

PATIENT

Charlie Denning

SPECIES

Canine

BREED

Chihuahua X

SEX

MN

AGE

8

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

21125

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Presented initially in late December for intermittent pain in an area that appears to be on the left side of the hip. There is yelping sometimes when he is picked up. Had had a recent history of pancreatitis a couple of months prior. There is still ongoing, intermittent yelping when he is picked up. He is still eating, drinking and otherwise behaving normally. Spinal and coxofemoral radiographs are unremarkable. Eating, drinking, eliminating normally with no obvious PU/PD

Abnormal PE/Chem/CBC/UA Results: Bloodwork: Moderate elevation in ALKP with notable proteinuria on a urine chem strip. Radiographs demonstrated generalized hepatomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris or mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length. Possible indistinct pinpoint to emerging medullary mineral was noted.

Adrenal Glands

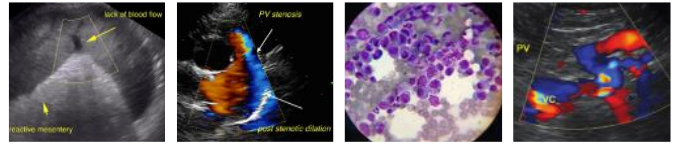
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

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



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The liver revealed generalized enlargement with symmetrical to mildly rounded hepatic contour. Uniform increased hepatic parenchyma echogenicity was noted with very discrete nondisruptive hypoechoic parenchyma to discrete nodules.

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The gallbladder was non-distended with primarily anechoic content and mild dependent to nondependent echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

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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.

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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.

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

Pancreas

WEIGHT

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Minor urinary bladder sediment
- Early age-related kidneys
- Normal bilateral adrenal glands
- Hepatopathy, exhibiting parenchyma hyperechogenicity, likely discrete areas of hepatic hyperplasia, hematopoiesis or similar- probable vacuolar hepatopathy pattern, potential for inflammatory disease, i.e., cholangiohepatitis
- Gallbladder debris (non-mucocele)
- Heterogenous pancreas- not sonographically consistent with active pancreatitis, benign remodeling owing to previous inflammatory episode or persistent low-grade/chronic pancreatitis possible

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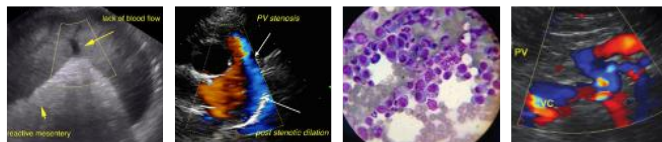
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UPC is recommended given the reported notable proteinuria. Primary adrenal disease may be considered a less likely (yet possible) differential diagnosis, given the lack of clinical signs consistent with Cushings syndrome. Screening hepatic FNA cytology, primarily to assess for evidence of inflammatory cells could be considered. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.



