



PATIENT

Charlie Carmona

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shoppa

HOSPITAL NAME

Lone Mountain Animal
Hospital

REFERRING VET

Dr. Shoppa

INVOICE

16114

DATE

05/12/26

PRESENTING CLINICAL SIGNS

Patient presented of 4/29/26 with diarrhea, had a grade 6 systolic murmur, elevated liver values. On 5/8 he presented to ER for shaking and aggressive behavior and had 490 ml of peritoneal effusion removed.

Abnormal PE/Chem/CBC/UA Results: Grade 5-6 systolic murmur, BCS: 5/5, ALT: 335, ALP: 843, TP: 5.2, WBC: 20, Neut: 17.6. moderate left sided hepatomegaly, left sided cardiomegaly, minimal diffuse bronchointerstitial pulmonary pattern, Multiple visible minimally divergent pleural fissure lines, decrease in right cranial peritoneal serosal detail.

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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The presumed visualized left adrenal gland exhibited subjective mild enlargement with maintained symmetrical contour and mild nonhomogenous non-mineralized parenchyma. The subjective left adrenal gland measured 0.65 width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was not definitively visualized potentially secondary to displacement owing to peritoneal effusion or volume contraction. Correlation with patient's history is recommended.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with areas of asymmetrical to rounded capsule contour and variable to significant nonhomogenous remodeled hepatic parenchyma exhibiting variable coarse echotexture. Lobar hyperechoic subjective left limb parenchyma to hyperechoic mass was present measuring approximately 4.8 cm in diameter. Several to multiple concurrent indistinctly margined nonhomogenous liver nodules were visualized with an example measuring 2.2 cm in diameter. Evidence of prominent hepatic vasculature, most notable at the hepatic vein caudal vena cava junction.

The gallbladder was non distended in size with mild nonorganized gravity dependent biliary sludge. The common bile duct was not visualized. No evidence of wall edema.

Gastrointestinal



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The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. The stomach contained a mild amount of retained anechoic fluid. No evidence of obstruction to pyloric outflow.

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 area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Mild to moderate volume of peritoneal effusion with generalized homogenous mildly hyperechoic mesentery.

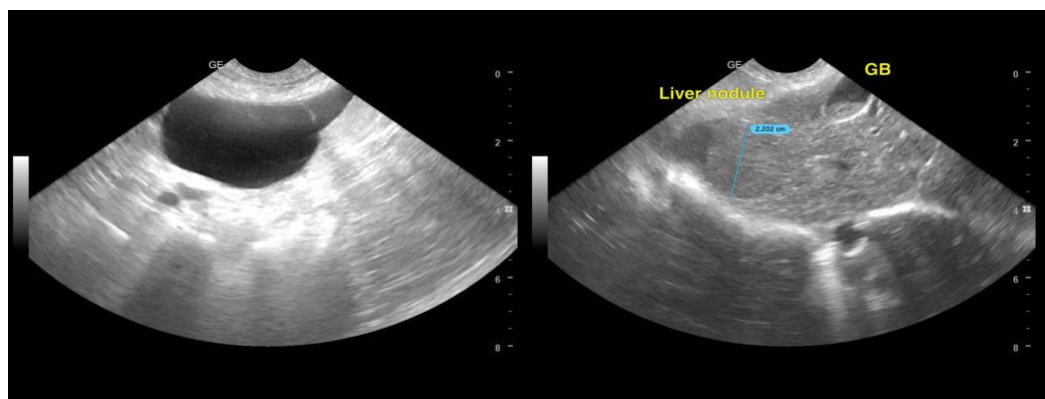
ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous nodular liver with lobar hepatic parenchyma/hepatic mass and evidence of vascular congestion.
- Non-edematous gallbladder with nonorganized bile debris (non-mucocele).
- Hypomotile edematous stomach, sonographically normal empty small intestine.
- Mild to moderate volume of peritoneal effusion.
- Bilateral chronic renal changes.
- Subjective left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The peritoneal effusion in this case may be secondary to chronic hepatopathy and potential portal hypertension with considerations including chronic nonspecific hepatitis, vacuolar changes, fibrosis, cirrhosis, hepatic neoplasia, or other. A contributing factor to the effusion given evidence of a hepatic congestion may include cardiac or intrathoracic disease or possible combined etiologies.

