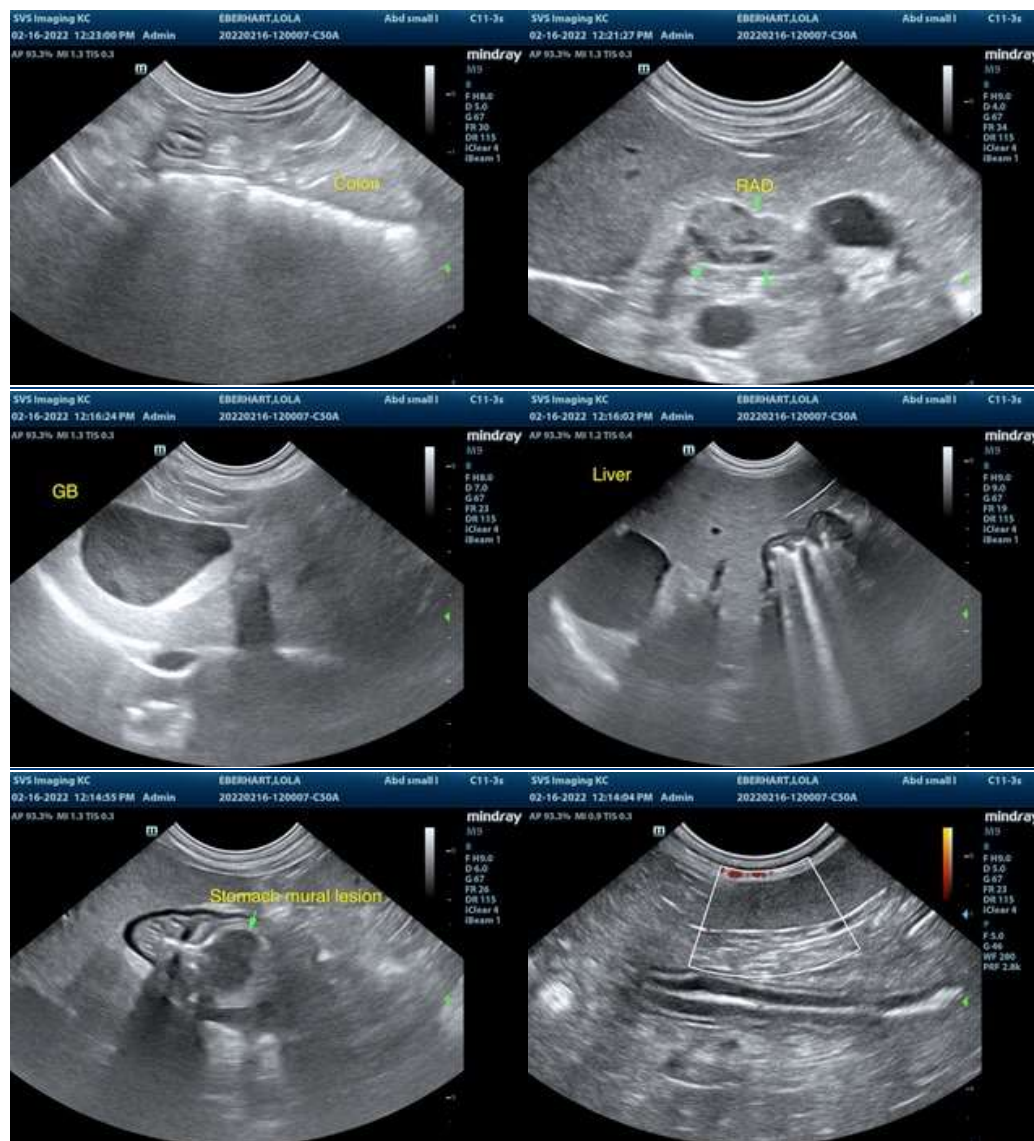
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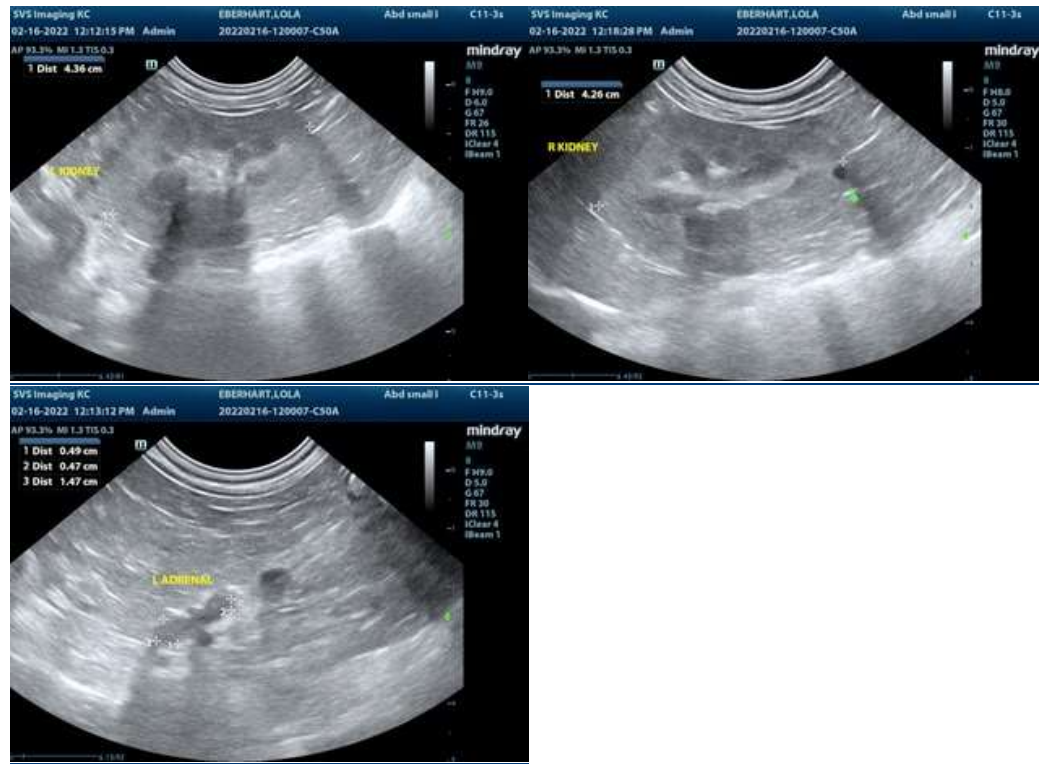
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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