



**PATIENT PRESENTING CLINICAL SIGNS**

Mary Poppins Oliphant

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**AGE**

11 years

**WEIGHT**

2.7 kg

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**  
Patti Mayfield DVM

**HOSPITAL NAME**

Riverside Animal  
Hospital

**REFERRING VET**

Megan Lee DVM

**INVOICE**

10789ag

**DATE**

06/11/2022

**History:** Mary Poppins presented to BAE on ER for AUS at the request of Riverside Animal Hospital. PPH: Has previously been seen at Texas A & M veterinary school and they are worried for possible laryngeal paralysis and she may have a tie back in August. Pt has a history of HW dz and treatment. Medical history per C and what records C did have (full records from Texas A & M requested but not available for review at the time of visit). - Pulmonary hypertension - Second degree AV block - Pt worked up for syncopal episodes where Pt would cry out and faint - ACVIM Stage B1 MVD - GR 2/6 LASM - Elevated liver enzymes (4/26/22 - ALT - 208, ALP - 478), elevated Chol (314) and hyperglobulinemia (4.3) - Gall bladder sludge (diagnosed ~ 2 years ago based upon AUS)- on Ursodiol - No indications of Hyperadrenocorticism-- worked up in April at Texas A&M Mary was evaluated on 6/10/22 (yesterday) for coughing with white sputum/phlegm produced. no dyspnea was appreciated. Patient was started on the following Rx: Rx: Prednisolone 5mg #9 - 1/2 po BID x 4 days, then 1/2 po SID x 7 days, then 1/2 po EOD until gone Rx: VetMedin 1.25mg #60 - 1 po q 12 hours Diet: RC low fat BID Medications: Sildenafil susp [10mg/mL] - 0.56mL, Ursodiol HWP/FTP: Heartgard monthly

**Abnormal PE/Chem/CBC/UA Results:** PE: BAR, lenticular sclerosis OU, mild epiphora OU. Missing many teeth with moderate dental disease of remaining dentition. MM's are pink. NSR, NMA, SSP. Mild crackles appreciated on end-inspiration, but no dyspnea. Possible hepatomegaly appreciated on palpation, otherwise unremarkable abdomen. Slightly overweight. 1.) Survey radiographs (thoracic) revealed mild-moderate cardiomegaly and slightly increased bronchointerstitial pulmonary pattern which is most consistent with bronchitis. Cardiomegaly with suspect LAE. Mild tracheal narrowing prior to thoracic inlet. Abnormal appearance to the liver - extends just beyond the costochondral arch with rounded borders. Round soft tissue structure caudal to the liver on lateral projection (spleen vs. mass vs. open), gas and ingesta/feces within the stomach and bowel loops. 2. Brief A-FAST (focus liver and gall bladder) - unable to visualize clearly the gall bladder. Full stomach with a large spleen, rounded and with mixed echo-texture/mottled appearance. No obvious free fluid - further scan not performed as Pt benefits from a diagnostic U/S 3. CBC/Chem/lytes - CBC: low MCV (59.4), MCH (19.4), elevated RDW (22.7), reticulocytosis (130.4), low Retic/hgb (20.3), thrombocytosis (551), elevated MPV (14) and PCT (0.77) Chem: resolved liver enzymes (all wnl), elevated BUN - 32 (7-27)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney contained a small lateral cortical cyst. The right kidney exhibited a focal area of hyperechoic lateral cortex with associated focal asymmetrical renal margination consistent with cortical infarct. The left kidney measured 3.3 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**



<b>PATIENT</b>	Both adrenal glands exhibited mild prominent size including mildly prominent caudal left adrenal. The left adrenal maintained primarily symmetrical capsule contour and integrity. Mildly nonhomogeneous yet non mineralized adrenal parenchyma was present. No overt presence of neoplastic criteria was noted. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.68 cm width at the cranial pole.
Mary Poppins Oliphant	
<b>SPECIES</b>	
Canine	<b>Spleen</b>
<b>BREED</b>	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.
Chihuahua	
<b>SEX</b>	<b>Liver</b>
FS	The liver was subjectively mildly enlarged with primarily symmetrical to rounded hepatic contour. Generalized mildly hyperechoic parenchyma with multiple variably sized nondisruptive hypoechoic intraparenchymal nodules were present an example measuring 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nonorganized to nonmineralized luminal debris primarily in the caudal lumen into the gallbladder neck and extending into the cystic biliary duct. No overt evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
<b>AGE</b>	
11 years	
<b>WEIGHT</b>	<b>Gastrointestinal</b>
2.7 kg	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.
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>IMAGING PERFORMED BY</b>	<b>Pancreas</b>
Patti Mayfield DVM	The parenchyma of the left limb, body and right limb of the pancreas was normal in size and contour with mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum was observed. No signs of active inflammation or neoplastic disease was evident.
<b>HOSPITAL NAME</b>	<b>Free Abdomen</b>
Riverside Animal Hospital	No overt lymphadenopathy or peritoneal effusion was present.
<b>REFERRING VET</b>	
Megan Lee DVM	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>Mild hepatomegaly exhibiting generalized parenchyma hyperechogenicity with multifocal intraparenchymal nodules-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, nodular hyperplasia, lipogranuloma, hematopoiesis, fibrosis or other hepatopathy is possible. Infiltrative neoplasia cannot be definitively excluded.</li> <li>Subjective mildly prominent nonhomogeneous bilateral adrenal glands-suspect age related adrenal changes or potential adenomatous change, no overt evidence of neoplastic criteria</li> </ul>
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**PATIENT**

Mary Poppins Oliphant

- Bilateral chronic renal changes with small cortical cyst and lateral right kidney cortical infarct
- Mild pancreatic remodeling-likely age related pancreatic changes, potential for remodeling owing to previous inflammation or low grade to chronic pancreatitis possible

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status a hepatic parenchyma and nodule FNA using a 25g needle is recommended for screening cytology and further assessment. Given the lack of reported clinical signs i.e. PU/PD, polyphagia, etc. Cushing's syndrome considered a less likely differential diagnosis. Full adrenal work up could be considered if clinically indicated. Assessment of systemic BP is suggested. Continued Ursodiol is recommended.