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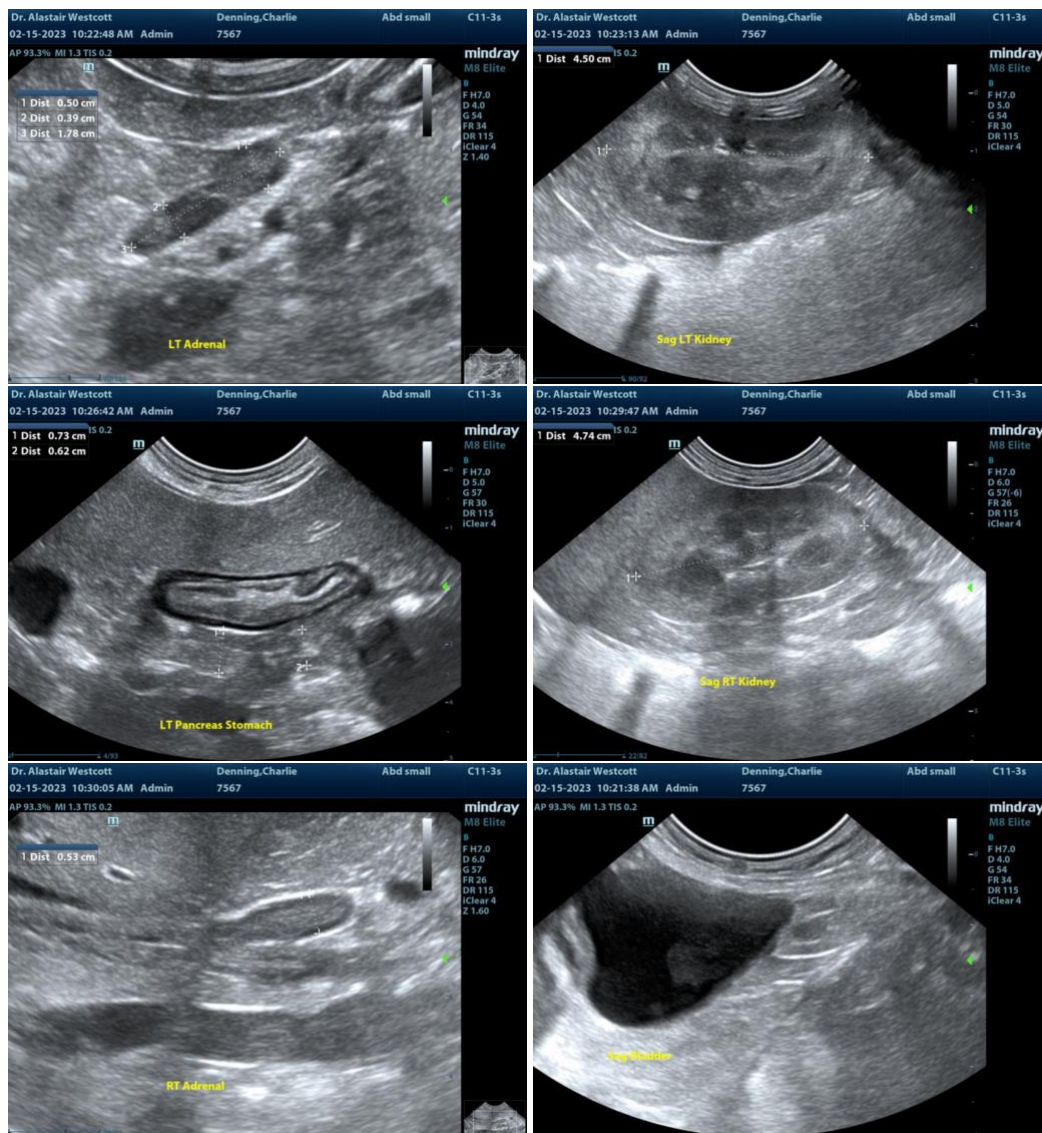
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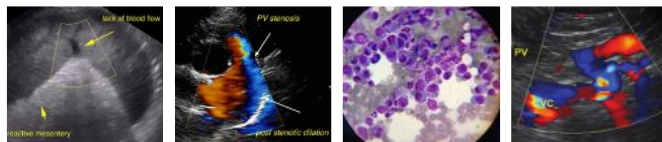
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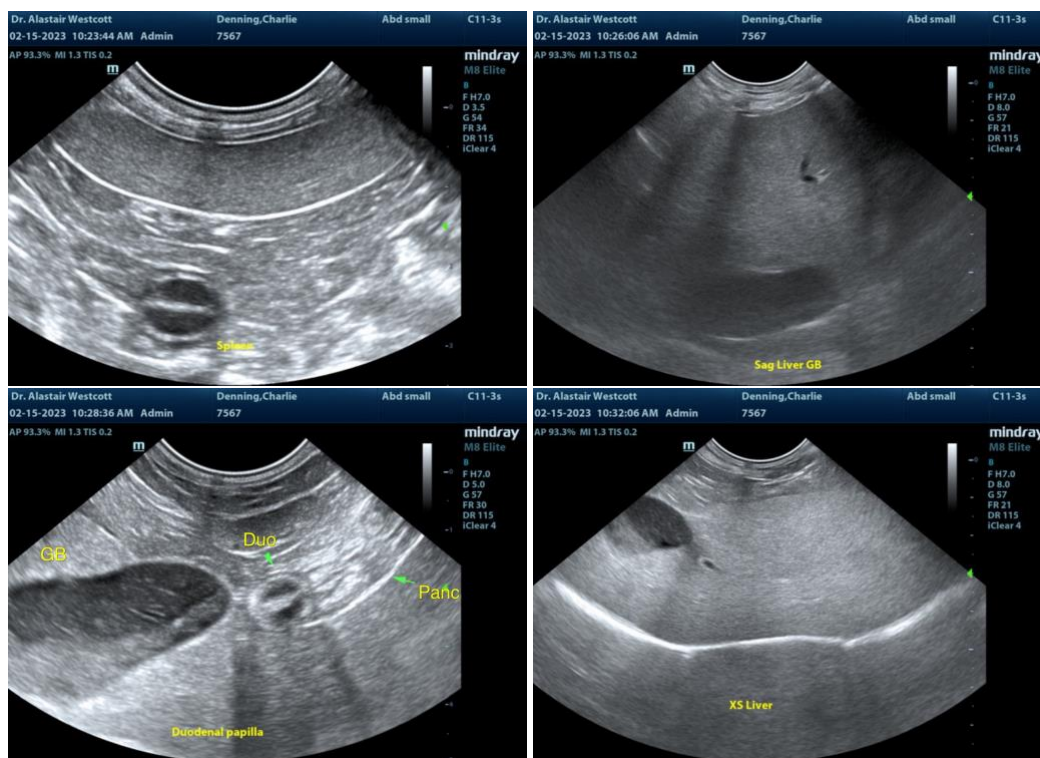
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com