



PATIENT

Gigi Hyson

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spay

AGE

11

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

ALpine 24-7 VC

REFERRING VET

Dr. Tathina

INVOICE

16572

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Lethargic poor appetite. Dental performed 2 weeks ago with multiple extractions . Shaking and unsettled

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 was noted.

No overt pathology was present in the area of the uterine remnant or iliac trifurcation.

The kidneys were normal in size and contour with 1:3 cortex to medulla ratio with mild uniform increased parenchyma echogenicity at the level of the corticomedullary junction. Adequate corticomedullary border demarcation was present. No pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 2.8 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 0.56 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 0.41 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The spleen was normal in size an overall contour. Mild generalized splenic parenchymal heterogeneity with intermittent nondisruptive mildly hypoechoic nodules. An example of splenic nodule measured 0.64 cm.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.38 cm.

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. The jejunum wall measured 0.26 cm.



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

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Pancreas

SPECIES

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

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

- Nonspecific splenic nodules- multiple etiologies are possible, including areas of lymphoid hyperplasia, hematopoiesis, small hematomas, focal splenitis. While the potential for emerging neoplastic nodules considered a less likely differential diagnosis yet cannot be definitively excluded.

Female Spay

AGE

- Mild heterogeneous pancreas- likely age/patient variant, minor remodeling, if clinical history of past pancreatitis. Potential for low grade to chronic pancreatitis cannot be excluded.

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WEIGHT

- Possible mild gastritis
- Mild gallbladder debris (non-mucocele)

2 kg

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the splenic nodule, using a 25-gauge needle, could be considered for screening cytology. Sonographic monitoring of the splenic nodules for evidence of progression or persistence, would be a more conservative approach. Potential for low grade to chronic pancreatitis may be suspected of evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a Spec CPL could be considered.

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If not done, recheck thorough oral exam is suggested. As needed GI support and empirical conservative therapy for potential pancreatitis would be reasonable.

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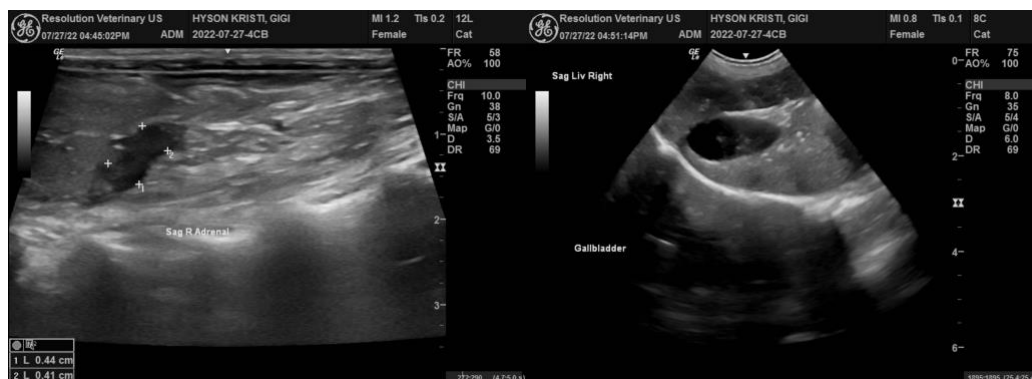
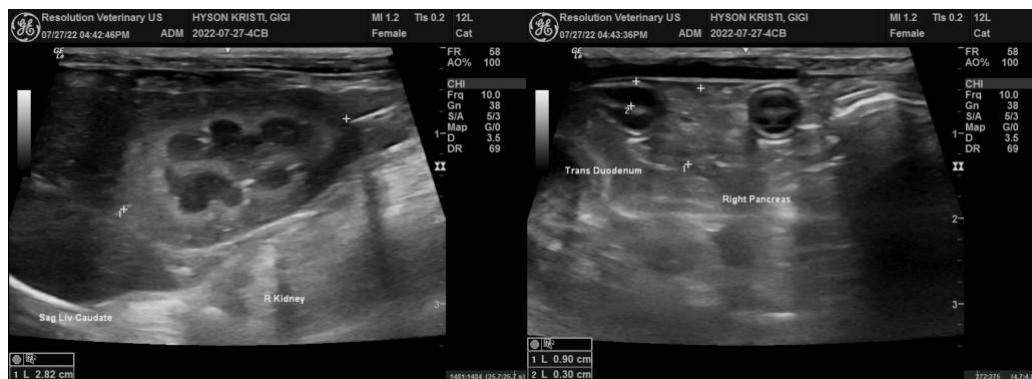
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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