



PATIENT	PRESENTING CLINICAL SIGNS
Gizmo Rose	Vomiting, weight loss. Abdomen tense. Yellow staining on hair of forelegs and around prepuce.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Very elevated liver enzymes (ALT 4295, AST 595, ALP 6160), bili 6.6 (conjugated 4.3, unconjugated 2.3). CBC unremarkable.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Chihuahua	The urinary bladder, trigone, and cystourethral junctioncm 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	
MN	The residual prostate and area of the aortic trifurcation were free of pathology.
AGE	
8 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.6 cm in length. The right kidney measured 3.6 cm in length.
WEIGHT	
10.4 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.51 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Cottage Grove VC	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Intermittent, non-expansive, hypoechoic parenchymal nodules were present, an example measuring 1.0 cm in diameter. The capsule of the liver was symmetrical 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.
REFERRING VET	
Dr. Damewood	
INVOICE	
12300	
DATE	
9/24/21	



PATIENT

Gastrointestinal

Gizmo Rose

The stomach exhibited moderate distention secondary to retained anechoic to echogenic fluid and chyme. The gastric body wall measured 0.41 cm. The visualized gastric walls were sonographically unremarkable. No evidence of mechanical pyloric outflow obstruction or gastric foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with subjective propensity for mild generalized prominent mucosa. Segmental small intestinal chyme was present. No evidence of mechanical obstruction in the small intestine. The duodenum wall width measured 0.42 cm. The jejunum wall width measured 0.32 cm.

BREED

Chihuahua

Normal visible colon wall layers were present with generalized semi-formed to soft feces in lumen.

SEX

MN

Pancreas

The pancreas base to right pancreatic limb exhibited mild prominent size with asymmetrical contour and nodular to pinpoint mineralized parenchyma.

AGE

8 years

Free Abdomen

Multiple, midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.6 cm width. Intermittent small pockets of scant peritoneal free fluid were present. Regional peripancreatic reactive mesentery was present.

WEIGHT

10.4 lbs.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with generalized echogenic to intermittent hypoechoic nodular parenchyma - vacuolar hepatitis, nonspecific hepatitis / cholangiohepatitis (immune-mediated, Infectious, or other), areas of nodular to regenerative hyperplasia or hematopoiesis, or potential neoplasia possible
- Nodular to pinpoint mineralized pancreas base and right pancreatic limb - nonspecific, potentially owing to chronic pancreatitis with dystrophic mineralization, potential for pancreatic neoplasia cannot be excluded
- Hypomotile stomach
- Enterocolonopathy - potential IBD
- Associated mesenteric lymphadenopathy - lymphoid hyperplasia or reactive lymphadenitis probable, minor potential for emerging neoplastic lymphadenopathy although less likely

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

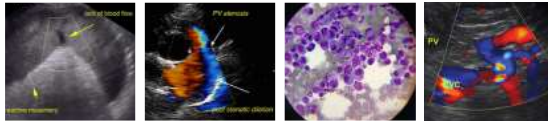
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SPECIES

