



PATIENT

Teddy Rodriguez

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

14 years

WEIGHT

11.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

Dr. Clawson

INVOICE

17108

DATE

6/20/23

PRESENTING CLINICAL SIGNS

Organomegaly at cranial abdomen, we suspect it is Teddy's liver. Was seen 5 days ago by WilVet's Er team for : over the last week teddy has had decreased eating, today teddy was laying down and suddenly started shaking and taking deep breaths. o noticed that teddy was lethargic all day but seems a little better now. Still not eating well Labwork from April 2023 showed elevated liver enzymes and Anemia

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings From 06/19/23: Acth Stim WNL TP=8.5, Globulin =4.3 AST=68 ALT=538 Alk Phos=1213 Mg=2.6 Amylase =1550 PrecisionPSL=219 Hgb=9.0 Hct=28% RBC=3.7 nRBC=2 Platelets =534 T4=0.7 U/A shows Protein=2+, Occult Blood 1+, RBC=4-10 but it may be contamination due to cystocentesis Current Medications 1/2 capsule 100 mg every 8-12 hours as needed for pain. 1/2 ml Entyce 30mg/ml when needed to stimulate appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was free of pathology.

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 was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length. Pinpoint to focal areas of medullary mineralization were noted. Intermittent small cortical cysts were present in both kidneys.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of adrenal neoplastic criteria. Suspect mild bilateral adrenal adenomatous change. The left adrenal gland measured 1.6 cm length x 0.41 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.58 cm width at the caudal pole.



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Spleen

A solitary, mildly irregular, nonhomogeneous, cystic to cavitated splenic mass was present measuring ~5.0 cm in diameter. The remainder of the spleen was sonographically unremarkable.

Liver/ Gallbladder

The liver presented 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. Mixed homogeneous hepatic parenchyma with lobar nonhomogeneous parenchyma was noted in the mid-liver. The area of nonhomogeneous parenchyma measured ~7.0-8.0 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 containing anechoic content with moderate, nondependent, mildly inspissated yet nonorganized, hyperechoic gallbladder sediment. No evidence of inflammatory criteria was noted.

Gastrointestinal

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 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

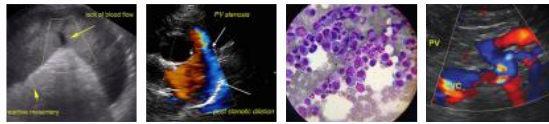
Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous cystic to cavitated splenic mass
- hepatomegaly with lobar nonhomogeneous parenchyma
- Gallbladder debris - not consistent with mature mucocele criteria
- Chronic renal changes with pinpoint to focal medullary mineral
- Sonographically unremarkable gastrointestinal tract



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- Mild pancreatic remodeling

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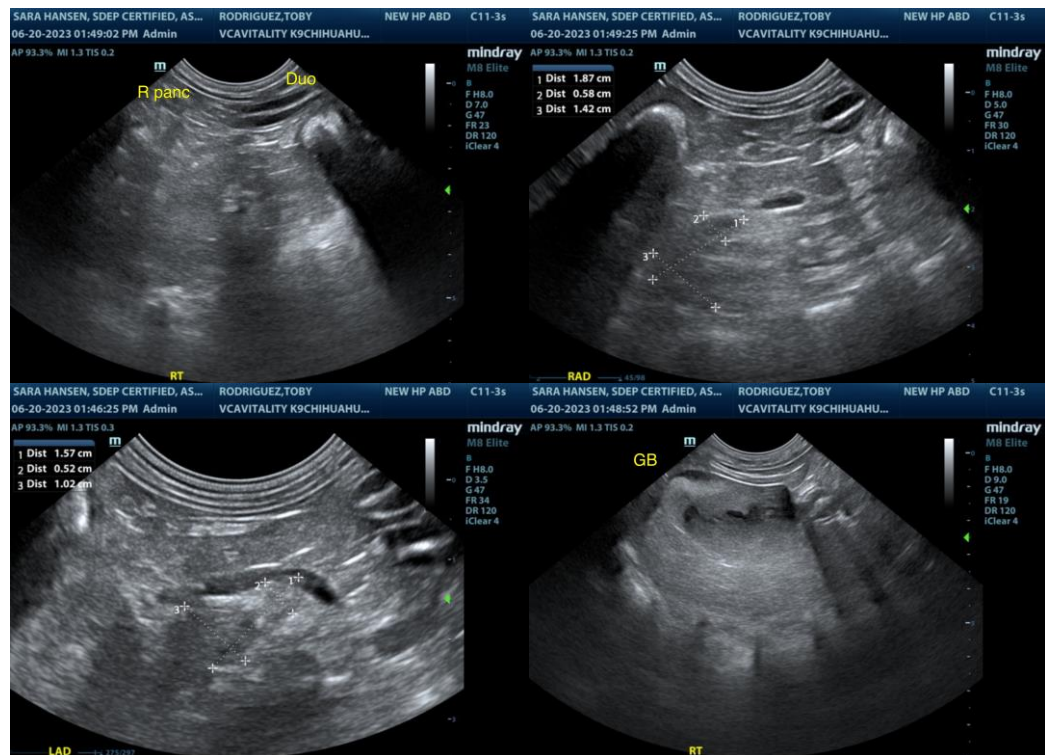
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

Vacuolar hepatopathy, inflammatory disease, i.e., cholangiohepatitis, cholestasis, hyperplasia, hematopoiesis, lobar fibrosis, and neoplasia are all potentials for the liver. Assuming normal clotting status, hepatic parenchyma and lobar nonhomogeneous parenchyma FNA cytology, using a 25-gauge needle, could be considered for further clarification.

