



PATIENT	PRESENTING CLINICAL SIGNS
Ivan Dibeler	Presented to ER for GI signs- vomiting, decreased appetite, diarrhea. Mild discomfort cranial abdominal palpation. Pet does have a history of a splenic mass (present for almost 2 years, has increased in size)
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Chronically elevated alt and alkp (mild) but today alt is now 750, alkp 1500, ggt and t.bili normal.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Chinese Crested Chihuahua	Urinary System
SEX	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 changes were noted.
Neutered Male	
AGE	The residual prostate was free of overt pathology.
14 Years	The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted with lateral cortical cyst containing primarily anechoic fluid. The cortical cyst measured 0.75 cm in diameter. The left kidney measured 4.9 cm.
13.8	
INTERPRETED BY	The right kidney was indistinctly visualized, exhibiting subjective similar appearance to the left kidney.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm at the cranial pole and 0.58 cm at the caudal pole.
Lindsay Powell	The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
Hershey AEC	The spleen was overall normal in size with a mildly expansive, non-homogeneous, small caudal splenic mass measuring 2.2 cm in diameter. The small splenic mass resulted in subtle distortion of the adjacent splenic capsule without evidence of parenchymal escape or rupture.
REFERRING VET	Liver
Dr. Meghan Myers	The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. No visualized hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing primarily anechoic contents. Mild non-organized echogenic gallbladder sediment noted. No evidence of gallbladder or peripheral gallbladder inflammation.
INVOICE	
43870	
DATE	
7/15/23	



PATIENT

Gastrointestinal

Ivan Dibeler

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild luminal gas present.

SPECIES

Canine

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. Mild segmental non-specific mucosal speckling noted.

BREED

Chinese Crested
Chihuahua

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

SEX

Neutered Male

Pancreas

Regional mid to distal left pancreatic limb exhibited subtle prominent size with capsular asymmetry and mild hypoechoic to heterogeneous regional pancreatic parenchyma compared to adjacent non-reactive peripancreatic omentum.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

- Small, mildly expansive, nonhomogeneous splenic mass
- Mild enlarged, non-homogeneous liver - vacuolar hepatopathy, inflammatory hepatopathy, cholestasis, infiltrative neoplasia (less likely), or other hepatopathy
- Gallbladder sediment (non-mucocele)
- Suspect regional chronic / chronic active pancreatitis left pancreatic limb
- Mild inflammatory gastroenteropathy pattern with mild intestinal mucosal speckling - nonspecific gastroenteritis, possible inflammatory bowel
- Left kidney mild chronic changes with cortical cysts

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Meghan Myers

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued serial monitoring of the small splenic mass for evidence of progression is recommended. A GI panel to include PLI / TLI/ B12 / Folate and fresh fecal analysis warranted. FNA cytology of the liver, assuming normal clotting status, could be considered for further assessment. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be considered if GI signs continue despite empirical therapy.

