**PATIENT**

Belle Davoudi

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed female

AGE

16.5 years

WEIGHT

24 pounds

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

10345ag

DATE

04/12/2022

PRESENTING CLINICAL SIGNS

History: Tech: Urgent exam - limping LF last 3 days went outside and came in limping. Will try to run when outside, occasionally weight bearing. Worse at night, whining, crying out. Owner is limiting activity. Doctor: Rads - L elbow significant osteophytes. Medial spur appears sharp with surrounding soft tissue swelling. Shoulders unremarkable. Visible spine has several areas of bridging in both thoracic and lumbar spine. Discussed pain and inflammation and long term management. CBC - Increased platelets, increased neutrophils - R/O inflammation / infection T4 - decreased (0.64) R/O hypothyroid vs systemic disease Chem - high BUN normal Creat R/O dehydration Increased Cholesterol and Trigyl. Very high liver values - ALT 465, ALKP >993, GGT 33 Tbili WNL. RX few days of Deracoxib. Discussed joint supplement but even that is filtered through the liver. Update 2 days later: Per the O the P is doing a lot better with the limping. P is almost 85 - 90% better. Per the O the P is more herself, more active. The O said that the P has not been crying out in pain at night anymore. The O requested more meds since the P is doing so well with them. I reviewed that this medication is normally closely monitored with bw, due to the hit on the liver. Plus the P already has liver concerns. I will touch base with the doctor to see her rec. She also rec trying joint supplements. But again that will filter through the liver as well. O ask to have information emailed on the supplements.

Abnormal PE/Chem/CBC/UA Results: See attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Multiple thinly walled cortical cysts containing anechoic fluid were present in both kidneys. Scant pyelectasia noted in the left kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present in the right adrenal gland without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the cranial pole and 0.63 cm width in the caudal pole. The right adrenal gland measured 0.76 cm width in the cranial pole and 0.82 cm width in the caudal pole.

Spleen

The spleen exhibited overall normal size with subtle parenchyma heterogeneity and a solitary subtly expansive nonhomogeneous nodule in the mid lateral spleen measuring 0.94 cm in diameter. 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.

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Liver/ Gallbladder

The liver exhibited generalized enlargement with normal contour. A mildly expansive spherical nonhomogeneous mass was present in the left liver measuring approximately 5 cm in diameter. Focal to intermittent nondisruptive discretely hypoechoic intraparenchymal nodules an example measuring 2.0 cm in diameter were present in the left liver. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild debris. 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.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting generalized parenchymal remodeling, nonhomogeneous left liver mass and focal to intermittent intraparenchymal nodules.
- Nonspecific mildly expansive non homogeneous splenic nodule.
- Mild chronic renal changes with cortical cysts.
- Mild gallbladder debris (non-mucocele).
- Mildly prominent to irregular right adrenal gland-nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation is nonspecific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, nodular hyperplasia, extramedullary hematopoiesis, lipogranuloma, possible emerging fibrosis, primary metastatic neoplasia or other. Likewise, the splenic nodule was nonspecific with considerations including hematopoiesis, focal hyperplasia, granuloma, hematoma, focal splenitis or neoplasia. Assuming normal clotting status a hepatosplenic FNA is required for further clarification.

Hepatosupportive medications including Denamarin and Ursodiol with sonographic monitoring of hepatic changes would be a more conservative approach. Screening BP to assess for evidence of hypertension and concurrent sonographic monitoring of the right adrenal gland is recommended.

