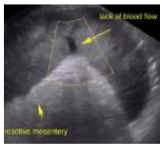
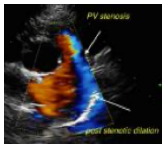
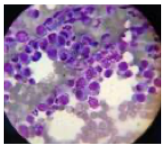
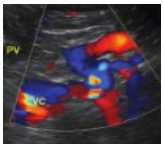
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Chai Whitney

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

6 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Silverado VC

REFERRING VET

Dr Balac

INVOICE

13471

DATE

6.22.23

PRESENTING CLINICAL SIGNS

History: Has had episodes of yelping from sudden pain. On steroids for 7 days and now improved. Abnormal PE/Chem/CBC/UA Results: Moderate elevation of ALP mild regenerative anemia and mild neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.28 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra are normal.

The prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.19 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is also seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.24 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is also seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.43 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.

The right adrenal gland is normal in size (0.83 cm at cranial pole) (0.37 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

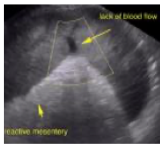
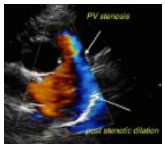
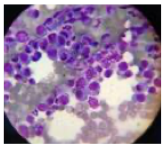
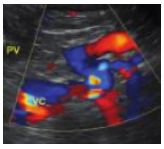
The spleen is normal in size (1.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Chai Whitney

SPECIES
Canine

BREED
Poodle X

SEX
Neutered Male

AGE
6 years

WEIGHT
11 kg

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

IMAGING PERFORMED BY
Dr Belan

HOSPITAL NAME
Silverado VC

REFERRING VET
Dr Balac

INVOICE
13471

DATE
6.22.23

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The left limb of the pancreas is visible 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
There is no obvious evidence of free fluid. One-to-two prominent medial iliac lymph node are visualized (the largest measuring 0.36 cm in width).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.
- Gall bladder debris, - non-mucocele
- Bilateral chronic renal changes with dystrophic mineralization
- Minor age-related pancreatic remodeling
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

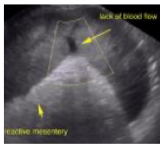
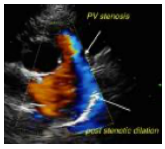
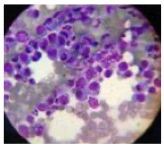
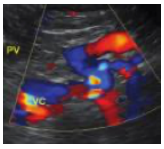
*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include orthopedic or neurologist pain, occult pyelonephritis, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- A urinalysis +/- culture and sensitivity is recommended (if not already performed).
- Regarding the mild regenerative anemia, consider the following:

