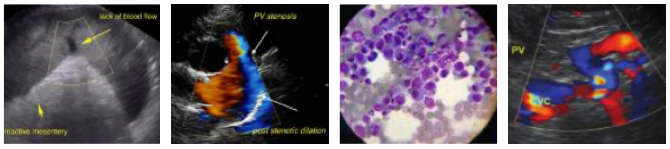
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Chiqui Viera

SPECIES
Canine

BREED
Poodle

SEX
Spayed Female

AGE
13 years

WEIGHT
6 lbs

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

IMAGING PERFORMED BY
Dr. Ferrer, DVM

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Perez

INVOICE
12807

DATE
4.20.23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal and echocardiogram study. Pt has a history of syncope or vasovagal reflex sign. Cyanosis and collapse when gagging and vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.32 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (3.60 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.42 cm at caudal pole) (xxx cm in length) with a normal shape and 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 in normal size (0.45 cm at cranial pole) (0.36 cm at caudal pole) with a normal shape and 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 (1.16 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.

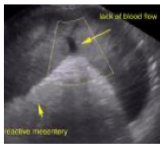
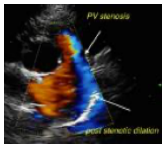
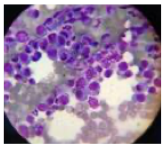
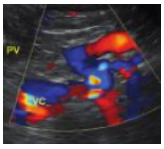
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen (some of which is partially-dependent and some of which is adhered to the luminal surface). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural

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detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two medial iliac lymph nodes are visualized (the largest measuring 1.01 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Findings

- The hepatic parenchymal changes are most consistent with a vacuolar hepatopathy (i.e., idiopathic/endocrine). However, correlation with the patient's liver values is recommended.
- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- Minor age-related pancreatic remodeling

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further assess for causes of vomiting/gagging, consider the following:

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- Resting cortisol level should also be considered to screen for atypical hypoadrenocorticism.
- 2-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies as a cause for vomiting.
- Empirical treatment for gastroesophageal reflux (i.e., proton pump inhibitor)
- Further recommendations should be based on the echocardiogram report.

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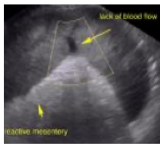
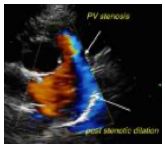
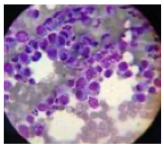
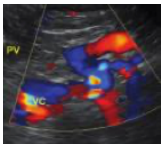

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com