IMAGING PERFORMED BY

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svsimagingmi@gmail.com



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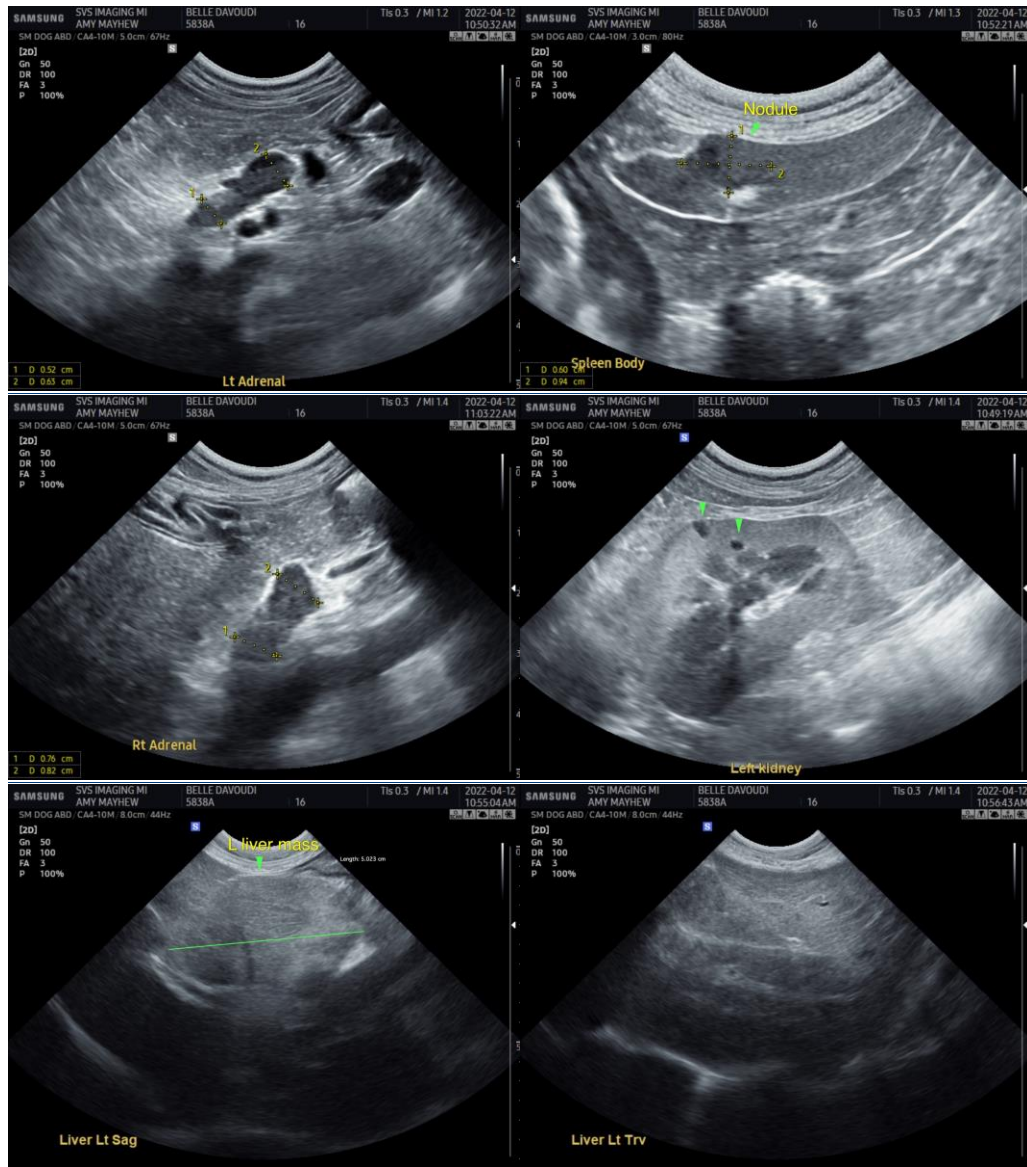
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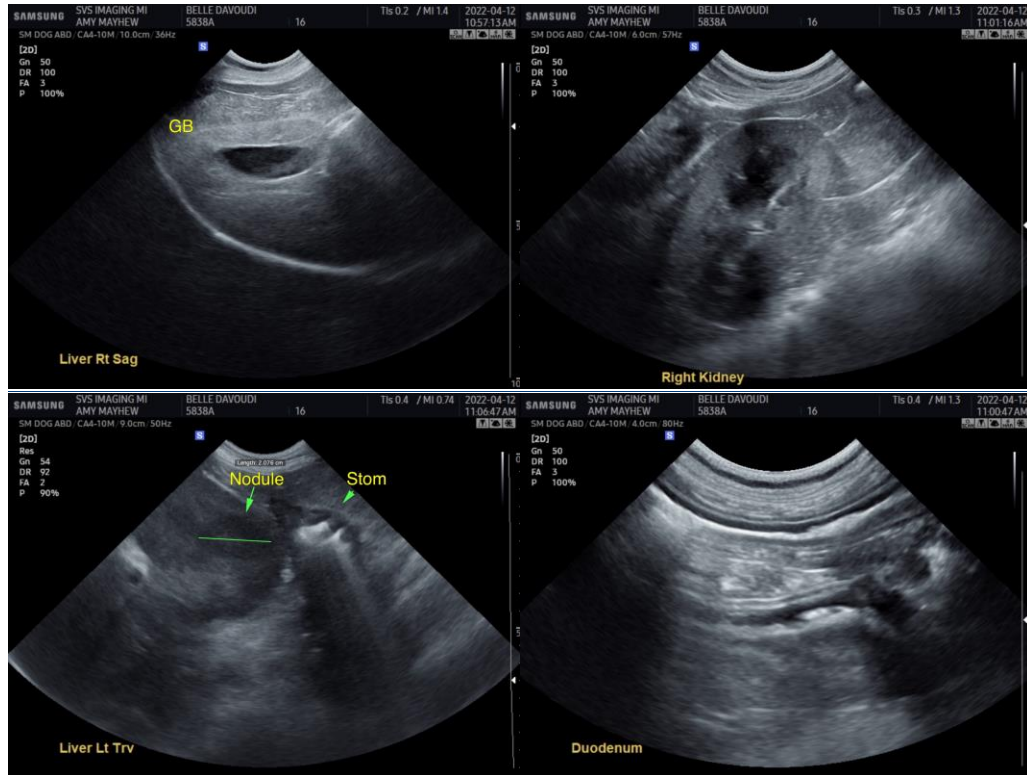
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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