

PATIENT

Fern Harford

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 Years

WEIGHT

20 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Mack

INVOICE

13610

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- history of elevated liver values

Abnormal PE/Chem/CBC/UA Results: ALT 298 ALKP >2000

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. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole. The left adrenal gland measured 0.71 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 0.39 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small intermittent hyperechoic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hypoechoic intraparenchymal nodule was present measuring 0.76 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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

Pancreas

The right pancreas presented mildly prominent in size with capsule asymmetry and mild nonhomogenous to remodeled parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

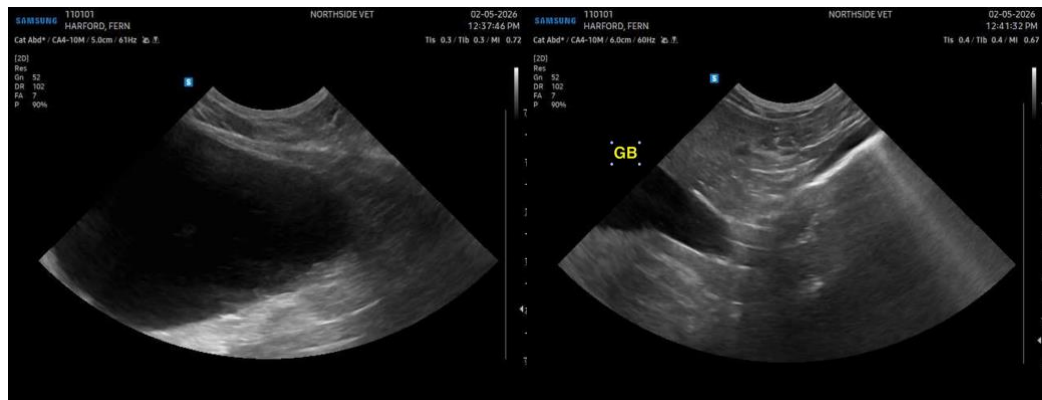
ULTRASONOGRAPHIC FINDINGS

- hepatomegaly exhibiting nonhomogenous discrete nodular parenchyma- vacuolar/cholestatic hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, fibrosis, occult neoplasia (less likely) are all possible.
- Normal gallbladder.
- Hyperechoic splenic nodules- most consistent with benign myelolipomas.
- Mildly prominent nonhomogenous right pancreas- benign remodeling, possible chronic pancreatitis.
- Age-related renal changes.
- Mild caudal left adrenomegaly- benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include (assuming normal clotting status) hepatic FNA cytology. Adrenal screening or workup may be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise. A spec CPL is suggested if signs are consistent with chronic pancreatitis.

If patient is non-clinical, hepatosupportive medications and monitoring would be reasonable. Hepatic biopsy may be required for a definitive diagnosis.





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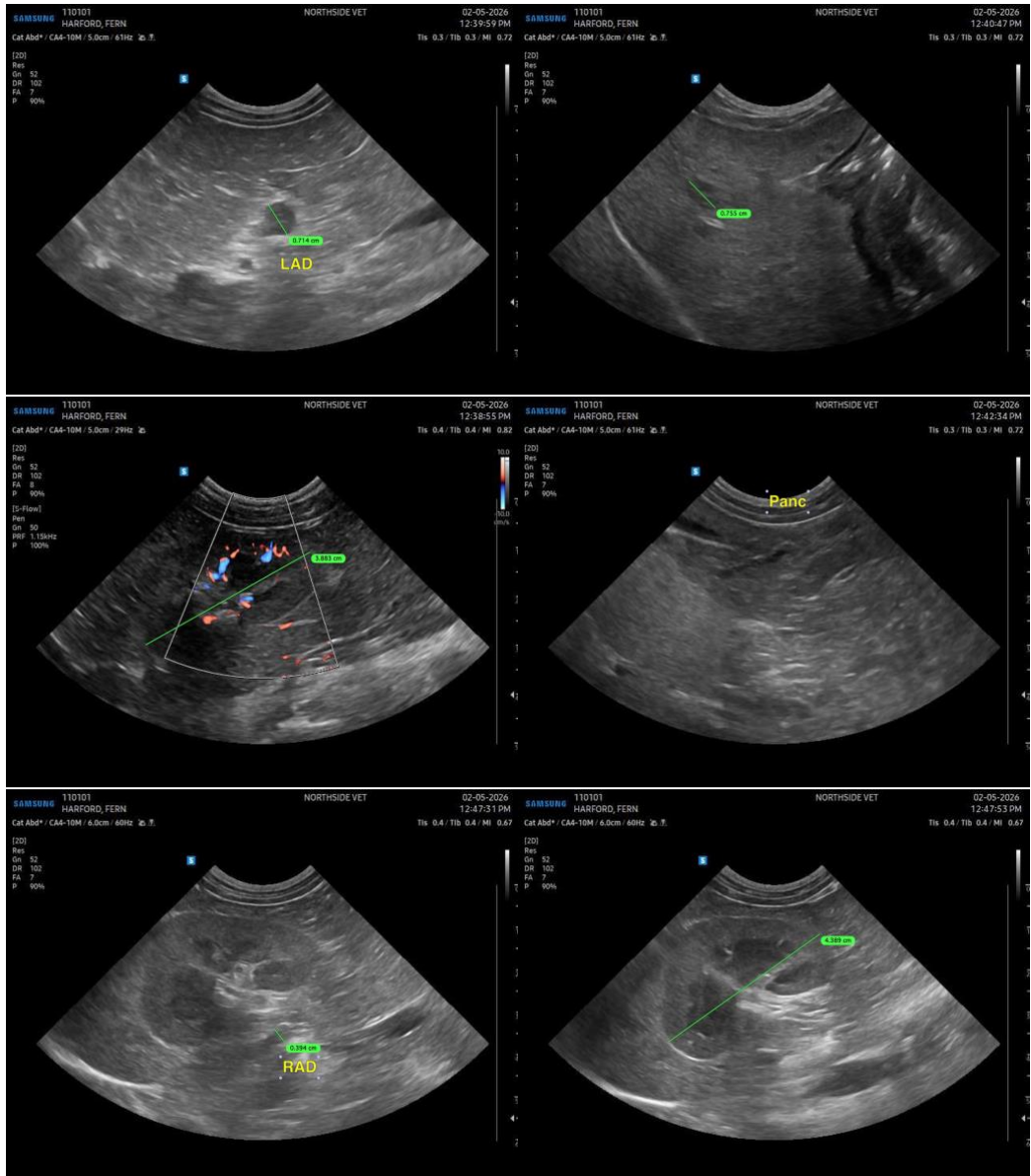
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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