



PATIENT

Pete Huckell

SPECIES

Canine

BREED

Chihuahua X

SEX

Male Neuter

AGE

13

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Aspen AC

REFERRING VET

Dr. Sekhan

INVOICE

14049

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Abdominal discomfort enlarged liver on Ab x rays. On fluids B12 and cerenia last 48 hrs being better
Abnormal PE/Chem/CBC/JA Results: Liver enzymes normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non distended with mild mineral present in the dependent urinary bladder lumen. Nonobstructive minor areas of mineral were noted in the urinary bladder neck and proximal urethral lumen. The urethra was normal in structure and tone to a depth of 2.0 cm.

No overt pathology was noted in the area of the residual prostate.

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 kidneys exhibited mild nonuniform cortex echogenicity with pinpoint hyperechoic cortical foci, which, although nonspecific, may suggest pinpoint areas of cortical fibrosis, microinfarction, or mineralization. Mild loss of corticomedullary symmetry and definition expected for the age of the patient was present. Focal areas of nonobstructive medullary mineral to small renoliths were present. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.34 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.49 cm width at the cranial 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 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. 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 with sonographically unremarkable gallbladder walls and without evidence of inflammatory criteria. Moderate congealed yet nonorganized hyperechoic debris occupying the majority of the gallbladder lumen was present. Focal areas of hypoechoic content were noted between the nondependent luminal debris and inner-luminal walls, suggestive of areas of



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concurrent mucus. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta likely consistent with recent meal ingestion without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

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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.

SEX

Male Neuter

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

WEIGHT

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

- Mild benign hepatomegaly
- Moderate congealed yet nonorganized gallbladder debris and suspected focal areas of mucus - possible emerging gallbladder mucocele
- Bilateral chronic renal changes exhibiting nonuniform to pinpoint hyperechoic cortex and nonobstructive medullary mineral / small renolithiasis
- Mild nonobstructive urinary bladder and proximal urethral luminal mineral
- Minor pancreatic remodeling - likely age-related pancreatic changes and incidental, potential for remodeling or minor fibrosis owing to previous inflammation or low-grade to chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr. Sekhan

Potential for low-grade to chronic pancreatitis may be considered if abdominal discomfort is in the area of the subxiphoid / cranial abdomen. Correlation with a Spec cPL could be considered.

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Urine culture and sensitivity is recommended on a sterile urine sample. Potentially this patient may be passing small amounts of mineral from the kidneys into the urinary bladder.

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Although no current hepatic enzyme elevations, continued monitoring for evidence of increasing hepatic enzymes and / or cholestasis, given the potential for emerging gallbladder mucocele, is suggested. Empirical or prophylactic Ursodiol therapy may prove beneficial.



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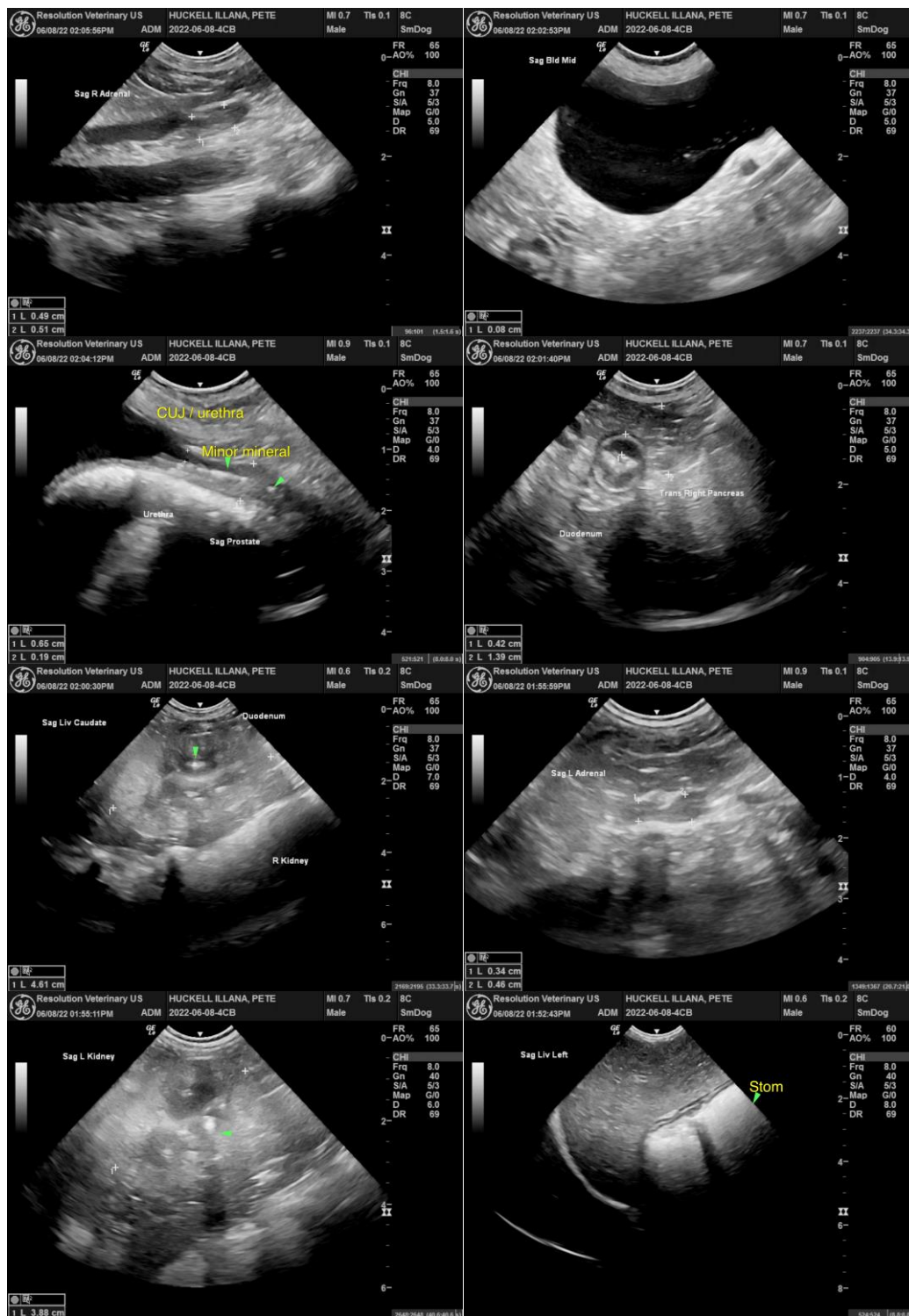
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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