



PATIENT

Harper Robel

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

12 years

WEIGHT

3.63kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield

HOSPITAL NAME

Emergency Veterinary
Hospital

REFERRING VET

Patti Mayfield

INVOICE

11528ag

DATE

09/06/2022

PRESENTING CLINICAL SIGNS

Harper presents to EVH again today for re-evaluation based upon lack of response to therapy. Pertinent History: Monday: reported poor appetite. rDVM Thursday: diagnosed with pancreatitis based on unknown blood test. Full blood work had been performed ~ 2 weeks prior, and was reportedly normal. Rads reportedly showed fluid in chest. started on anti-nausea med, diuretic (furosemide 6.15 mg PO q 12 hr, still receiving). No improvement noted. Friday: recheck with rDVM. started on cerenia 8 mg PO q 24 hr. last given Sunday night. Progressively lethargic since last visit. No vomiting/diarrhea noted. blood test performed on Aug 11: BW reportedly normal at that time. o reports that p had been slowing down recently. started on carprofen possibly a couple mos ago. 6.25 mg PO q 12-24. o stopped giving on Friday. One additional dose given on Sunday evening. Clients declined all diagnostics Sunday night (~ 12 hours ago); including repeat thoracic rads to evaluate potential pulmonary edema/pleural effusion, declined AUS and blood work and declined hospitalization. Patient was treated with Gabapentin 50 mg PO TID, Capromorelin 0.36 mL PO q 24 hours, Omeprazole 20 mg: 1/4 tab PO q 24 hours, and to continue Cerenia as previously prescribed. It was advised to discontinue the Carprofen. PPH: Patient was in Florida for 3 months last winter. He was coughing significantly and would have terminal gag. Didn't appear to be associated with excitement phase. He was started on ABX, and didn't really improve. Still occasionally coughs, but not profound. Current treatments: Discontinue Furosemide Discontinue Carprofen Continue Cerenia Dex SP 0.2 mg/kg IV, then Pred 2.5 mg PO BID Gabapentin 50 mg: 1 cap PO TID IVF

Abnormal PE/Chem/CBC/UA Results: PE: Quiet, dull, ~ 5% dehydrated. Mild and subtle tachypnea with occasional and intermittent dyspnea, however no crackles/wheezes appreciate. Mild to moderate tensing in the abdomen, but no splinting. No heart murmur appreciated. 3-VIEW THORACIC RADS: - Cardiac silhouette is normal, with VHS of 8.7. No obvious pleural effusion, nor pulmonary edema, however mild-moderate bronchointerstitial pattern in the R caudal and L middle lung fields. No obvious nodular lesions, nor patchy infiltrates that would indicate metastatic change or pneumonia, respectively. CBC: Normocytic, normochromic, non-regenerative anemia: HCT: 33.5% (37-61) RBC: 5.23 M/uL (5.65-8.87) HGB: 11.7 g/dL (13.1-20.5) RETIC: 21.9 pg (22.3-29.6) Leucocytosis, WBC: 40,950/uL (5050-16,760) Neutrophilia, PMN: 33,210/uL (2950-11,640) Lymphocytosis, 5150/uL (1050-5100) Monocytosis, 2420/uL (160-1120) Platelets normal at 149,000/uL (148,000-484,000) CHEM: BUN: 44 mg/dL (7-27)-- suspect pre-renal azotemia PHOS: 7.7 mg/dL (2.5-6.8) Hypokalemia, K: 3.0 mmol/L (3.5-5.8) Hypochloremia, 100 mmol/L (109-122) Hyperproteinemia, TP: 8.7 g/dL (5.2-8.2) GLOB: 6.0 g/dL (2.5-4.5) ALP: 628 U/L (23-212) T Bili: 1.1 mg/dL (0-0.9) CHOL: 335 mg/dL (110-320) UA: pending 4Dx: pending Slide agglutination: pending Splenic aspirates (US-guided FNA): pending

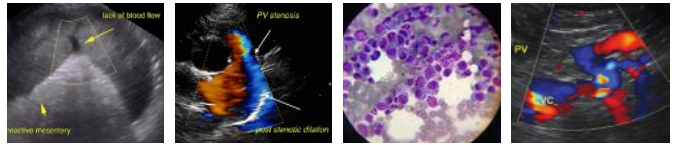
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate 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 was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.



PATIENT

No overt pathology in the area of the residual prostate.

Harper Robel

Adrenal Glands

SPECIES

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited a discrete non-disruptive non-homogeneous nodule in the mid to cranial adrenal gland measuring 0.85 x 0.72 cm. No evidence of vascular invasion.

