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Clinical Sonography & Telecytology
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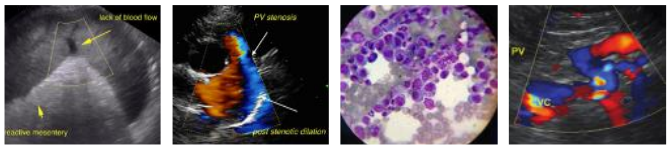

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Pakocz

SPECIES

Canine

BREED

Toy Poodle Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.3 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Sasa Karagic

INVOICE

13010

DATE

12/11/21

PRESENTING CLINICAL SIGNS

History: Anorexia. Hx of mammary Ca (excised). Vomiting. Assess for mets.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall in the region of the apex is slightly thickened and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed.

The left kidney presented normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney presented normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.44 cm at caudal pole) (1.86 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.52 cm at cranial pole) (0.44 cm at caudal pole) (1.56 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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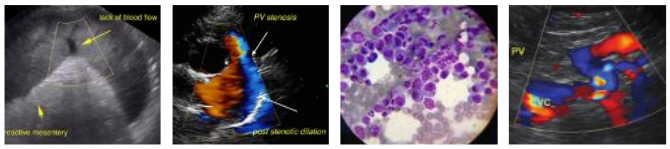

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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. In the visualized portions of small intestine, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The small intestinal lumen is not overtly dilated. The colonic wall is normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris- incidental
- Minor age-related renal changes

*An obvious cause for the patient's clinical signs is not identified in the study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other. There is no obvious evidence of metastatic disease in the abdomen in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to complete the metastatic check.
- To further investigate the patient's gastrointestinal signs, consider the following:
    1. Baseline lab work including a CBC/Chemistry panel, urinalysis and T4, if not already performed.
    2. Fecal evaluation for ova and Giardia
    3. Malabsorption panel, including serum cobalamin, folate, TLI and PLI
    4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
    5. +/- endoscopic or surgical gastrointestinal biopsies

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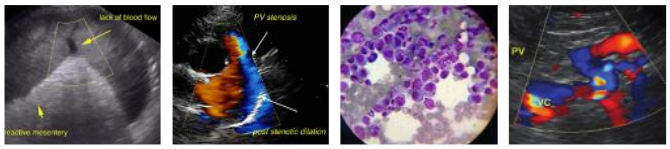

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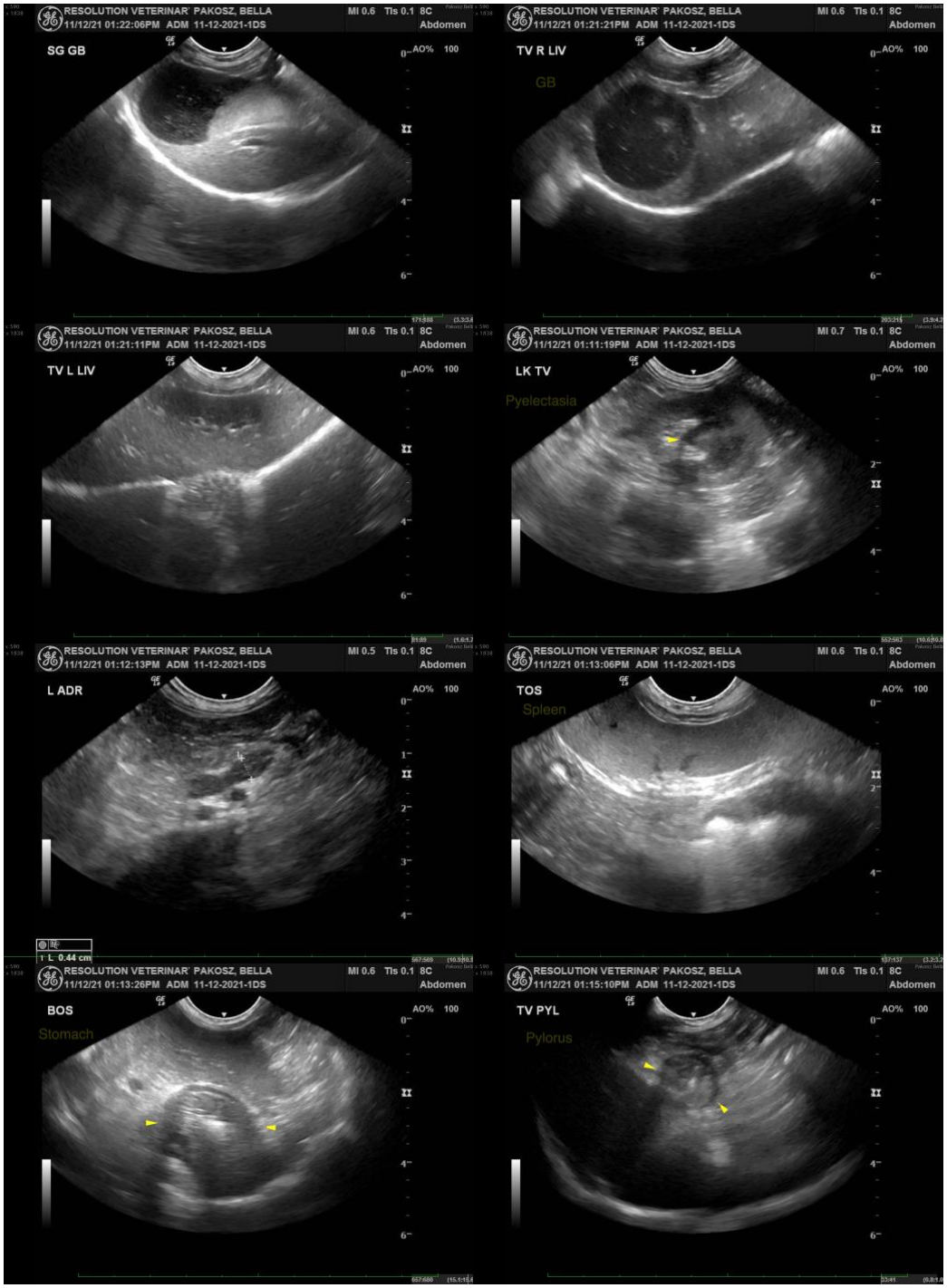

