



PATIENT

Brownie Tapia

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

20 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

35850

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Chronic cough, grade 4/6 systolic heart murmur. PU/PD. Current meds: Lasix 12.5 mgs 1/4 tab SID, Lactulose, pimobendan 0.625 q 12 hrs.
Abnormal PE/Chem/CBC/UA Results: ALT 158. U/A: pH 8.0, WBC transitional epithelia, culture pending. USG: 1.020.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. The normal bilobed shape is maintained. Parenchyma is heterogeneous and primarily hyperechoic. Several small anechoic cysts are noted. No mineral is observed.

The kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 2.51 cm. The right kidney measures 2.8 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.02 cm long x 0.48 cm at the cranial pole and 0.21 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.03 cm long x 0.26 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



| | |
|---------------------------------|---|
| PATIENT | The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. |
| Brownie Tapia | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Canine | |
| BREED | Pancreas |
| Pomeranian | The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. |
| SEX | Free Abdomen |
| Intact Male | There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. |
| AGE | The right testicle has no significant findings. The left testicle has a small anechoic nodule that measures 0.2 cm x 0.4 cm as well as a larger, approximately 1.0 cm hypoechoic nodule. |
| 20 Years | ULTRASONOGRAPHIC FINDINGS |
| WEIGHT | <ul style="list-style-type: none"> Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. |
| 6.4 Pounds | <ul style="list-style-type: none"> Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. Normal prostate for intact dog with potentially early benign prostatic cystic hyperplasia. Infiltrative neoplasia is possible, but considered less likely. Left testicular nodule - Most consistent with interstitial cell or Leydig tumor versus seminoma versus nodular hyperplasia. |
| INTERPRETED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Beth Johnson, DVM DACVIM | Recommendations include the urine culture that is reportedly already pending. Submission of urine to look for a BRAF gene mutation (which is associated with urinary bladder and prostatic cancer) could be considered, as could a fine needle aspirate of the prostate (with small risk of tumor seeding/trailing). However, infiltrative neoplasia is again considered unlikely, with top differentials for the prostatic changes being benign prostatic hyperplasia versus potentially prostatitis. |
| IMAGING PERFORMED BY | Given the reported PU/PD, if a urine culture is negative, an empirical course of antibiotics, preferably Baytril, could be considered. A fine needle aspirate of the testicular nodule could be considered. |
| Kelly Vazquez | However, this is considered an incidental finding, and likely not related to the presenting complaint. It could be that the PU/PD in this patient is related to Lasix administration, and potential evaluation by the cardiologist could help direct alternative dosing or therapies that may help reduce clinical signs. |
| HOSPITAL NAME | |
| Animal General on the Hudson | |
| REFERRING VET | |
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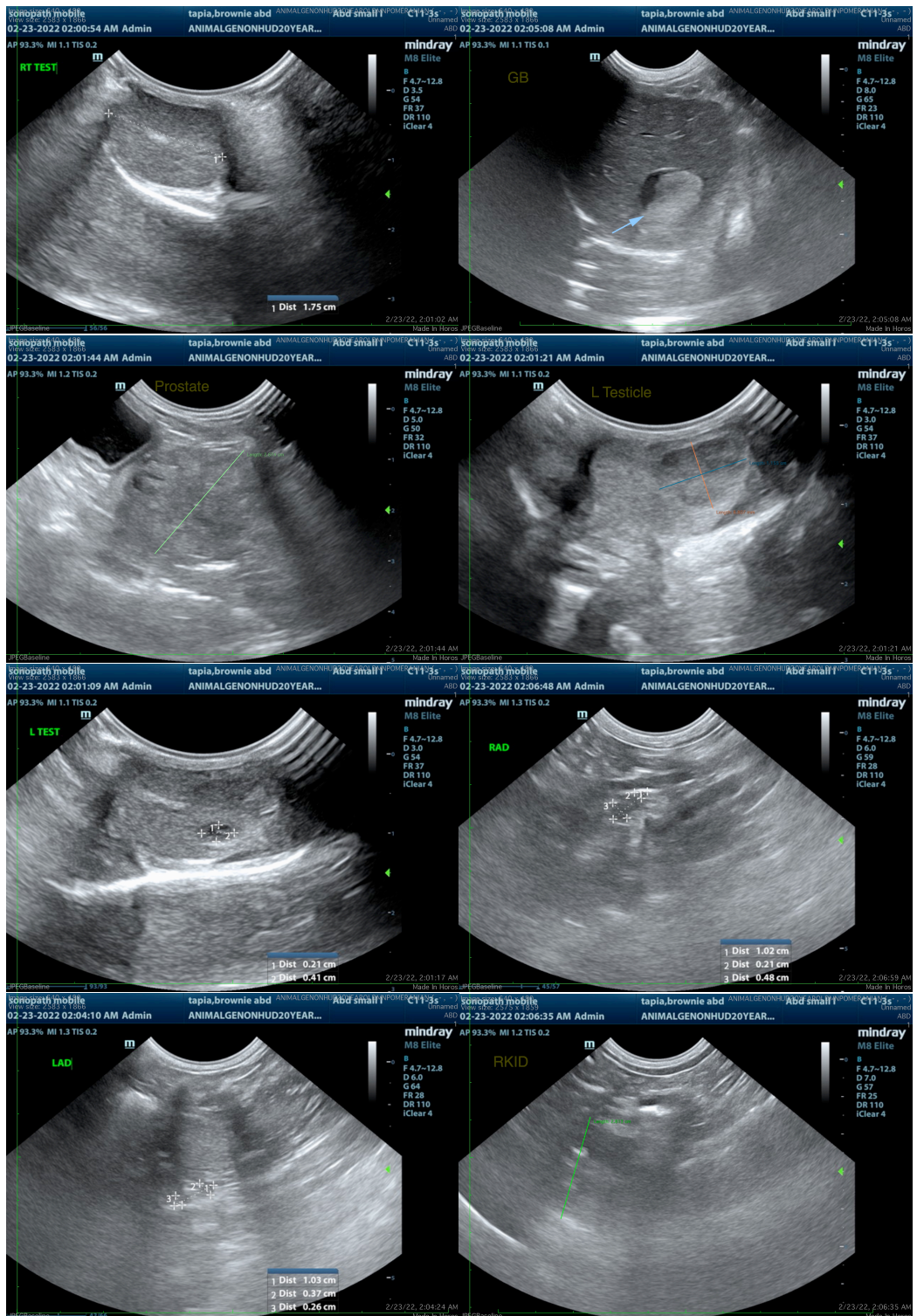
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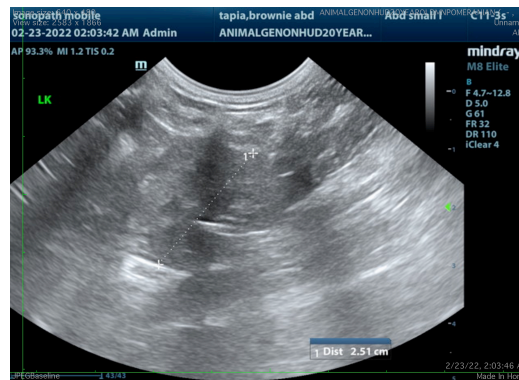
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com