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SPECIES

Canine

BREED

Chinese Crested
Chihuahua

SEX

Neutered Male

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WEIGHT

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REFERRING VET

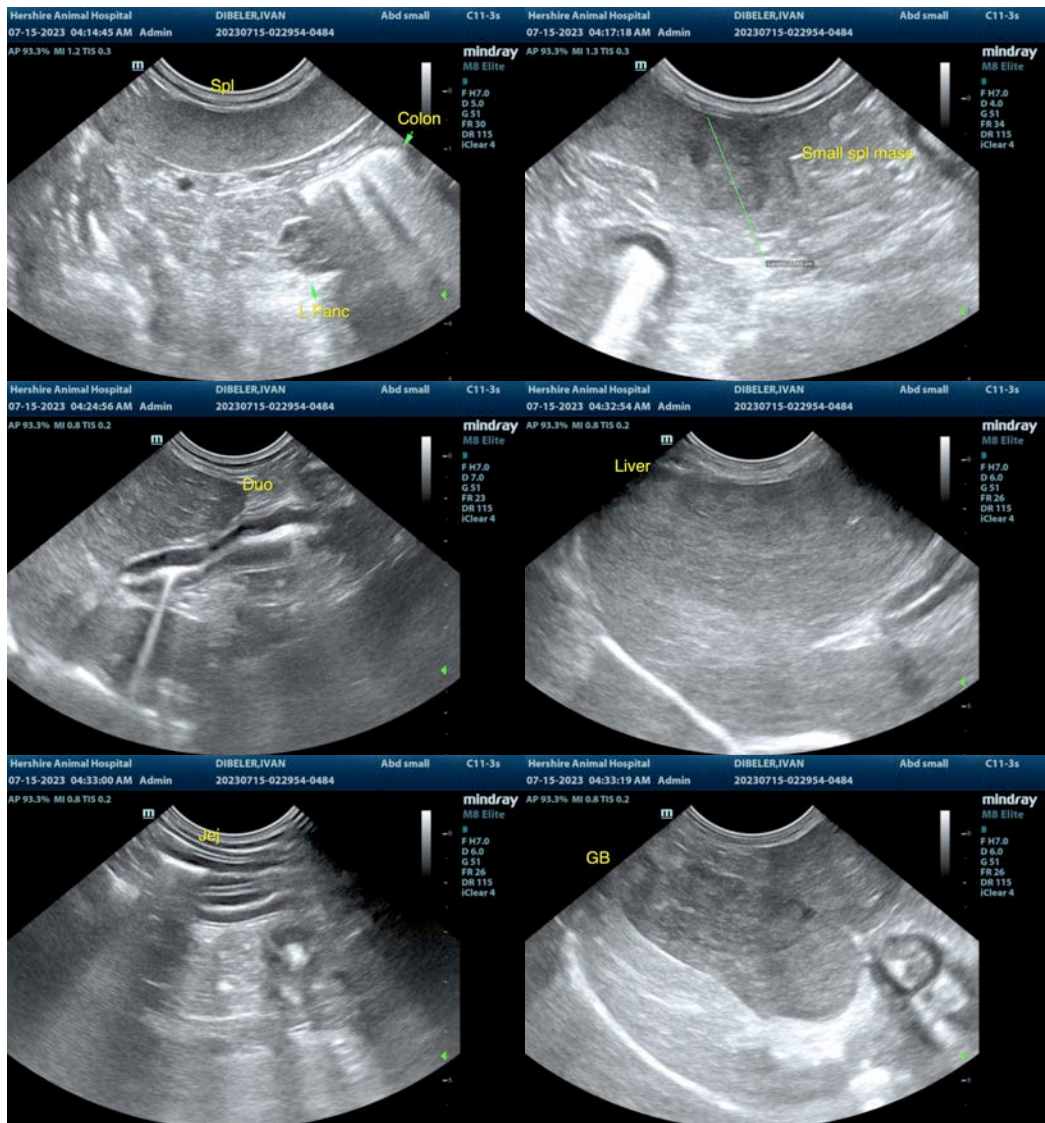
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Canine

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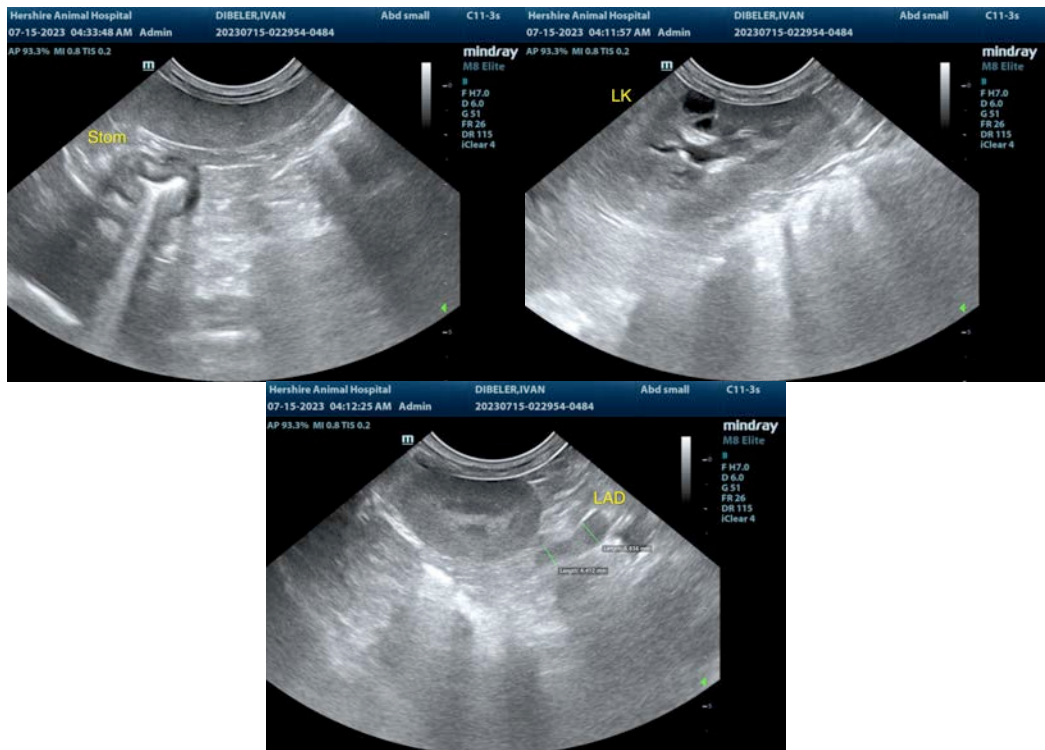
Dr. Meghan Myers

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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