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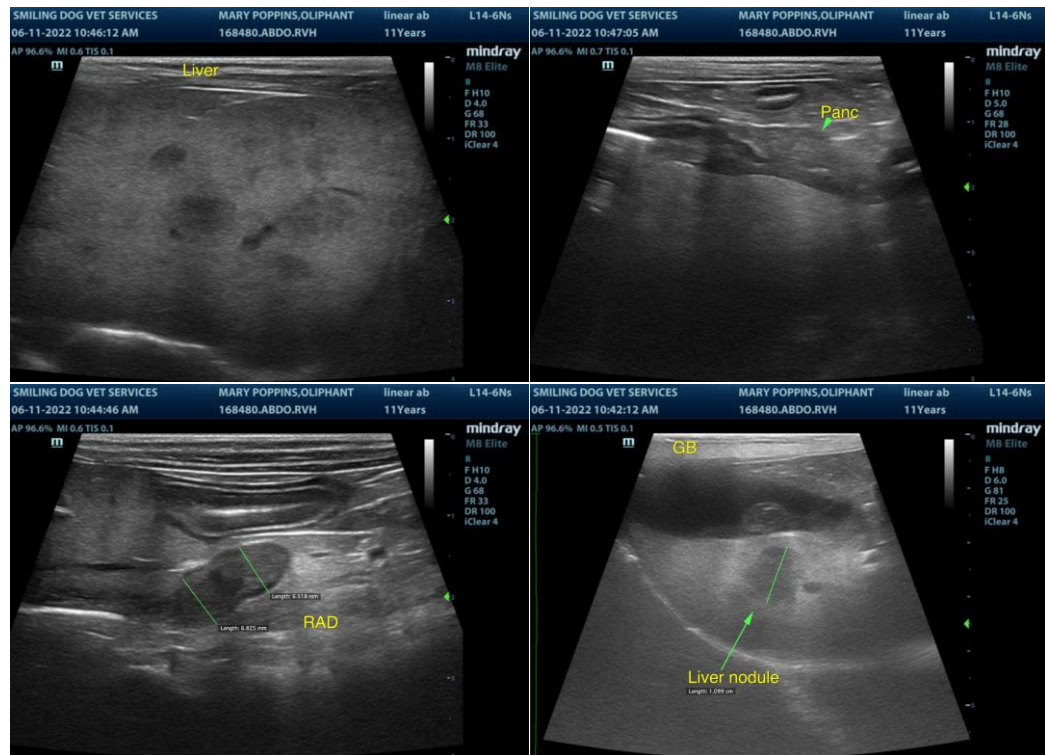
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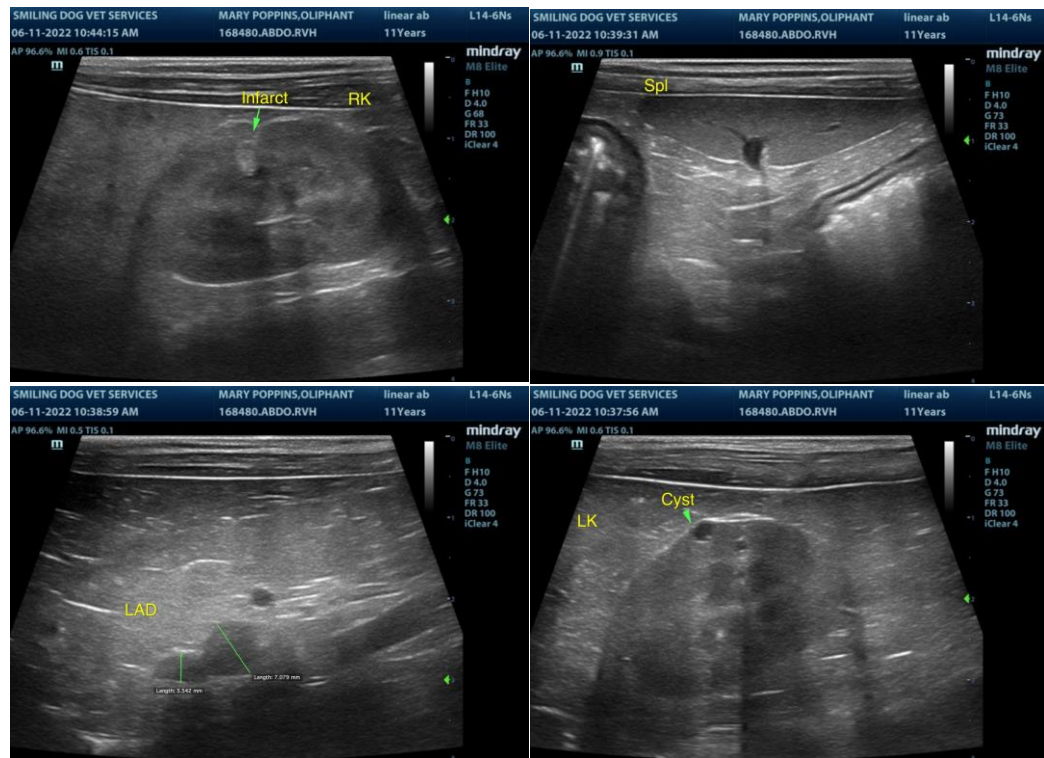
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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