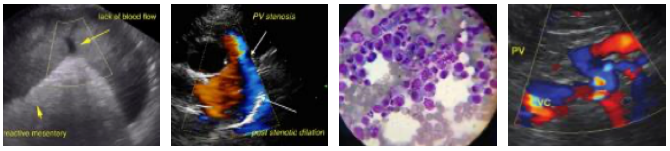
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cossette Ortiz

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female

AGE
7 Yrs.

WEIGHT
5.0 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Cruz

INVOICE
13052

DATE
2/28/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an echocardiogram and abdominal ultrasound to evaluate a noticed heart murmur and history of frequent hypoglycemia episodes. On 2-16-22, the referring vet did BW and noticed hypoglycemia, and O at home has been doing spot checks and have noticed hypoglycemia. O gives frequently Nutrical and Karo syrup at home.
Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur: grade 3/6 systolic HM No more PE info was provided. BW: 2-16-22 CBC: MCH 20.6 (21.2-25.9) WBC: 29.65 (5-16.75) Neutro: 23.83 (2.95-11.6) Monocytes: 2.2 (0.16-1.12) Platelets: 573 (148-484) CHEM: Glucose: 60 (74-143) Ca+: 6.9 (7.9-12.0) TP: 4 (5.2-8.25) Albumin : 1.5 (2.3-4.0) ALP <10(110-320) 4DX : all neg A previous EKG was done on 2-24-22 and showed HR at 189bpm. Rhythm: sinus. It was recommended to get an echocardiogram for further evaluation to assess anesthetic risk.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.30 cm at cranial pole) (0.33 cm at caudal pole) (1.69 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.

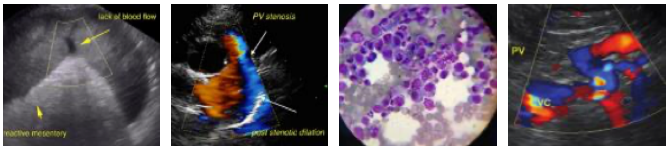
The right adrenal gland is normal size (0.82 cm at cranial pole) (0.43 cm at caudal pole) (1.38 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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



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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 lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with gas and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The body/right limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent sublumbar lymph nodes are visualized, the largest measuring 1.10 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

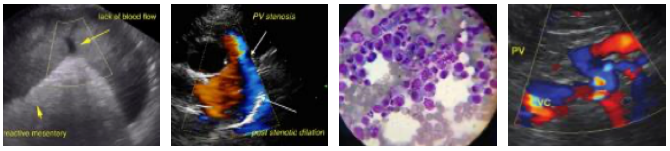
- Excessive gallbladder sludge. Possible causes include fasting, cholestasis, early mucocele formation.
- The pancreatic changes are most consistent with age-related remodeling. Low-grade pancreatitis is possible, particularly if the patient exhibits discomfort on cranial abdominal palpation.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's hypoglycemia is not identified in this study. Considerations include toy breed hypoglycemia, small insulinoma, hypoadrenocorticism, occult hepatic dysfunction, paraneoplastic syndrome, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- Consider fasting the patient in the hospital while closely monitoring the blood glucose level. If the patient becomes hypoglycemic (<60 mg/dL), draw blood for an insulin-glucose ratio and administer a small meal +/- oral or IV dextrose.
- Other diagnostic/therapeutic considerations include:
    1. ACTH stimulation test.
    2. Pre- and post-prandial serum bile acids.
    3. Small frequent meals.
- Regarding the hypoalbuminemia, further workup could include the following:
    1. ACTH stimulation test to assess for hypoadrenocorticism (also recommended to further assess the hypoglycemia).
    2. Fecal evaluation for ova and Giardia.
    3. GI panel (send to Texas A&M).
    4. Low-fat, limited antigen diet trial.
    5. +/- endoscopic or surgical gastrointestinal biopsies.
- Given the presence of hypoalbuminemia, three-view thoracic radiographs are recommended, as third spacing of fluids can occur when the albumin is <1.5.
- Regarding the gallbladder sludge, consider a repeat ultrasound in 2-3 weeks, preferably 2-3 hours post small meal. If the gallbladder appearance is similar to the current scan, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 6-8 weeks) to assess for progression to a mucocele.

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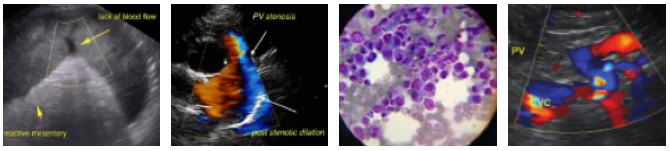

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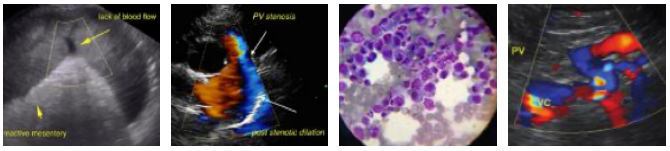

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com