



PATIENT

Latae Passaro

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

17yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

East Plane Animal
Hospital

REFERRING VET

Dr. Rosen

INVOICE

13429ag

DATE

04/07/2023

PRESENTING CLINICAL SIGNS

Presented for alopecia, severe hepatomegaly noted on pe. Meds: Phenobarbital 30g 1/2 bid was 1 bid.

Abnormal PE/Chem/CBC/UA Results: Alt 517, Alkp 2712, ggtp 78, bun 36, bun/creat rat 45, Pot 6.3, Na/K rat 24 (27 L); amyl 1448, PSL 23, WBC 17.3, RBC 2.9, Hgb 8, HCT 24, MCV 82, RRBC 2, PLT 1398 NOTE: Low numbers of small plt clumps are noted on the feathered edge of the smear, Most of the plt's are sm. in size., Neuts 14532, phenobarb 49 (35 H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

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. Minor medullary mineral was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.8 cm length and 0.43 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

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 was markedly enlarged with lobar swelling and caudal expansion ventrally past the level of the gastric axis into the level of the mid abdomen. Multiple coalescing variably sized non-homogenous cystic to cavitated macronodules to small masses were present diffusely throughout the liver, an example measuring 5.0 cm in diameter. The gallbladder was non-distended in size with mildly prominent to hyperechoic walls and primarily anechoic luminal content with moderate non-organized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio and subjective caudal displacement from hepatomegaly. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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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.

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Pancreas

The pancreas was indistinctly visualized owing to hepatomegaly and increased peripancreatic omental artefact. No overt pathology was present with subjective minor parenchyma remodeling which is suspected to be consistent with age related changes.

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Free Abdomen

No omental masses or overt lymphadenopathy was present. Mild volume peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Severe irregular hepatomegaly exhibiting multifocal non-homogenous to nodule cystic/cavitated coalescing macronodules/masses.
- Mild gallbladder debris-potential for mild chronic cholecystitis (non-mucocele).
- Moderate chronic renal changes with minor medullary mineral.
- Mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status a hepatic nodule/mass parenchyma FNA for screening cytology could be considered for further assessment. Hepatic neoplastic criteria is favored with severe hyperplasia, hematopoiesis, complex hepatic cysts or cystic biliary adenomas possible yet thought less likely.

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Alternative anti-seizure medication given the possibility of phenobarbital contributing to potential hepatic toxicity may be considered.

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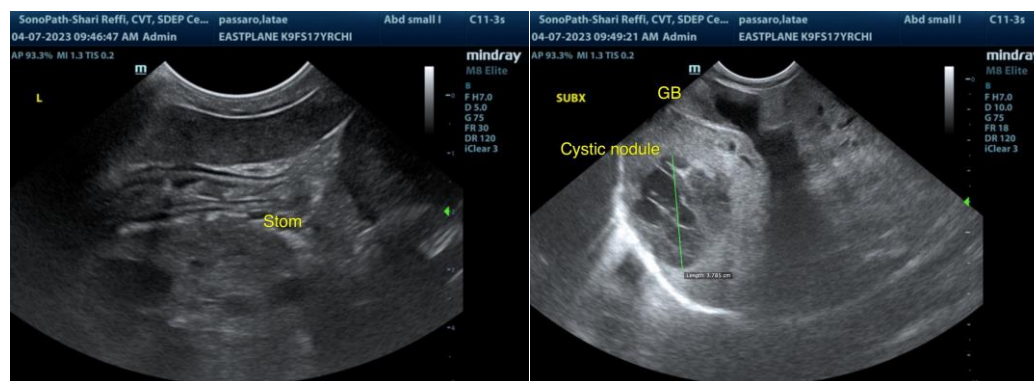
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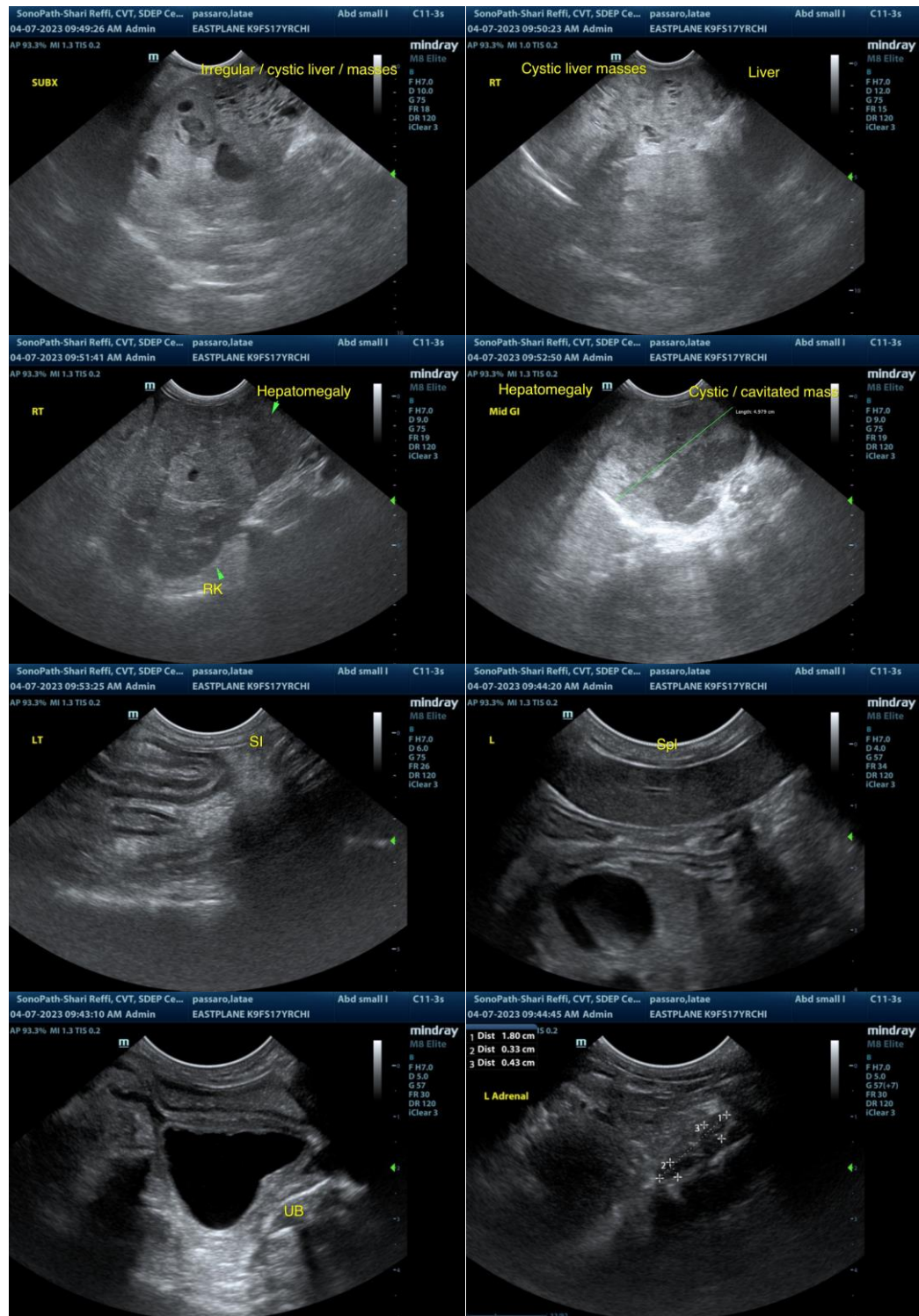
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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