

PATIENT

JJ Peterson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

16.32

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Emanuel DeJesus

INVOICE

15030

DATE

04/12/26

PRESENTING CLINICAL SIGNS

Patient presented on emergency for ataxia, not interested in eating much food and sleeping more. O reports bringing P in 3/31 for similar symptoms, diagnosed with T-L pain, periodontal disease; bloodwork revealed elevated liver enzymes. O was recommended to make appt for aUS with Dr. CW but was not done. O reports P improved slightly while on amoxi/clav, meloxicam, and gabapentin but as soon as medications finished, she regressed.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.1 (2.7-4.4) Globulin 4.4 (1.6-3.6) AST 212 (15-66) ALT 206 (21-118) ALP 2024 (5-131) Creatinine 0.4 (0.5-1.6) Potassium 5.7 (3.6-5.5) Calcium 8.8 CPK 955 (59-895) WBC 15.7 (4-15.5) Neutrophils 13345 (2060-10600)

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 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 4.6 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.53 cm width at the caudal pole. The right adrenal gland subjectively measured 0.45 cm width at the caudal pole.

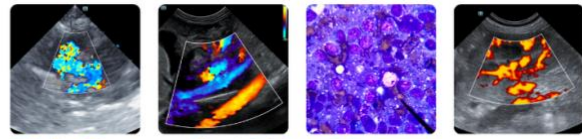
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver revealed subjective mild hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to variable parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hyperechoic intraparenchymal nodules were present with an example measuring 0.66 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

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. The duodenum wall measured 0.36 cm wall width. The jejunum wall measured 0.36 cm wall width.

Normal visible colon wall layers were present with formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

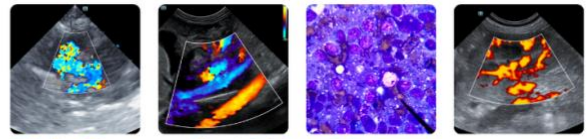
- Chronic hepatopathy pattern exhibiting nonspecific discrete intraparenchymal nodules.
- Mild nonorganized gallbladder debris (non-mucocele).
- Sonographically unremarkable gastrointestinal tract/area of the pancreas.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential consideration for the liver may include chronic, vacuolar or non-obstructive cholestatic hepatopathy, non-specific chronic hepatitis (infectious, immune-mediated, hepatotoxicosis or other), discrete areas of nodular hyperplasia or lipogranulomas, neoplasia or other.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology, whereas biopsy is required for a definitive diagnosis. Given potential neurological signs, correlation with neurological exam and bile acid profile to assess hepatic function, although no evidence of intrahepatic or extrahepatic macroscopic shunt criteria. Hepatosupportive medications including Denamarin and Ursodiol or similar may prove beneficial.

Gastrointestinal support is recommended. Screening GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or mild pancreatitis which may present sonographically normal. Three view chest radiographs are recommended if not done.



