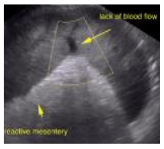
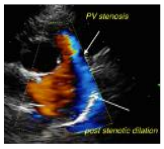
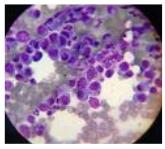
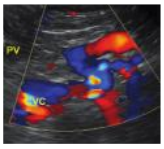
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Navy Maldonado

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 years

WEIGHT

4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gabriel Ferrer DVM

HOSPITAL NAME

Pulse: Pet Ultrasound Svc

REFERRING VET

Dr. Luis Ramos

INVOICE

14094

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate elevated liver enzymes and inappetence. PT presented to rDVM with anorexia, lethargy and was hospitalized. BW showed elevated increased enzymes and abnormal cPL. Pt was hospitalized with IV fluids, Cerenia, antacids etc., but still with decreased appetite. Wanted to evaluate with abdominal u/s to rule out major pathology.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.26 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (3.57 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.51 cm at caudal pole) (1.61 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 (0.51 cm at cranial pole) (0.52 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 (0.86 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.

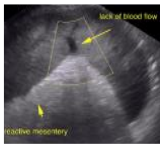
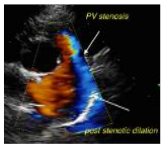
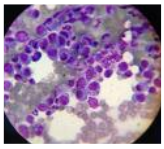
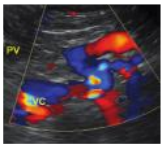
Liver

The liver is normal to slightly prominent in size, with slight rounding at the 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 moderate amount of echogenic debris/sludge 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.

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

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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. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and right limb of the pancreas are 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One-to-two prominent lymph nodes are observed in the periportal region (the largest measuring 1.09 cm in its longest dimension).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) cannot be excluded. Correlation with the patient's liver values is recommended.
- The gallbladder changes may be secondary to fasting, cholestasis, or less likely, an emerging mucocele.

Secondary Findings

- Minor pancreatic remodeling +/- fibrosis. A prior episode of pancreatitis is also possible.
- Bilateral chronic renal changes with nonobstructive nephrocalcinosis. The prominent periportal lymph nodes are likely reactive, with a low possibility of emerging neoplasia.

  * It is unclear whether the patient's clinical signs are secondary to an underlying hepatopathy, mild pancreatitis, primary GI disease, orthopedic or neurologic disease, other pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the liver values (particularly the ALT) are substantially elevated, consider further hepatic work-up (i.e., aspirate or biopsy, serum bile acids, Leptospirosis testing).
- Other diagnostic/therapeutic considerations include the following:

  1. Fecal evaluation for internal parasites
  2. Orthopedic and neurologic examination to assess for nonmetabolic causes of anorexia and lethargy.
  3. Three-view thoracic radiographs to assess for occult pathology in the chest
  4. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.

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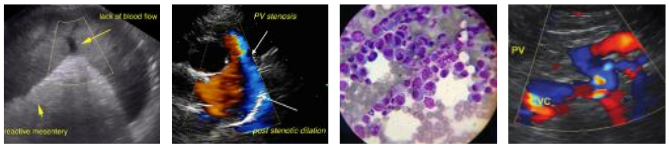

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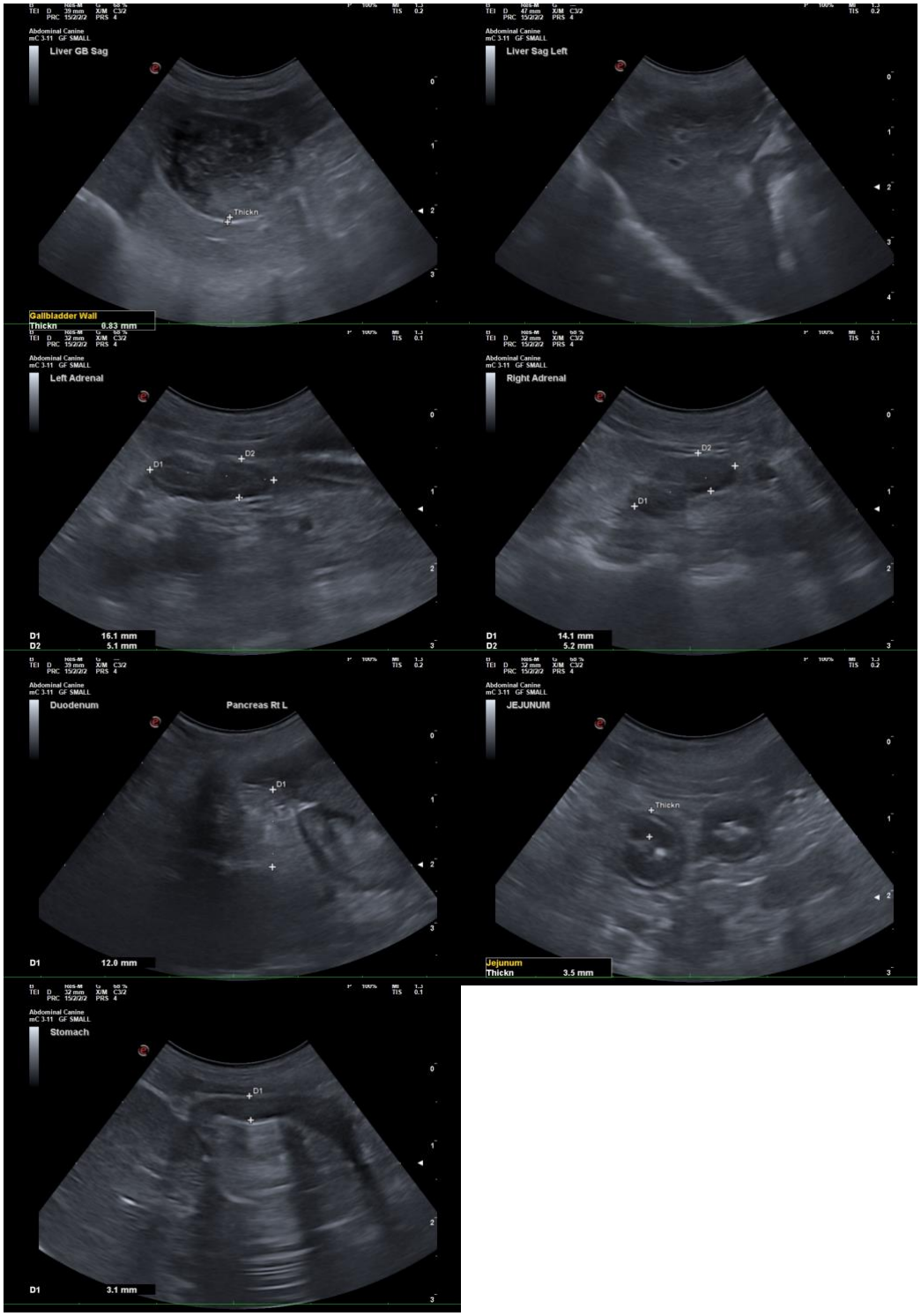

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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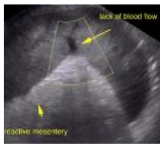
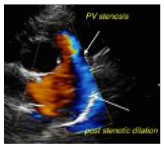
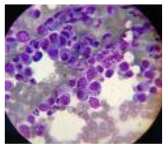
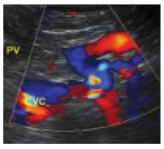

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