1. Slide agglutination test

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Chai Whitney

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

6 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Silverado VC

REFERRING VET

Dr Balac

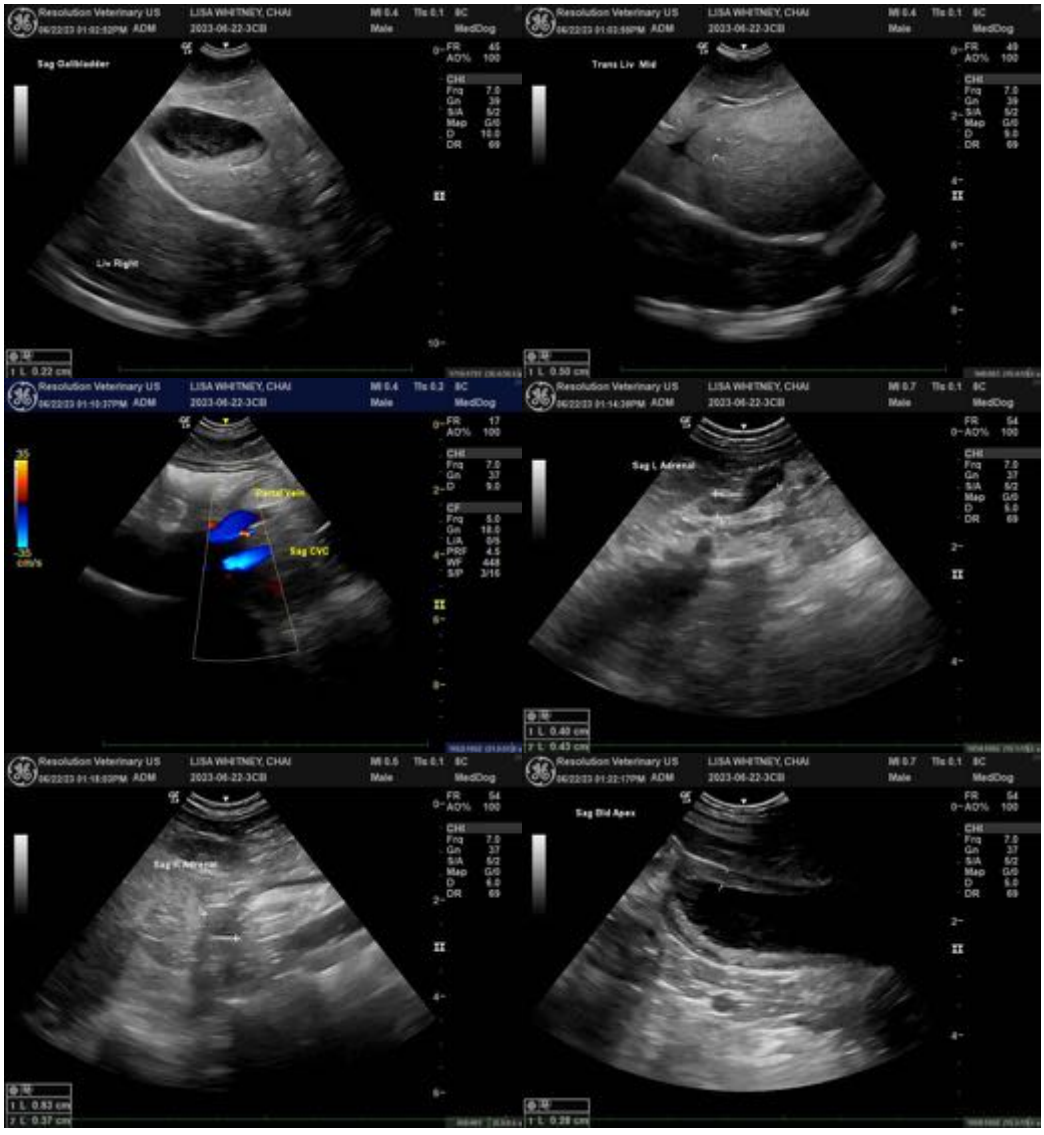
INVOICE

13471

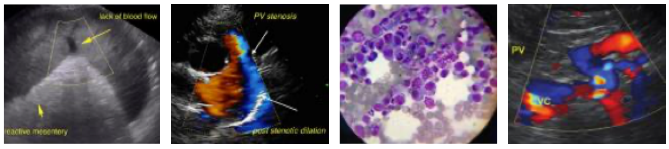
DATE

6.22.23

2. Fecal evaluation for ova and Giardia
3. Evaluation for fleas
4. Comprehensive tick panel
5. Three-view thoracic radiographs to assess for occult disease in the chest
6. Depending on the results of the above diagnostics, a more comprehensive work-up may be warranted., further anemia work-up may be warranted.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Chai Whitney

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

6 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Silverado VC

REFERRING VET

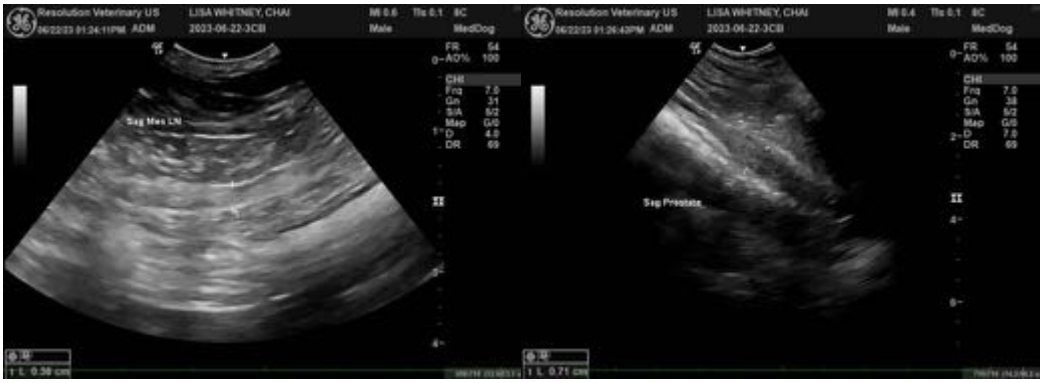
Dr Balac

INVOICE

13471

DATE

6.22.23



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