Canine

BREED

The left adrenal gland measured 0.58 cm width in the cranial pole and 1.8 cm length. The right adrenal gland measured 0.40 cm width in the cranial pole and 1.2 cm length.

Chihuahua

Spleen

SEX

The spleen exhibited potential for mild enlargement with areas of minor capsule asymmetry and generalized mild parenchyma heterogeneity. Several to multiple hypoechoic non-disruptive nodules were present, an example measuring 0.67 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

MN

AGE

Liver

12 years

The liver was subjectively normal in size and contour. A solitary probable caudal mildly expansive non-homogeneous nodular mass lesion was present directly effacing the adjacent stomach. This mass lesion measured ~ 3.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

WEIGHT

3.63kg

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent hyperechoic debris. The cystic and common bile ducts were normal.

INTERPRETED BY

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.

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Pancreas

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The pancreas exhibited mild prominent size with areas of mild capsule asymmetry and non-homogeneous hypoechoic to focally hyperechoic parenchyma.

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Free Abdomen

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No overt lymphadenopathy was present.

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A small pocket of very scant free fluid was noted in the left lateral abdomen adjacent to the splenic tail.

ULTRASONOGRAPHIC FINDINGS

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Primary

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- Caudal liver non-homogeneous nodular mass lesion-hyperplasia, hematopoiesis, lipogranuloma, potential neoplasia possible
- Mild gallbladder debris (non-mucocele)

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- Non-homogeneous to discretely nodular spleen-hyperplasia, hematopoiesis, small hematomas, infection/splenitis, infarcts or emerging neoplasia
- Prominent to remodeled pancreas-age related variant, potential areas of fibrosis owing to previous inflammation or chronic pancreatitis possible
- Discrete left adrenal nodule-suspect adenoma
- Unremarkable gastrointestinal tract

SPECIES

Canine

Secondary

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Chihuahua

- Mild chronic renal changes
- Minor urinary bladder sediment-cellular debris/protein/crystalline debris or mucus

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

AGE

12 years

Correlation of the splenic presentation with pending splenic cytology is warranted. Assuming normal clotting status and using a 25g needle a caudal liver mass/lesion FNA is recommended for screening cytology if accessible. Sonographic of the liver, spleen and left adrenal nodule for evidence of progressive changes pending cytology is likely ideal.

WEIGHT

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A CBC pathology review could be considered pending additional diagnostics. Screening BP recommended to assess for evidence of hypertension.

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Empirically as needed GI support, potential hospitalization with correction of dehydration and electrolyte abnormalities and therapy for chronic pancreatitis would be reasonable.

