



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Rizzi Elevated liver values several months, chronic diarrhea, heart murmur, previous diagnosis microvascular hyperplasia.

SPECIES Medication: Vetmedin, Metronidazole, holistic medication (listed w/ clinic submission)

Canine Abnormal PE/Chem/CBC/UA Results: BUN 32 CREAT 0.8 ALP 1692 ALT 452 AST 57 TBIL 0.1 spec cPL 813 TLI >50 Cobal 974 Fol 11

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

MN

AGE 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Intermittent bilateral cortical cysts with moderately sized right kidney corticomedullary cyst measuring 1.2 cm were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

2009

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10.7

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.76 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

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REFERRING VET

Craig

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent discrete hypoechoic nodules were present, an example measuring 1.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic debris. The cystic and common bile ducts were normal.

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Gastrointestinal



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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.

SPECIES

Canine

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

BREED

Chihuahua Mix

The pancreas base and right pancreatic limb exhibited mild prominent size with capsule asymmetry and non-homogenous to mildly hypoechoic remodeled parenchyma.

Free Abdomen

SEX

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy exhibiting intermittent discrete intraparenchymal nodules-subjectively benign, vacuolar hepatopathy, inflammatory disease, non-obstructive cholestasis, previously diagnosed microvascular dysplasia, hematopoiesis, hyperplasia or other hepatopathy possible. Neoplastic criteria considered less likely.
- Gallbladder debris (non-mucocele).
- Chronic active pancreatitis pattern.
- Structurally unremarkable GI tract/colon.
- Chronic renal changes with bilateral cortical cysts, moderately sized cranial right kidney cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. The addition of Ursodiol to current hepatic support may prove beneficial. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant mild inflammatory gastroenteropathy which may appear sonographically normal are all potentials.

IMAGING PERFORMED BY

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 ARDMS/RVT

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, +/- prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastrointestinal support with assessment of clinical response may be considered.

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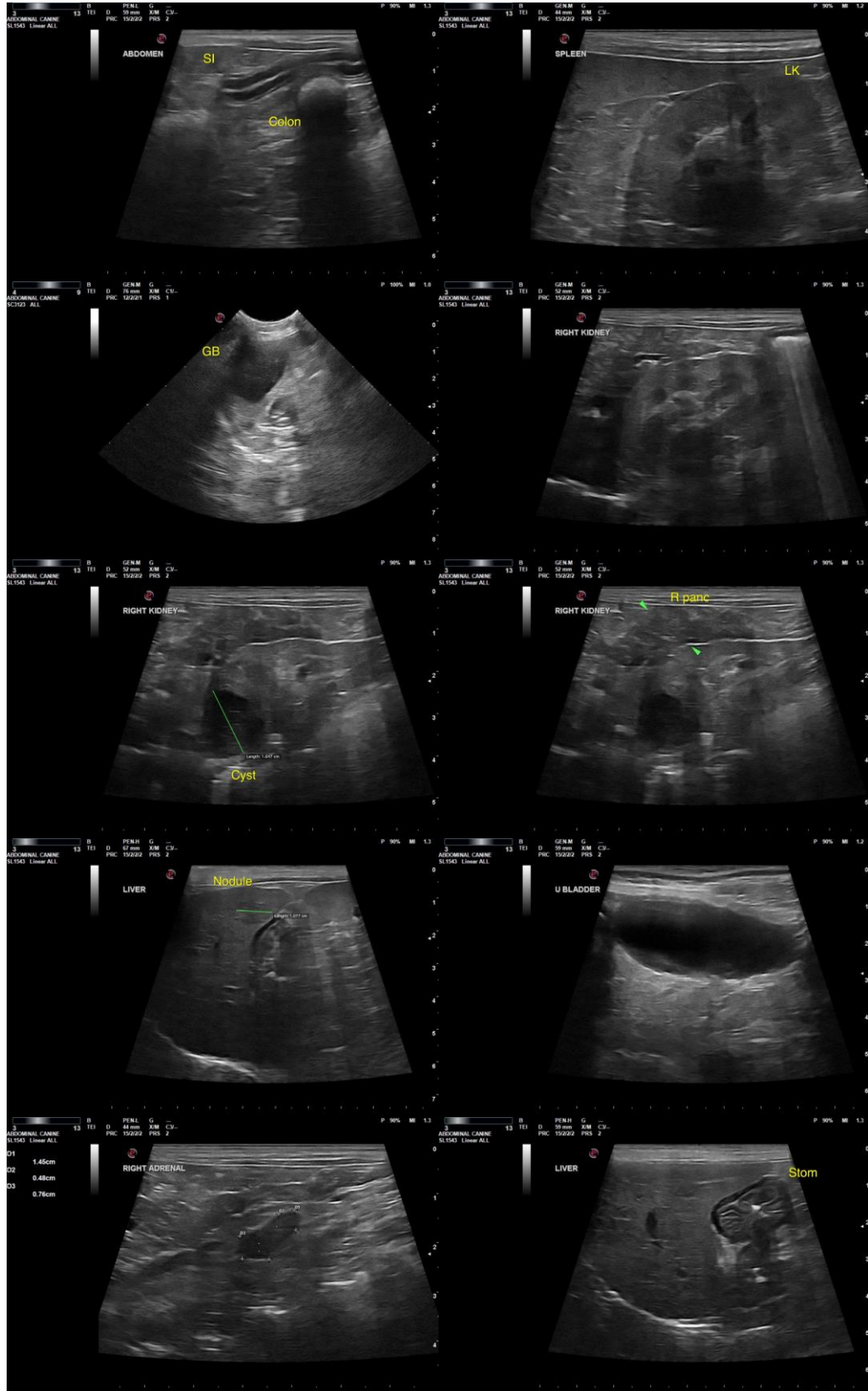
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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