Canine

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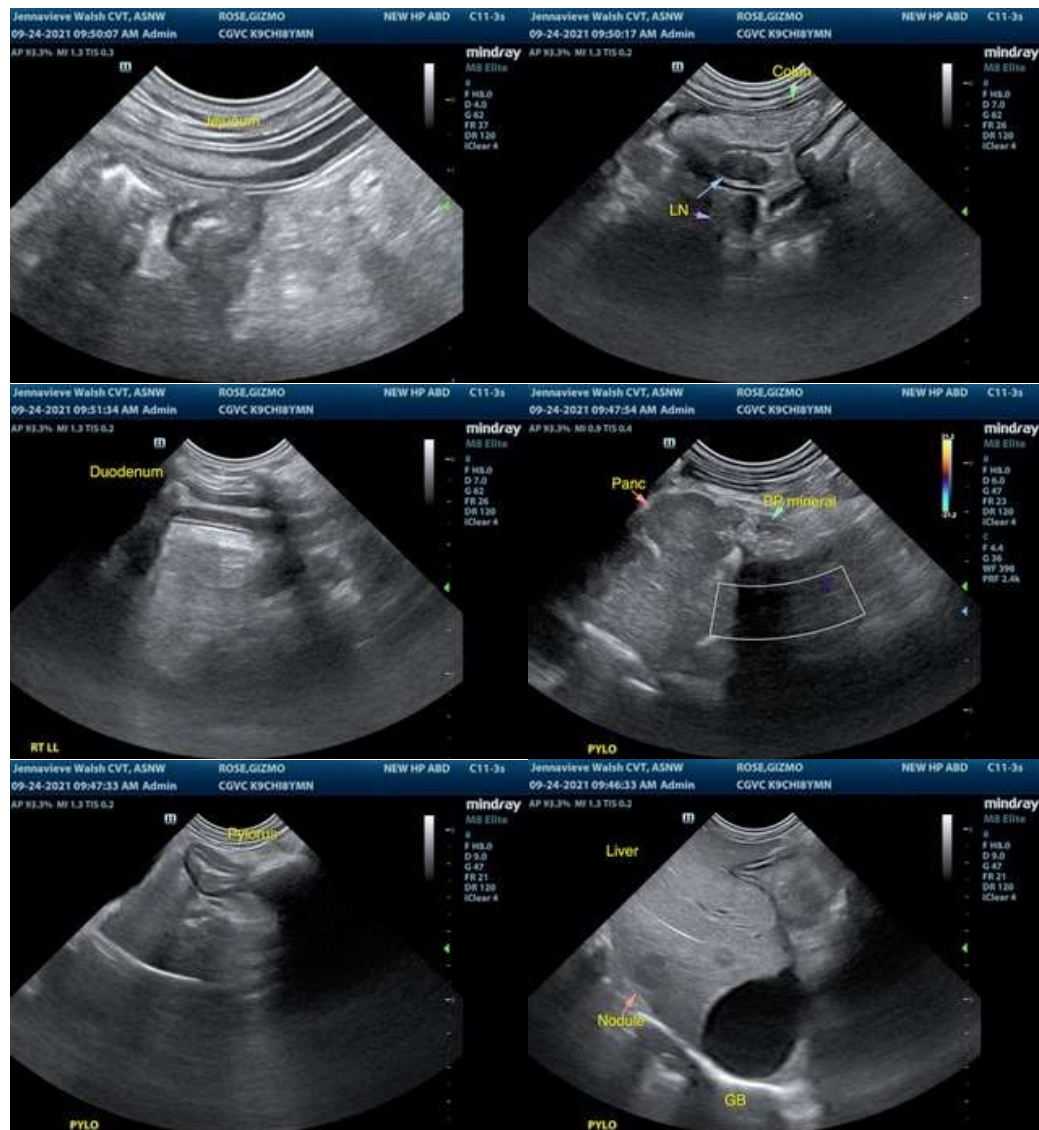
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to assess for parasitic ova / Giardia ls recommended. Assuming normal clotting status, ultrasound guided pancreatic and hepatic parenchymal / nodular FNA are warranted for screening cytology and further clarification.

Empirically, cholangiohepatitis / conservative IBD protocol would be appropriate. Recheck sonogram to assess for progressive inflammatory hepatic, pancreatic, and gastrointestinal changes is suggested pending clinical response to therapy.





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Gizmo Rose

SPECIES

Canine

BREED

Chihuahua

SEX

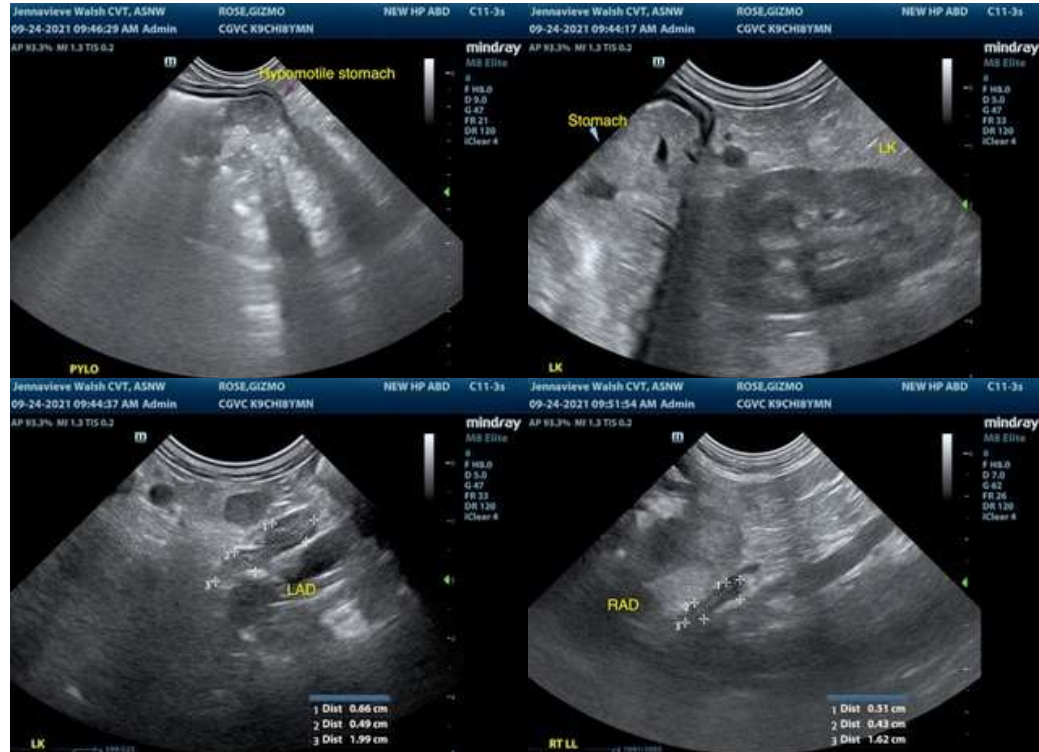
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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