



PATIENT

Mojito Evans

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.58 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

25833

DATE

9/28/21

PRESENTING CLINICAL SIGNS

New onset left sided heart murmur (grade III/VI. LAE on rads. Acute onset renal failure. Normal renal values on 8/6/21. Intrahepatic cholelithiasis on rads. Current meds: Latanoprost, thyroxone 0.1 BID, cerenia, famotine, IVF

Abnormal PE/Chem/CBC/UA Results: 8/6/21: ALPK 428, all else normal 9/26/21: BUN 88, CR 3.3, phos 8.9, ALPK 333 9/28/21: (after IVF x 36hr) HCT 34.4, BUN 109, CR 2.8, phos 10.4, ALT 154, ALPK 275

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent urinary bladder mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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. Dystrophic medullary mineralization and multiple cortical cyst present in both kidneys. The left kidney measured 4.4 cm. The right kidney measured 5.1 cm. A small cortical cyst was present in the right kidney. A moderately sized to expansive, thinly walled cranial right kidney cyst measuring 3.0 cm diameter and containing anechoic fluid was present.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.63 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.64 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, variably sized echogenic nodules were present throughout the cranial to caudal parenchyma. Example of nodule measured 1.0 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 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. A solitary, non-specific, mixed echogenic parenchymal nodule was present in the right liver, measuring 1.9 cm in diameter. Mild lobar biliary tree mineral was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary



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sludge was non organized with a hypochoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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

Pancreas

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

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

WEIGHT

11.58 Pounds

- Bilateral moderate chronic renal changes with variably sized cortical cyst and medullary mineralization – acute on chronic renal failure suspected.
- Mild urinary bladder mineral
- Chronic hepatopathy with focal non-specific nodule and biliary tree mineralization
- Partial gallbladder mucocele

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SECONDARY FINDINGS

- Benign splenic nodules – consistent with probable myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This patient is suspected to be passing mild amounts of mineral from the kidneys to the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Current hospitalization with appropriate diuresis protocol and assessment of renal response is recommended. Screening blood pressure recommended.

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The focal hepatic nodule is suggestive of lipogranuloma, nodular/regenerative hyperplasia, and not overtly consistent with neoplastic criteria, which is considered a less likely differential diagnosis. If renal parameters can be stabilized, hepatosupportive medications including Ursodiol with monitoring for evidence of increasing cholestasis or cranial abdominal/subxiphoid discomfort on palpation suggested.

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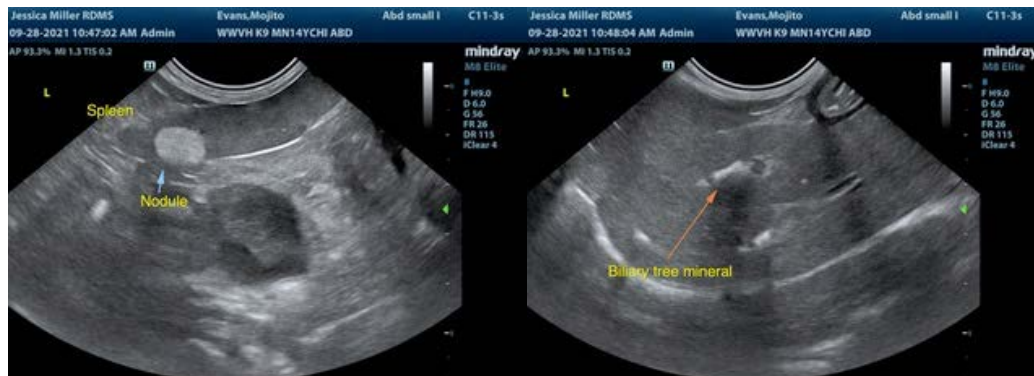
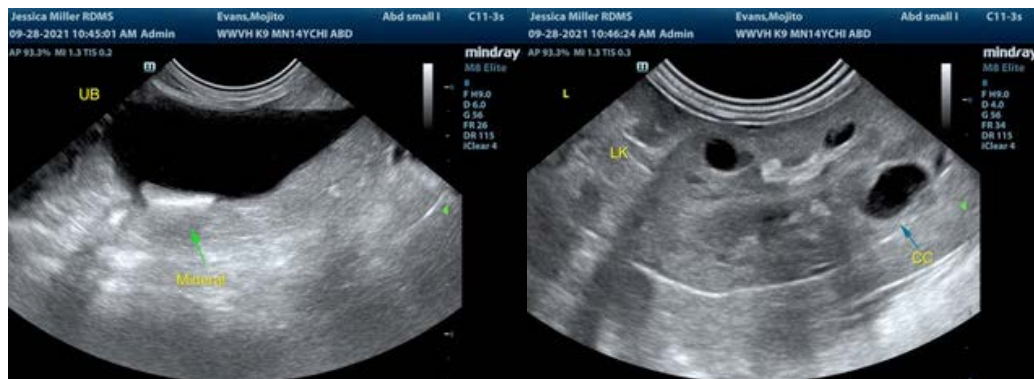
Dr. Hartwick

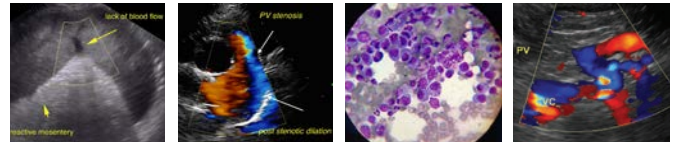
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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