


**PATIENT PRESENTING CLINICAL SIGNS**

Miley Girardi History: Anorexia, weight loss, elevated pancreatic and liver enzymes with azotemia.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: ALT high, ALP high 851, AST 67, BUN high 36.5, Creatinine 264, Phos 2.09, PSL 764, Amylase 2754.

Canine

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

Poodle x Maltese

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present 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. Aortic trifurcation was normal.

**SEX**

Spayed Female

Both kidneys were normal in size and margination. Moderate loss of corticomedullary border demarcation with increased medullary echogenicity noted. Mild pyelectasia, along with focal areas of medullary mineral and cortical cysts were present in both kidneys. The chronic changes were more prominent in the left kidney compared to the right. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

**AGE**

14.5 Years

**WEIGHT**

7.6 kg

**Adrenal Glands**

The left adrenal gland was mildly prominent in size yet not overtly suggestive of neoplastic criteria. The left adrenal gland measured 2.8 cm in length x 0.98 cm width in the caudal pole. The right adrenal gland was normal in size, measuring 1.6 cm in length x 0.60 cm width in the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

**INTERPRETED BY**

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

**Spleen**

The spleen was normal in size and contour. Mild splenic parenchymal heterogeneity present, exhibiting pinpoint hyperechoic foci, which although nonspecific, may indicate pinpoint areas of microinfarction, fibrosis or mineralization, considered incidental.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**
**HOSPITAL NAME**

Westoak AH

The liver presented enlarged in size. Mild generalized parenchymal remodeling was noted. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Solitary, mildly expansive nonhomogeneous mixed echogenic mass was present in the mid ventral liver, measuring approximately 8.0 cm x 4.0 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Kohlmaier

The gallbladder was mildly distended in size containing anechoic content with moderate nondependent yet nonorganized mobile luminal debris. The luminal debris appeared to extend mildly into the subtly dilated cystic biliary duct and proximal common bile duct yet no evidence of posthepatic obstruction or gallbladder inflammation.

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14695

**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.

**DATE**

4/11/22



**PATIENT**

Miley Girardi

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.

**SPECIES**

Canine

***Pancreas***

The right pancreatic limb exhibited prominent size with areas of capsule asymmetry. Nonhomogeneous to hypoechoic, mixed echogenic pancreatic parenchyma compared to adjacent, subtly reactive peripancreatic omentum noted.

**BREED**

Poodle x Maltese

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14.5 Years

- Bilateral chronic degenerative kidneys with cortical cysts and mild pyelectasia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**WEIGHT**

7.6 kg

- Hepatopathy, exhibiting parenchymal remodeling and mildly expansive ventral mixed echogenic mass
- Moderate gallbladder debris- not consistent with clinical mucocele
- Prominent to nonhomogeneous pancreas- probable chronic to chronic active pancreatitis with secondary remodeled parenchyma
- Overtly normal gastrointestinal tract

**INTERPRETED BY**

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DABVP (Canine and  
Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the liver was nonspecific with potential considerations, including vacuolar hepatopathy, inflammatory hepatopathy, i.e., cholangiohepatitis, nodular hyperplasia, hematopoiesis, granuloma, fibrosis, infiltrative neoplasia or other hepatopathy possible. Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma and ventral mass, using a 25-gauge needle, for cytology, is recommended.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak AH

Chronic renal disease, chronic to chronic active pancreatitis and hepatopathy may all be contributing factors to the patients anorexia and weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult disease as a contributing factor to the patients weight loss. Three-view chest radiographs recommended, if not done.

