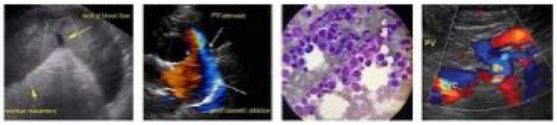


PATIENT

Lucy Ruggiero

SPECIES

Canine

BREED

Yorkie

SEX

Female, spayed

AGE

1 Yrs. 8 months

WEIGHT

2 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

Dr. Anderson

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History: vomiting, inappetence, hypoglycemia, c-section and spay performed yesterday, above clinical signs started on Sept 4. meds: Cerenia, pantoprazole,
Abnormal PE/Chem/CBC/UA Results: hypoglycemia, neutropenia, hypokalemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.11 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.12 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.30 cm at cranial pole) (0.46 cm at caudal pole) (1.26 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 (1.15 cm at cranial pole) (0.50 cm at caudal pole) (1.42 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

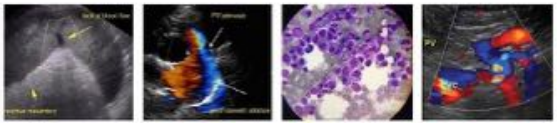
The spleen is normal in size (0.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is subjectively normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is



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normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery dorsal to the urinary bladder is mildly hyperechoic. Trace free fluid is observed in this region. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Focal peritonitis in the caudodorsal abdomen, likely secondary to recent ovariohysterectomy.
- The medullary band seen in both kidneys is likely a benign incidental finding. However, subclinical renal disease cannot be completely excluded.

*An obvious cause for the patient's hypoglycemia is not identified in this study. Considerations include toy breed hypoglycemia, hepatopathy, hypoadrenocorticism, sepsis (less likely if hypoglycemia is chronic), other.

*An obvious cause for the patient's gastrointestinal signs is also not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, infectious/parasitic disease), pancreatic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hypoglycemia, consider the following:
    - Consider pre and post prandial serum bile acids to assess hepatic function.
    - A resting cortisol level is also recommended to screen for hypoadrenocorticism.
- Regarding the GI signs, consider these diagnostics/therapeutics:
    - Fecal evaluation for ova/Giardia.
    - Malabsorption panel including serum cobalamin, folate, TLI and PLI.
    - 6-week hydrolyzed protein or novel protein diet trial is recommended if the patient's appetite improves.
    - Three-view thoracic radiographs to assess for occult esophageal disease.
    - Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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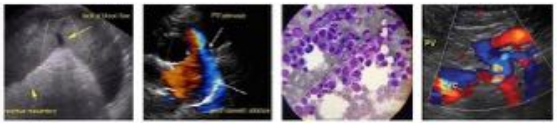

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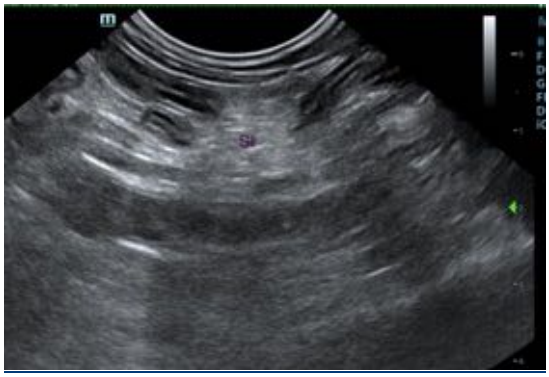

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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