



PATIENT

Bella Campbell

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

5.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Forteza

INVOICE

36492

DATE

3/26/22

PRESENTING CLINICAL SIGNS

Rechecking: pet here to recheck liver values History: Bella presents to recheck labwork. However, daughter presents today and reports same concerns as last visit. Not eating well, coughing. They haven't been able to give meds bc she's not eating well.

Abnormal PE/Chem/CBC/UA Results: Exam Notes: Pet is QAR. Clear OU and AU. Ptyalism, severe periodontal disease. Non-productive cough on the exam room. NO cough elicited on tracheal palpation. Normal heart sounds. Mild crackles bilaterally. Soft and non-painful on abdominal palpation. Skin: WNL Testing Performed: CBC/chemistry Results: mild monocytosis, increased ALT/ALP from previously Recommendations: Spoke to owner relaying blood work results. Told owner that I was concerned that liver values had increased. Patient coming in on Saturday for abdominal ultrasound +/- liver biopsy if clinically relevant. Onwer states that patient was doing well yesterday after coming back from veterinarian however today is 'mopey'. Suspect infiltrative neoplastic disease vs bacterial hepatitis vs pancreatitis vs other.

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 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A mildly expansive to disruptive, non-homogeneous nodular lesion to small mass was present in the cranial right kidney measuring 1.4 cm in diameter. Non-obstructive dystrophic medullary mineral was present in the left kidney.

No overt pathology in the area of the uterine remnant or aortic trifurcation.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 0.49 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, echogenic nodule was present in the medial parenchyma adjacent to the hilus. The nodule measured 0.6 cm. 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

The liver exhibited subjective mild generalized enlargement. 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 moderate



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SPECIES	<i>Gastrointestinal</i>
Canine	The stomach exhibited intact yet mildly thickened to hypoechoic wall layering, specifically in the area of the fundus and gastric body. Gastric body wall including prominent mucosal layer measured potentially up to 1.0 cm. The stomach was 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. Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Spayed Female	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
13 Years 5 Months	No omental masses, lymphadenopathy or effusion.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.5 Pounds	<ul style="list-style-type: none"> • Mildly expansive to disruptive non-homogeneous cranial right kidney nodular lesion to small mass
INTERPRETED BY	<ul style="list-style-type: none"> • Non-specific hepatopathy – vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy, or other hepatopathy possible. Overt evidence of hepatic neoplastic criteria was not obvious, yet cannot be excluded. • Emerging gallbladder mucocele – subjectively non-inflamed.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Thickened stomach – suspect gastritis, possible early infiltrative gastropathy possible. • Solitary splenic nodule – suspect concurrent/incidental benign myelolipomas.
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HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
DPC Vet Hospital	Concern for primary or metastatic neoplastic cranial right kidney nodule warranted, although sampling is required for further clarification. Non-neoplastic nodule such as consolidated or solid abscess, necrosis, or granuloma could also be present. Assuming normal clotting status, and if accessible, ultrasound guided FNA of the cranial right kidney nodule and hepatic parenchyma using 25-gauge needle warranted for screening cytology.
REFERRING VET	
Dr. Forteza	3-view chest radiographs suggested if not done for further assessment of the cough as well as to assess for possible metastatic criteria. Pending cytology if elected, and if no evidence of thoracic metastatic criteria with normal clotting status, right nephrectomy and hepatic biopsy with gross inspection of the gallbladder +/- concurrent cholecystectomy may be considered.
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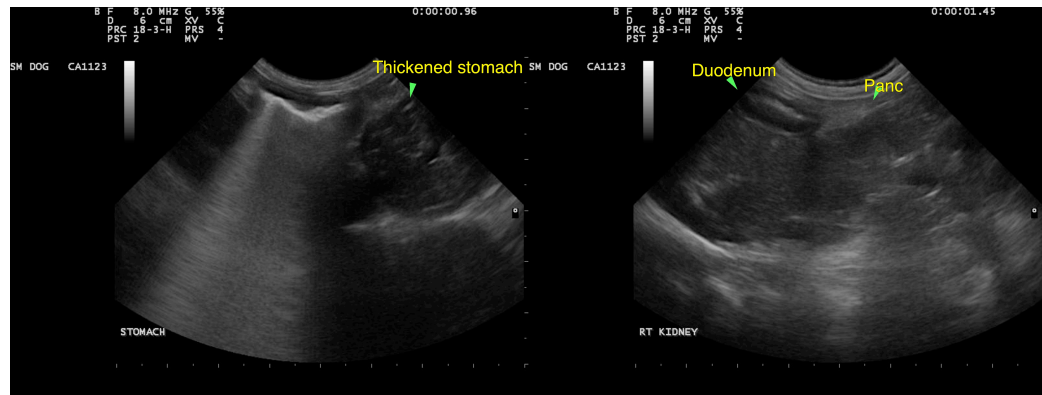
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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