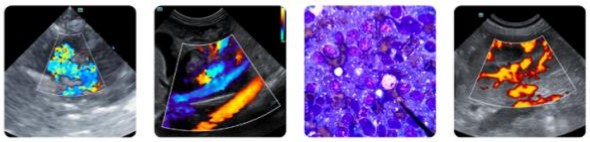

PATIENT

Milo Rodriguez

SPECIES

Canine

BREED

Toy Poodle/CKCS

SEX

Male

AGE

9 weeks

WEIGHT

2.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Jeremiah Gabriel

REFERRING VET

Samuel Gabriel

INVOICE

23029

DATE

5-17-26

PRESENTING CLINICAL SIGNS

History: Lethargic, hypoglycemic, anorexia for few days
Abnormal PE/Chem/CBC/UA Results: low na, cal, ph, BG 17. High ALT, GGT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.21 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 (3.34 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 cranial pole of the left adrenal gland is visualized and is normal in size (0.30 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.29 cm at cranial pole) (0.27 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 (0.43 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately-distended with fluid and non-shadowing echogenic material. It appears hypomotile. 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 detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is

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no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

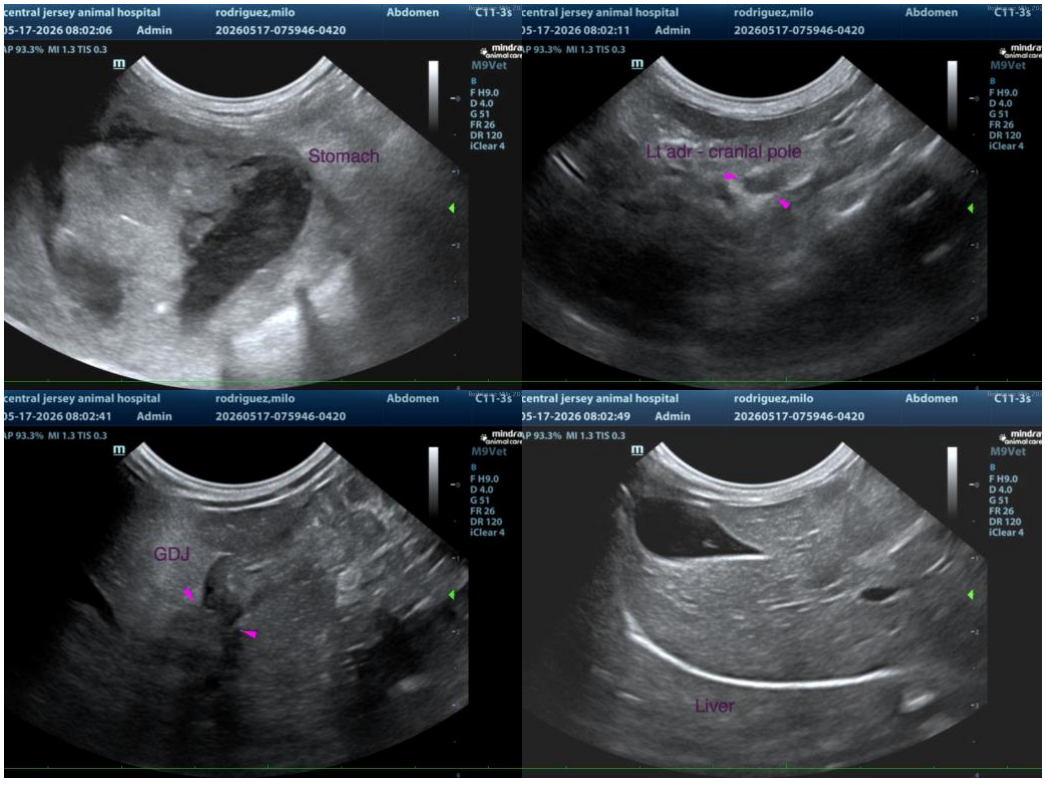
ULTRASONOGRAPHIC FINDINGS

Gastric ileus. Functional ileus is suspected as there is no obvious evidence of a mechanical pyloric outflow tract obstruction.

*An obvious cause for the patient's lab-work abnormalities is not identified in this study. A congenital extrahepatic portosystemic shunt is possible but considered less likely as there is apparent portal vein branching in the available images. However, a primary hepatopathy cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and postprandial serum bile acids are recommended to assess for hepatic dysfunction.
- Given the hypoglycemia, also consider a resting cortisol level to screen for congenital hypoadrenocorticism.
- Depending on the results of the above diagnostics, further work-up may be indicated.
- In the meantime, symptomatic/supportive care is recommended.



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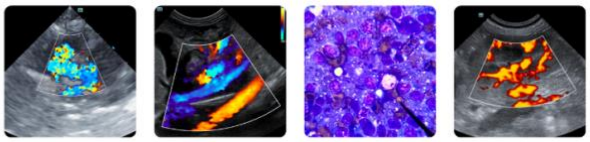

Clinical Sonography & Telecytology
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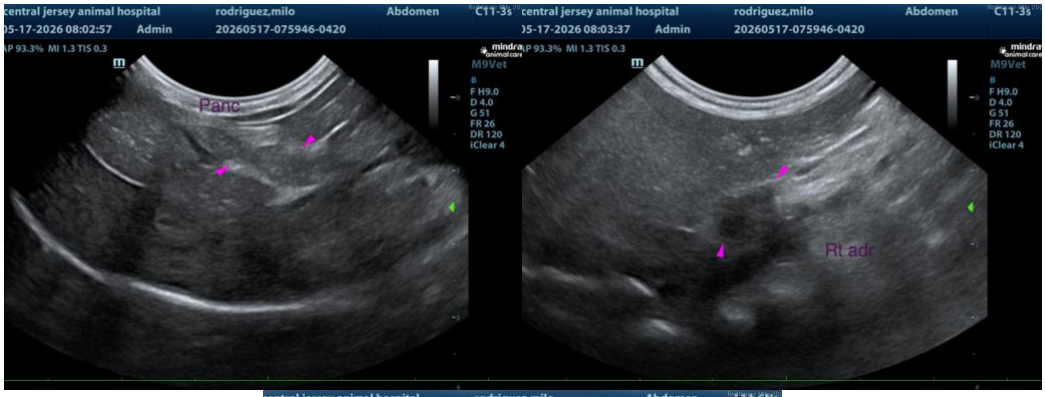

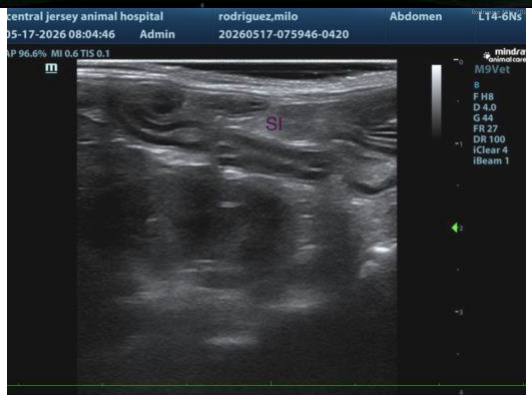

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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