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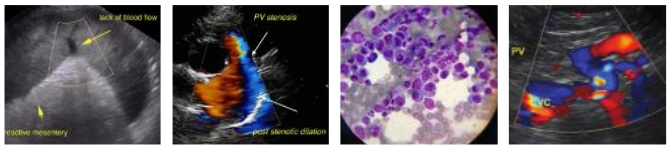

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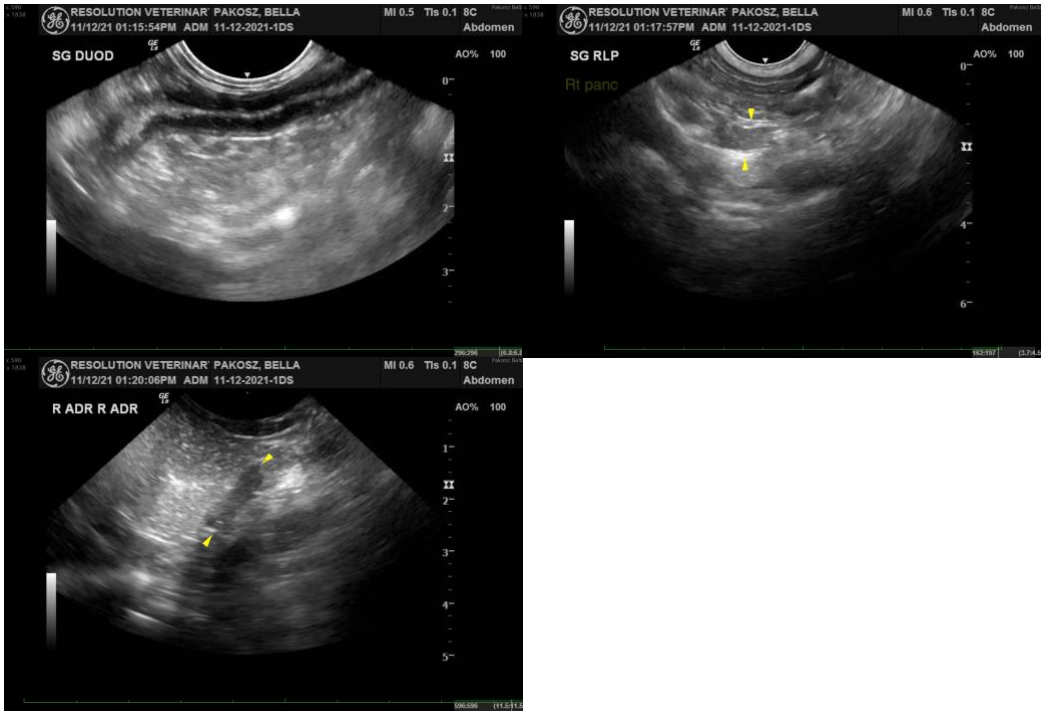

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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