Assuming no evidence of pathology on three view chest radiographs, or evidence of hepatic neoplastic criteria, splenectomy with hepatic biopsies, if normal clotting status, could be a consideration. No sonographic evidence of active pancreatitis, although chronic pancreatitis may be suspected if evidence of cranial abdominal / subxiphoid discomfort on palpation. Empirically, as-needed gastrointestinal support and hepatosupportive medications may be considered.





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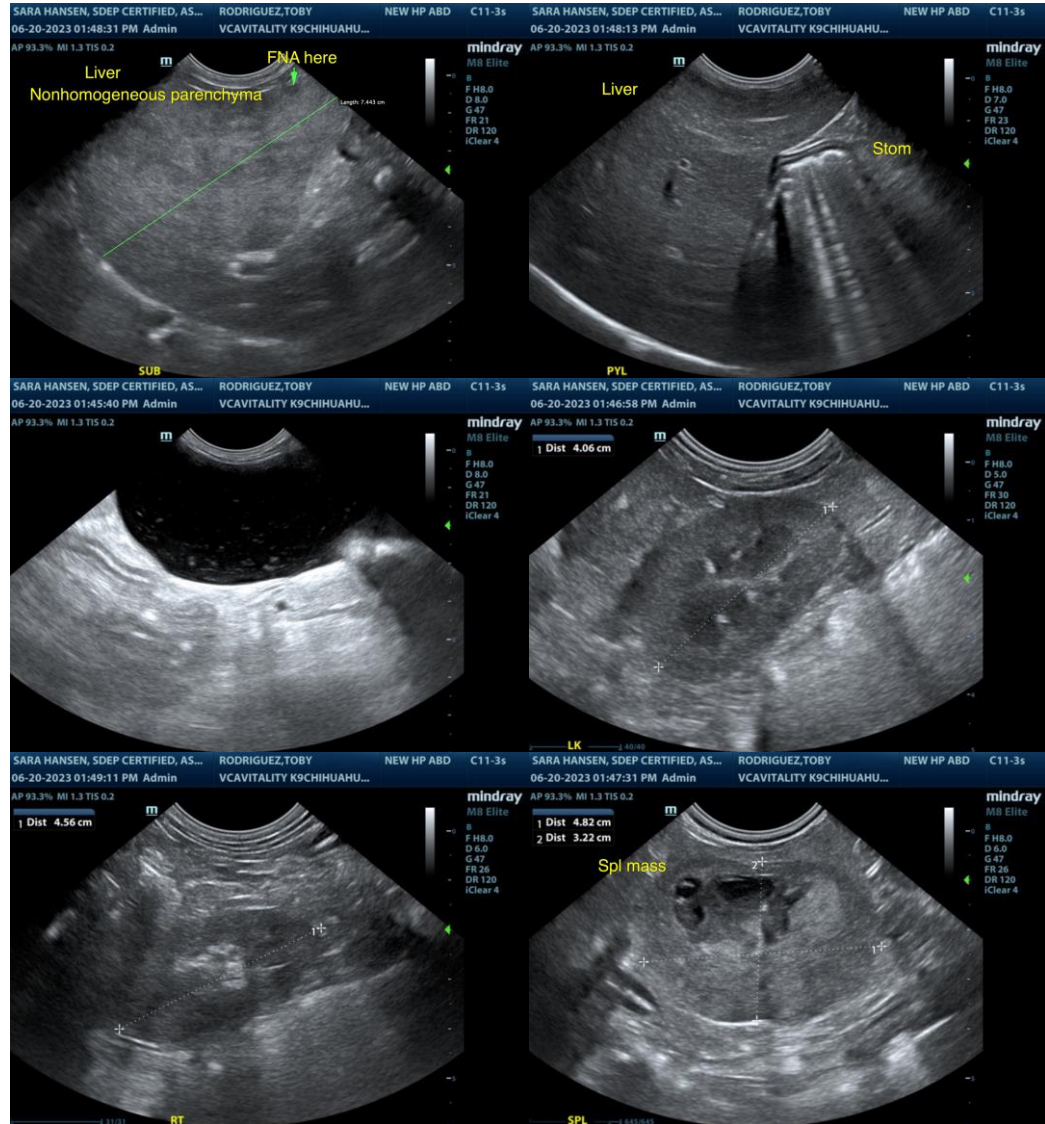
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com