



PATIENT

Scott Scott Lindquist

SPECIES

Canine

BREED

Chihuahua X

SEX

MN

AGE

12 years

WEIGHT

3.0 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME
Island Mobile Paws
Veterinary Services

REFERRING VET

Central Cowichan
Animal Hospital

INVOICE

16495

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Presented for annual exam 3/22. Owner reported some inappetence. Physical exam was unremarkable. CBC/Chem/UA submitted (full results attached). Persistent mild elevation in ALP/ALT in spite of Aventi liver supplements. New elevation in urea with usg=1.031. Mild anemia, consistent with chronic disease. T4=wnl Resting bile acids added to panel showed mild increase. Has been on metronidazole (30 mg PO BID) since 3/22 visit. Sedated with dexdomitor alone for exam as has opioid sensitivity.

Abnormal PE/Chem/CBC/UA Results: 3/22/23: CBC: RBC=5.37 (6.0-8.9) HGB=140 (145-204) HCT=0.387 (0.42-0.62) Platelets=621 (160-400) Bile acids=18.8 (0-15) BUN=14.3 (2.7-9.8) ALP=197 (21-122) ALT=198 (0-123) GGT<1 (1-18)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 2.9 cm in length. The right kidney measured 2.9 cm in length. Discrete medullary mineral was noted in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm length x 0.27 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.1 cm length x 0.33 cm width at the caudal pole.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. No overt evidence of intrahepatic or extrahepatic macroscopic shunt was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild congealed yet nonorganized



PATIENT	gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
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SPECIES	<i>Gastrointestinal</i>
Canine	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 ventral gastric body wall width measured 0.38 cm.
BREED	
Chihuahua X	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 jejunum wall measured 0.32 cm width.
SEX	
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
12 years	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	<i>Free Abdomen</i>
3.0 kg.	A solitary, mildly prominent yet homogeneous, mildly irregular pancreaticoduodenal lymph node was present in the right cranial abdomen adjacent to the right limb of the pancreas and descending duodenum measuring 1.3 cm in diameter. No additional evidence of intraabdominal lymphadenopathy was noted. No evidence of peritoneal effusion or omental masses was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Low-grade hepatopathy - benign • Mild gallbladder debris (non-mucocele) • Heterogeneous pancreas - age-related variant, benign remodeling owing to previous inflammation, low-grade to chronic pancreatitis, possible • Focal subjective benign / reactive pancreaticoduodenal lymph node • Mild chronic renal changes • Overtly normal gastrointestinal tract
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Donna Markland, DVM	Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade / chronic pancreatitis, is suggested. Correlation with a Spec fPL is recommended.
HOSPITAL NAME	Mild vacuolar hepatic changes or low-grade inflammatory hepatopathy could be possible.
Island Mobile Paws Veterinary Services	Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. However, no evidence of significant structural hepatic disease or post hepatic stasis was noted. Sonographic monitoring of the pancreaticoduodenal lymph node may be considered, although no overt evidence of neoplastic criteria. Empirically, continued hepato-gastrointestinal support and potential conservative therapy for possible low-grade to chronic pancreatitis may prove beneficial.
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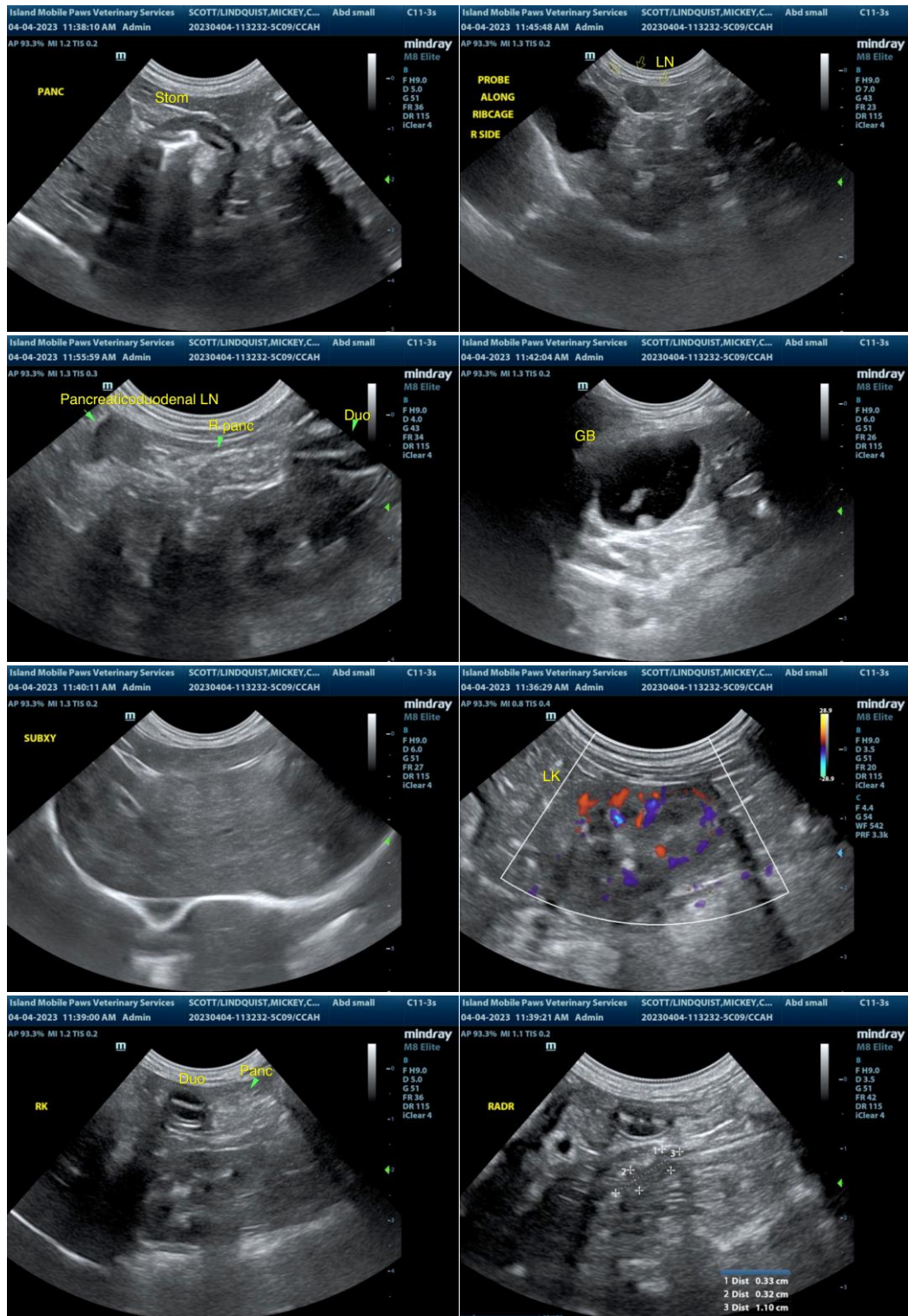
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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