**PATIENT**

Pita Waterman

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years

WEIGHT

16.2

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

24899

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Yelping in pain-seems to be abdominal, inappetence, lethargic.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem17/lytes: unremarkable cPL - Normal Abdominal radiographs: Lack of detail in the cranial abdomen. Enlarged liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 5.4 cm. The left kidney measured 5.2 cm. Pinpoint areas of dystrophic medullary mineral present in both kidneys. No evidence of pyelectasia.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.51 cm at the caudal pole.

The right adrenal gland was mildly prominent in size. The right adrenal gland measured 1.7 cm length x 0.79 cm at the caudal pole.

No evidence of adrenal tumors.

Spleen

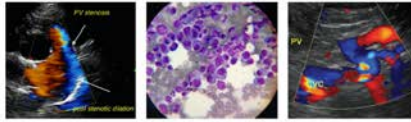
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present, primarily in the medial splenic parenchyma adjacent to the hilus. Concurrent, intermittent, non-expansive hypoechoic parenchymal nodules were present in the spleen. Example of hypoechoic nodule measured 0.36 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.51 cm. Subtle reactive perigastric mesentery was present.

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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. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.37 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or effusion.

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ULTRASONOGRAPHIC FINDINGS

- Variably echogenic splenic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, myelolipomas, small hematoma, infection, infarction, or less likely neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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Potential for low-grade or chronic pancreatitis is unlikely given the unremarkable cPL, yet may present sonographically normal and cannot be definitively excluded. Otherwise, an overt cause of intraabdominal pain was not definitively evident. Gastroprotectant protocol +/- bland limited antigen or hydrolyzed diet may be considered. Assessment for evidence of referred abdominal pain such as musculoskeletal pain is suggested if not done.

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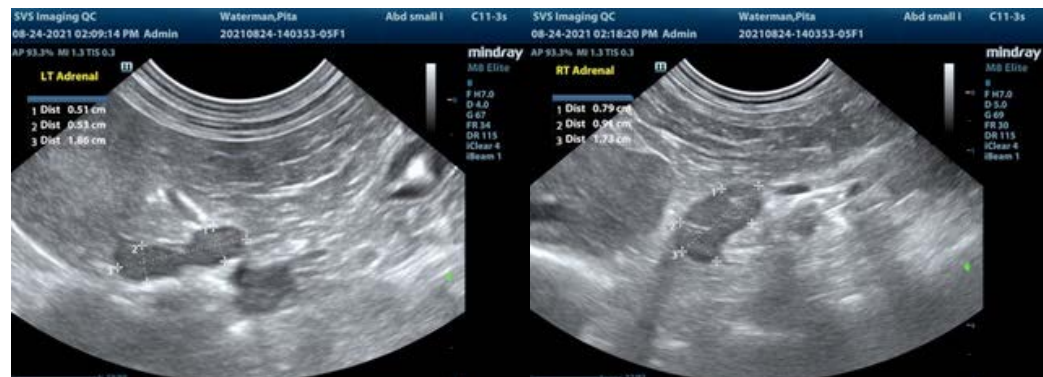
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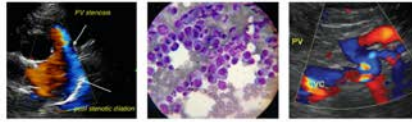
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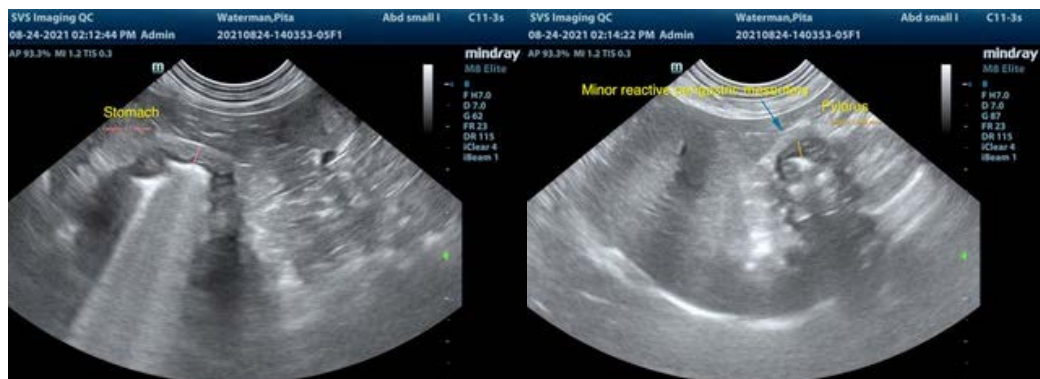
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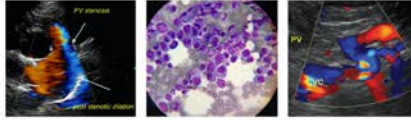
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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Chihuahua

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