Assuming normal albumin levels, further assessment may include correlation with pending hepatic cytology, effusion analysis cytology +/- culture and sensitivity if evidence of effusion, inflammatory component, thoracic radiographs, and ideally full echocardiogram. Gastroprotectants are recommended if clinical signs are suggestive of hypomotile gastritis.





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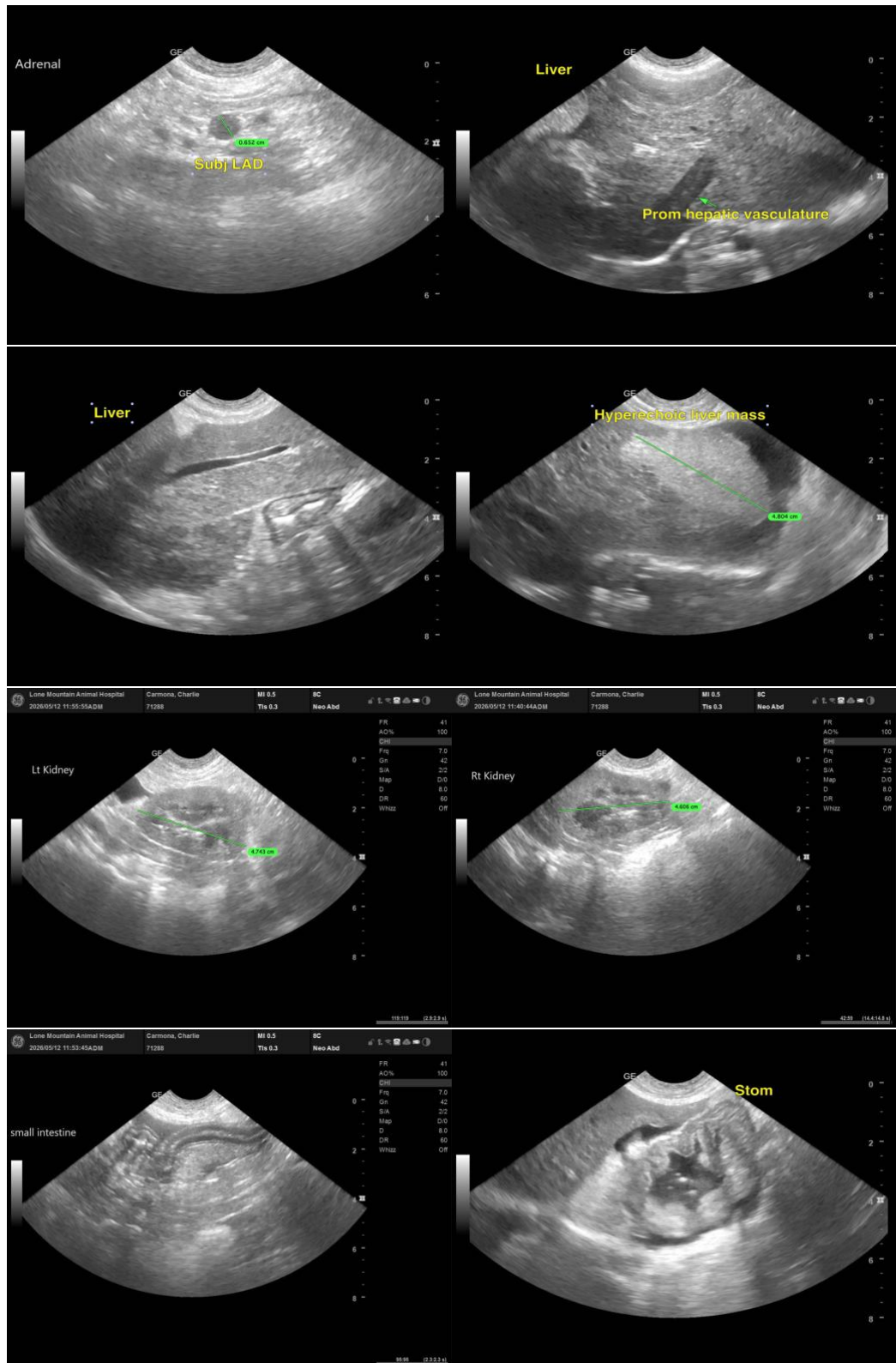
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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