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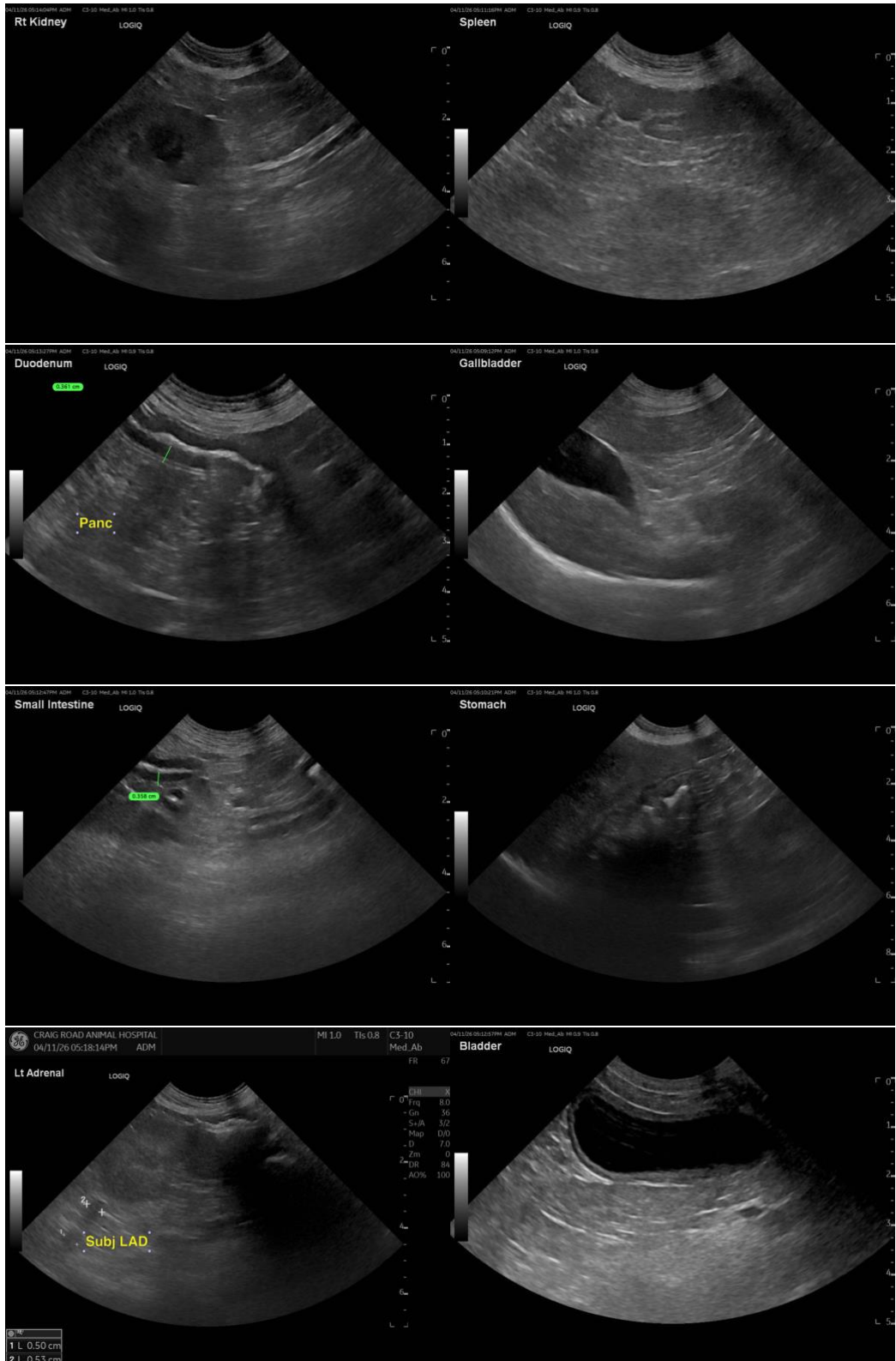
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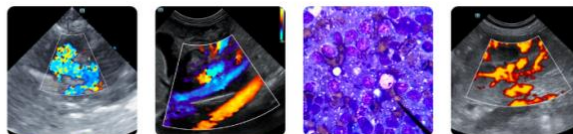
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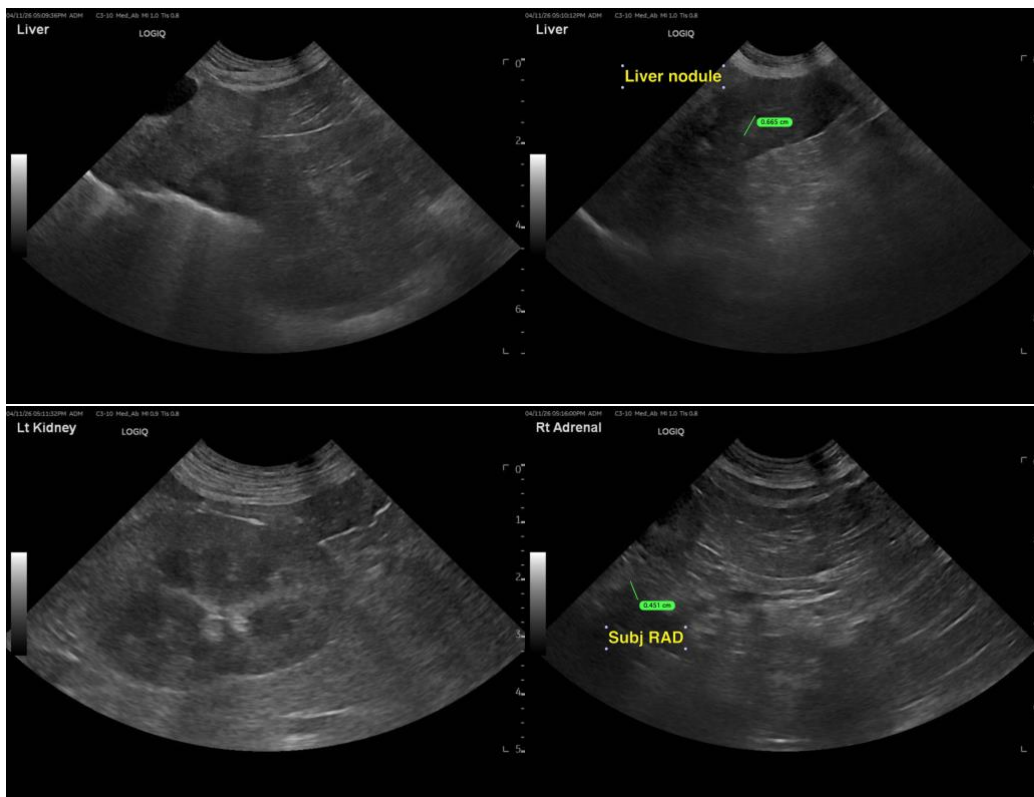
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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