



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Loforte Anorexia, vomiting Metronidazole

CBC- Platelet 871, Chemistry Panel- Amylase 1558, BUN 83, Creatinine 1.8, Albumin 2.5, Na:K 34

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Chihuahua Mix

The urinary bladder, trigone, and cystourethral junction 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.

SEX

The area of the aortic trifurcation was free of pathology.

FS

AGE

2006

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A small left kidney cortical cyst was present. No evidence of pelvic dilation was present. The left kidney measured 2.6 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT

5.7

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized subjectively measuring 0.3 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was overall normal in size with mild areas of medial capsule asymmetry. Generalized mild splenic parenchyma heterogeneity was present with a solitary non-expansive centrally echogenic to peripherally hypoechoic mid splenic nodule measuring 0.57 cm in diameter. No splenic masses were noted.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent nondisruptive uniform mildly hyperechoic intraparenchymal nodules. An example measured 1.4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

Gastrointestinal

INVOICE

14544

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. The gastric body wall width measured 0.52 cm.

DATE

8/9/22



PATIENT

Gizmo Loforte

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with intermittent duodenojejunal mucosa speckling. The small intestinal wall width measured 0.3 cm.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

SPECIES

Canine

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.

BREED

Chihuahua Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern, potential for Inflammatory bowel
- Hepatic parenchymal remodeling with intermittent subjectively benign intraparenchymal nodules - nodules suggestive of lipogranulomas or nodular hyperplasia, no overt evidence of hepatic neoplastic criteria
- Nonspecific splenic nodule - multiple etiologies possible including atypical myelolipoma, focal hyperplasia, hematopoiesis, splenitis, small hematoma, or similar, splenic nodule neoplastic criteria considered a less likely differential diagnosis yet cannot be definitively excluded
- Moderate chronic renal changes with left kidney cortical cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

IMAGING

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 Rebekah Jakum, CVT
 ARDMS/RVT

Sonographic monitoring of the splenic nodule for evidence of progression +/- ultrasound-guided FNA using a 25-gauge needle for screening cytology could be considered.

HOSPITAL NAME

White Haven VH

Hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming even if fecal testing is negative, and as-needed gastrointestinal support with an assessment of clinical response would be reasonable. If evidence of weight loss or persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addison's Disease, are recommended.

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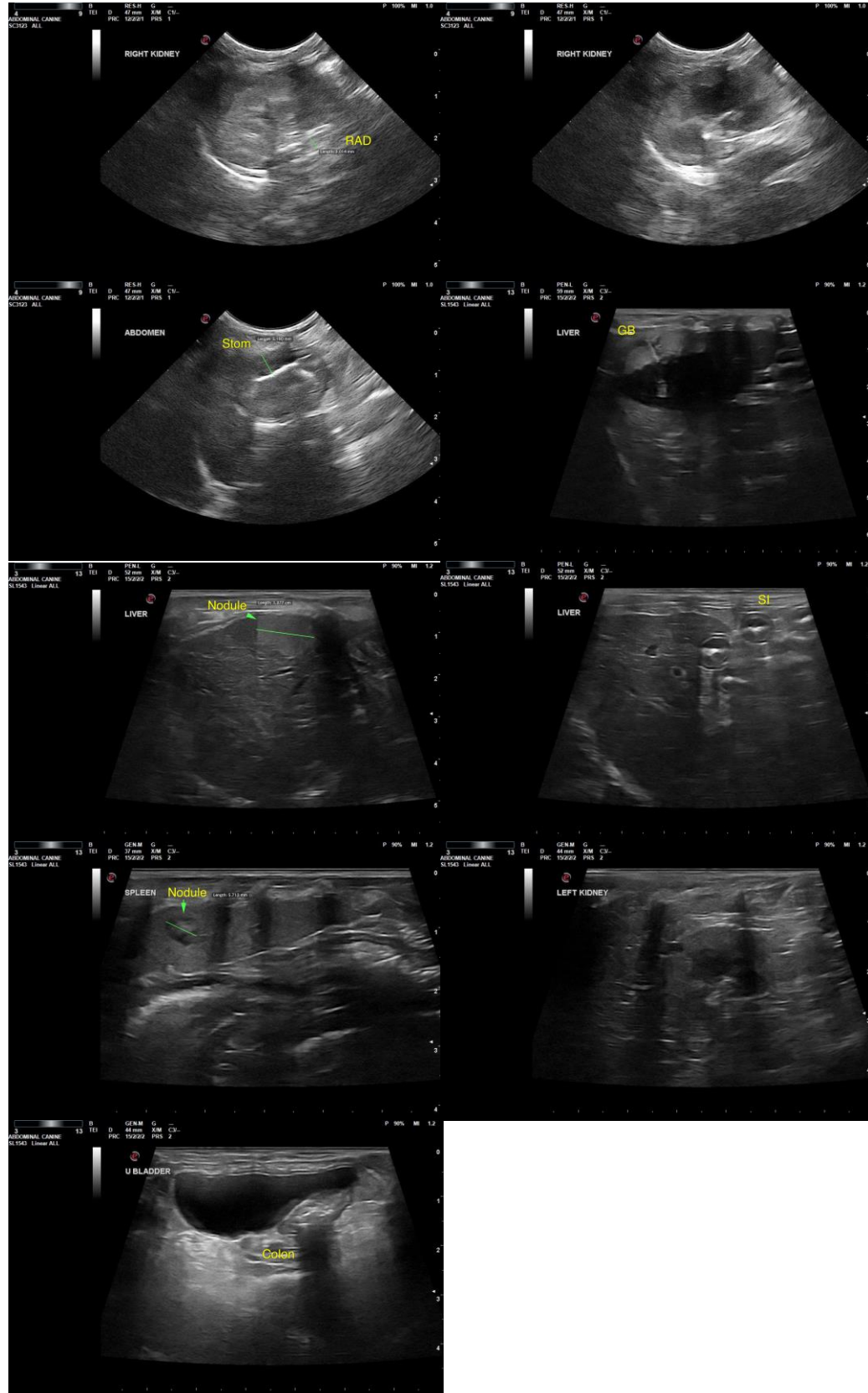
Dr. Dengler

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SPECIES

Canine

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.

BREED

Chihuahua Mix

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.

SEX

FS

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