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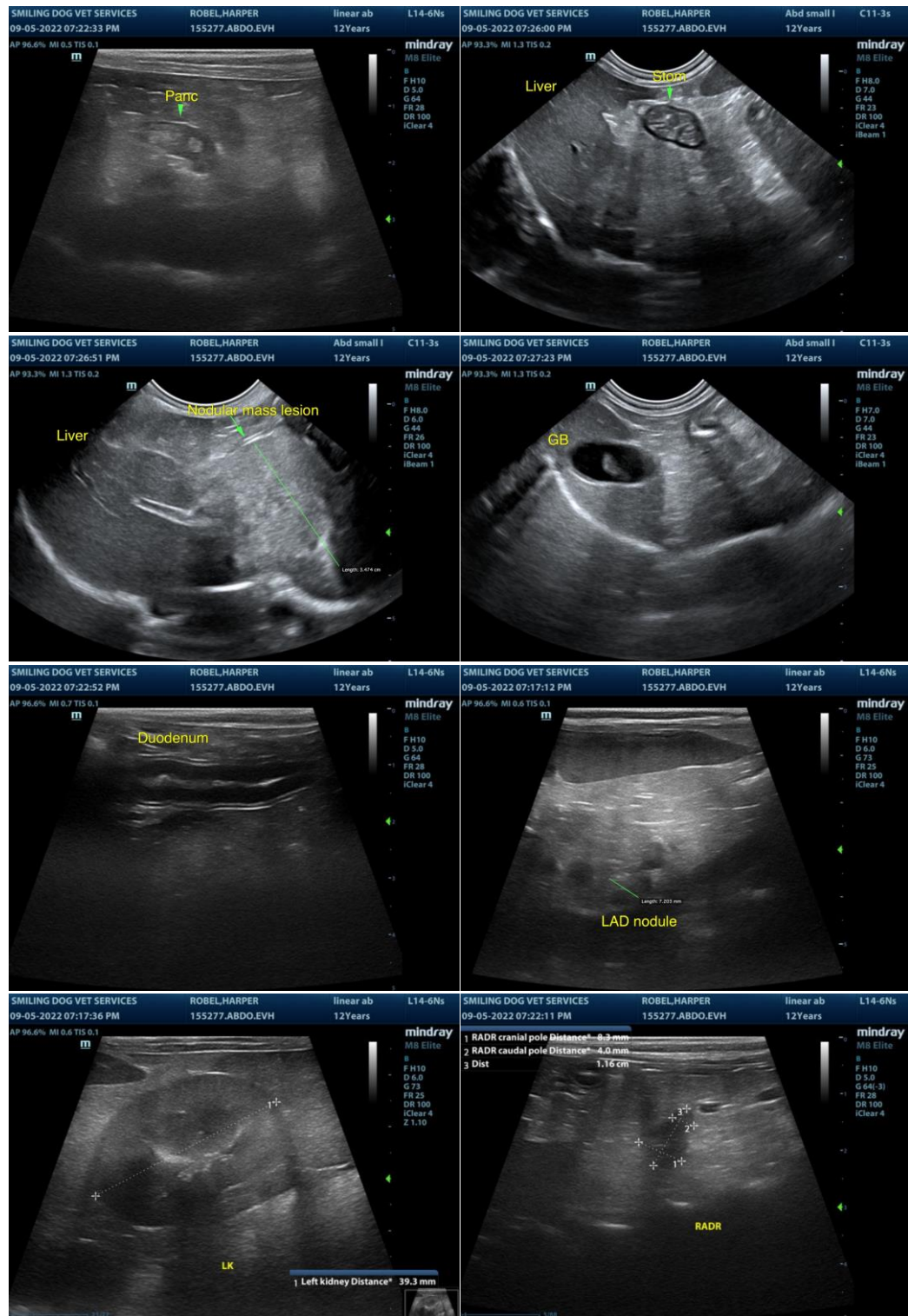
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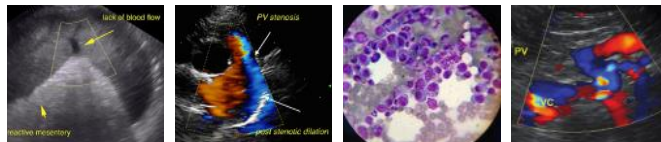
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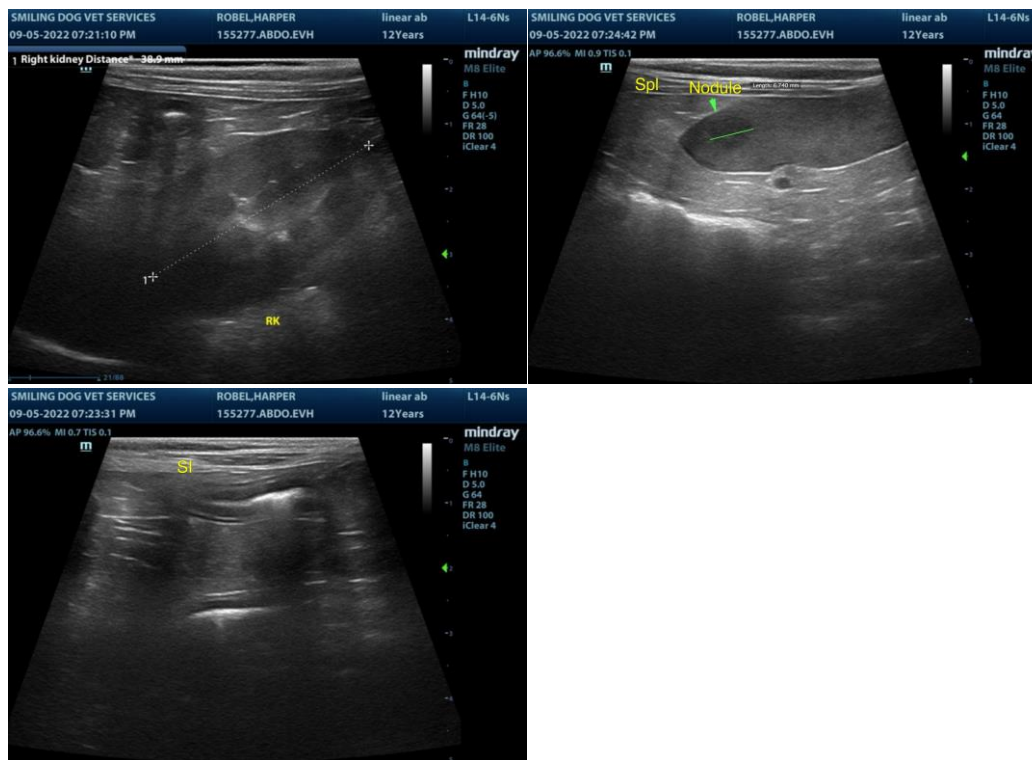
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com