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Dr. Kohlmaier

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**PATIENT**

Miley Girardi

**SPECIES**

Canine

**BREED**

Poodle x Maltese

**SEX**

Spayed Female

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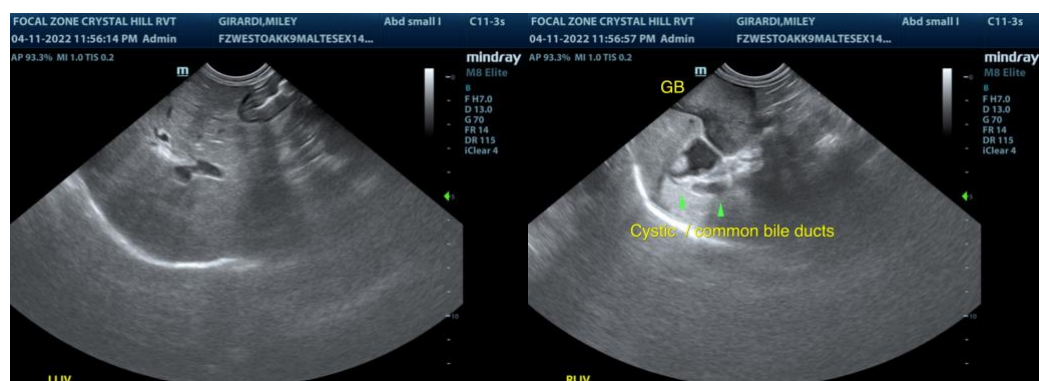
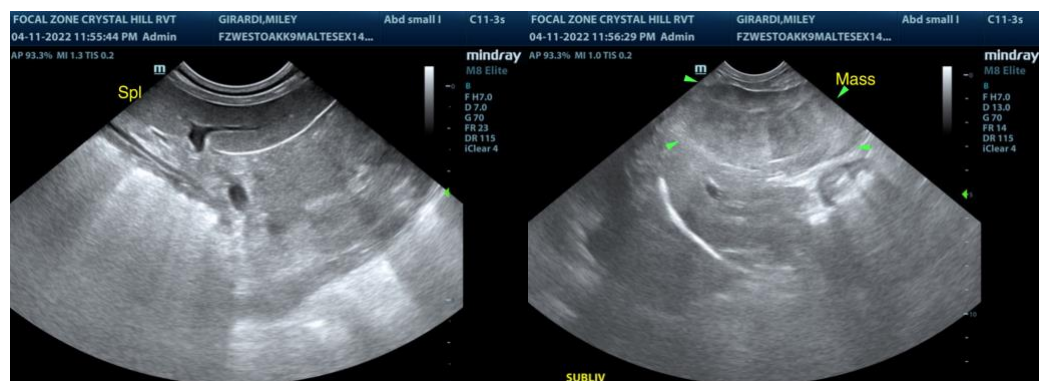
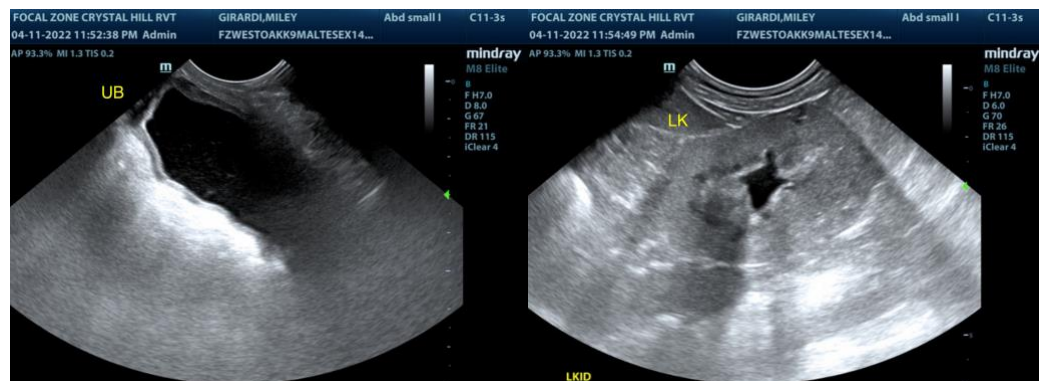
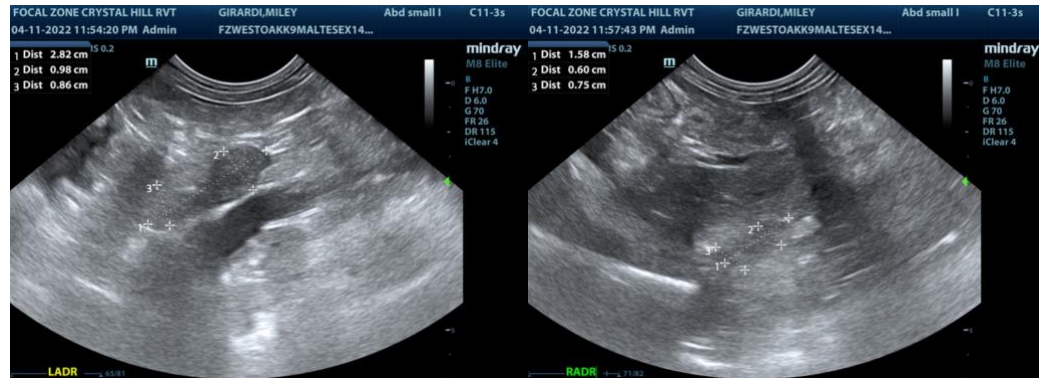
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**PATIENT**

Miley Girardi

**SPECIES**

Canine

**BREED**

Poodle x Maltese

**SEX**

Spayed Female

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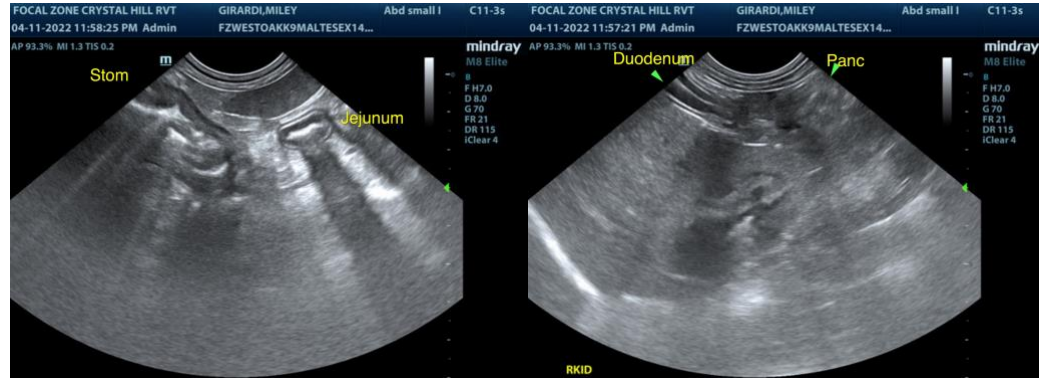
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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