

PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

7 years

WEIGHT

5.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Rafael Charneco

INVOICE

12789

DATE

4.17.23

PRESENTING CLINICAL SIGNS

History: Wolverine presented as a referral for an echocardiogram and an abdominal ultrasound to evaluate hepatomegaly and possible mass on the right atrium. Wolverine is an epileptic patient that is on Keppra TID. He also suffers from chronic alopecia. Radiographs were taken on April 2023 and the radiologist's report mentioned possible right atrial mass or endocardiosis in addition to other abnormalities like hepatomegaly. Other diagnostics performed: normal values for Addison 8hrs 1.0 (0.0-1.4mg/dl), normal Keppra blood levels 14.5 (12-46) and pending thyroid panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.28 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size (2.00 cm wide) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal in size (3.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Punctate nonobstructive nephroliths noted bilaterally. There is no evidence of pyelectasia or infarcts observed.

Right kidney is normal in size (3.46 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Punctate nonobstructive nephroliths noted bilaterally. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.30 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.39 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

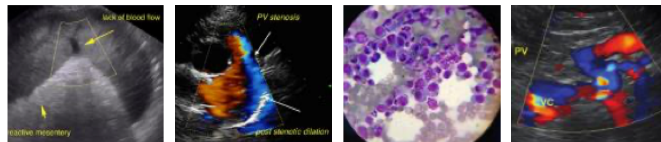
Spleen

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

7 years

WEIGHT

5.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Rafael Charneco

INVOICE

12789

DATE

4.17.23

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. Both testicles are visualized without visible testicular pathology.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Punctate nonobstructive nephroliths bilaterally in the kidneys

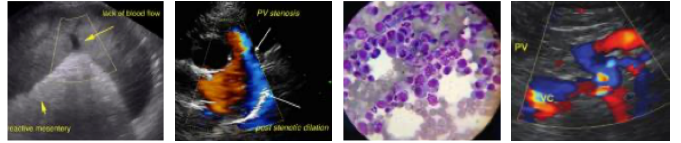
- Very mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

Secondary Findings

- Pancreatic age-related remodeling - Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a relatively unremarkable/normal abdomen. If not recently evaluated, a general metabolic health screening beginning with CBC chemistry panel, electrolytes, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. Further recommendations are dependent on patient's clinical signs as well laboratory abnormalities, if any.



PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

7 years

WEIGHT

5.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

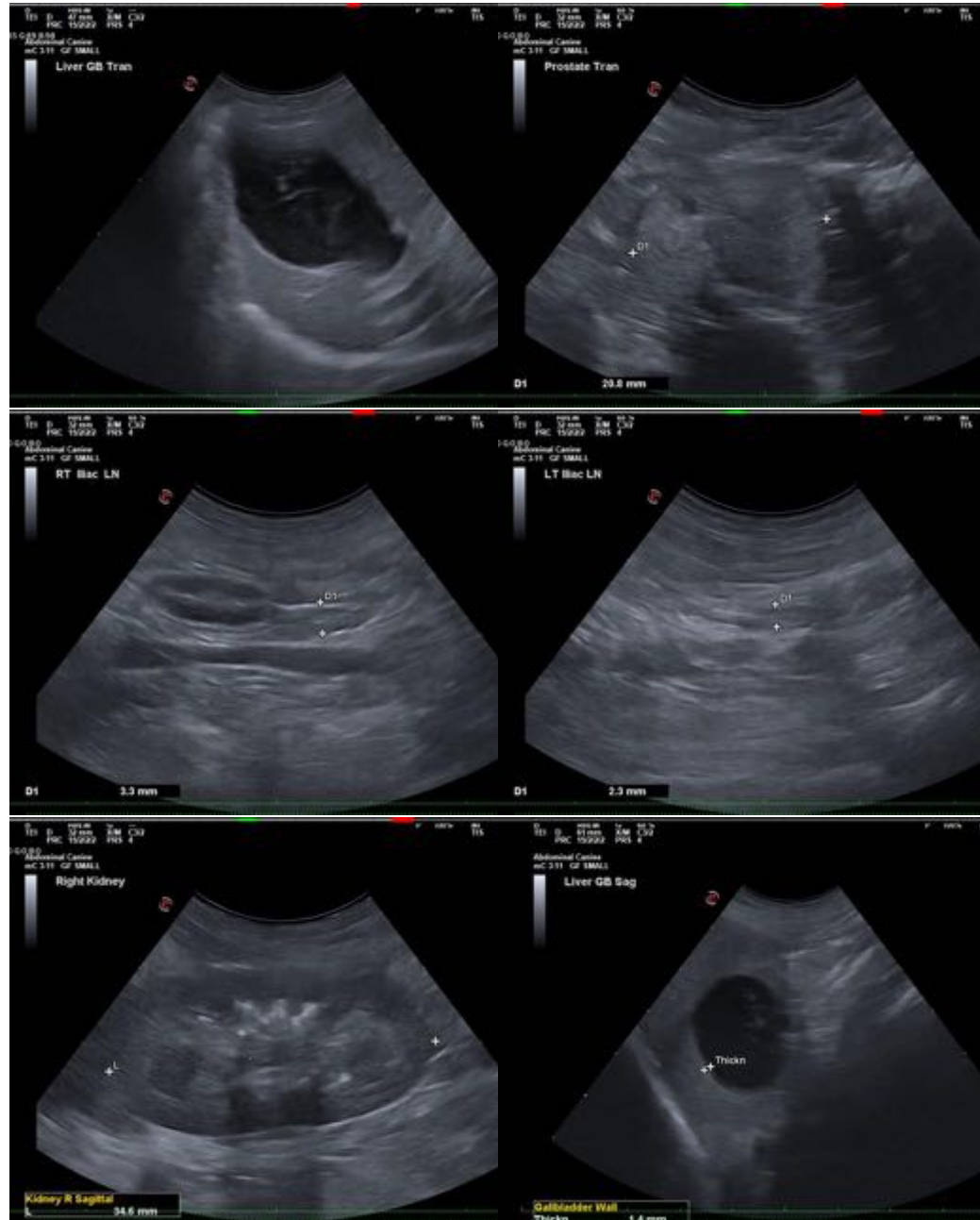
Rafael Charneco

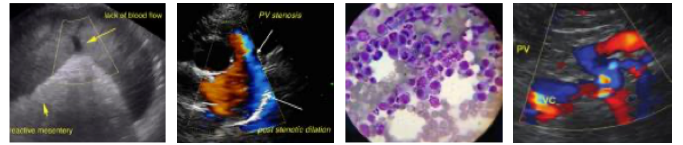
INVOICE

12789

DATE

4.17.23





PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

7 years

WEIGHT

5.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

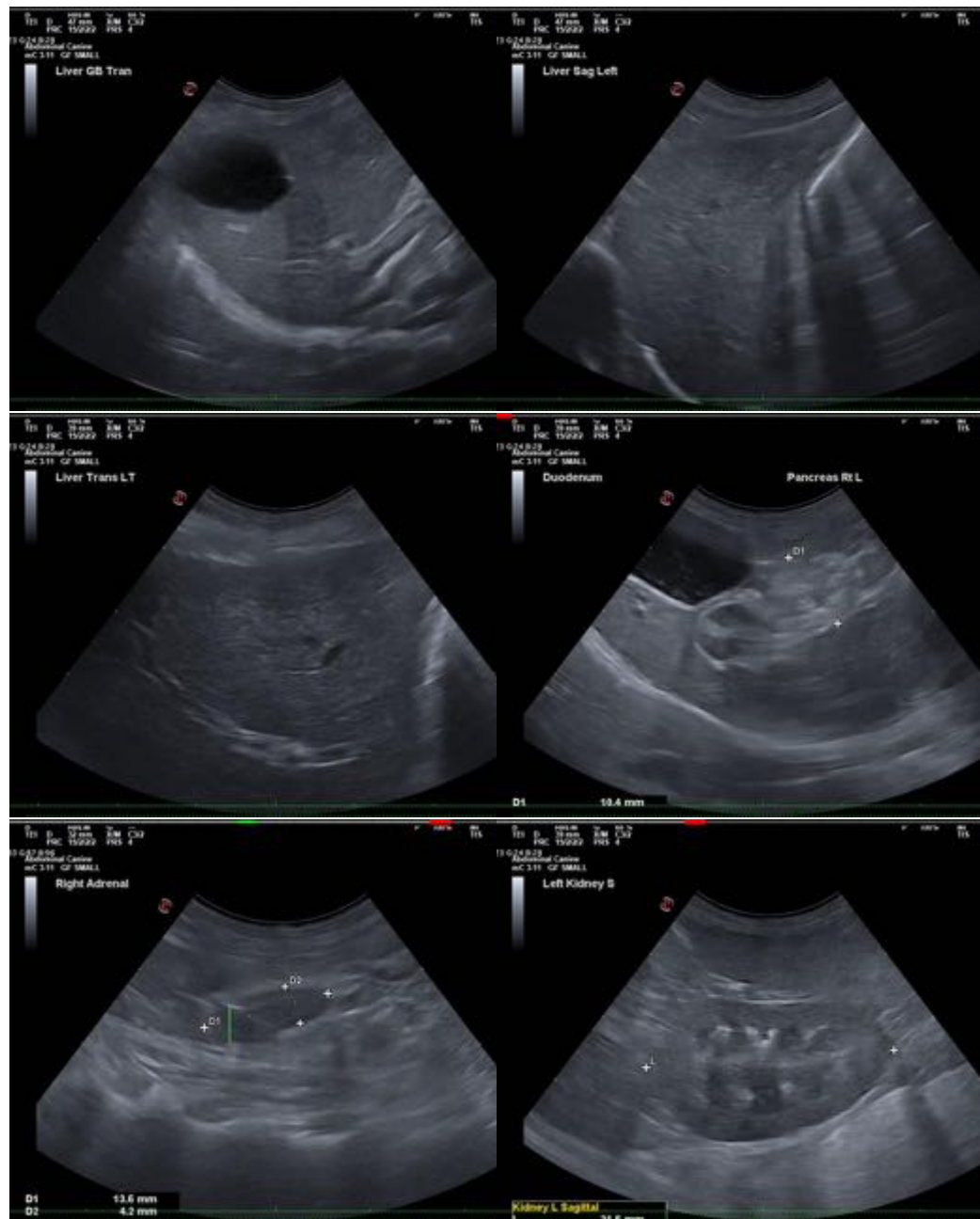
Rafael Charneco

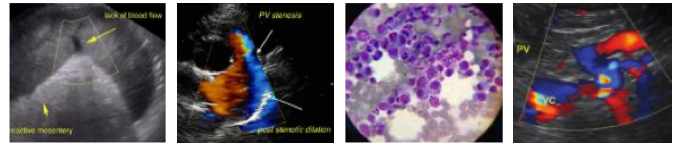
INVOICE

12789

DATE

4.17.23





PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

7 years

WEIGHT

5.4 kg



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

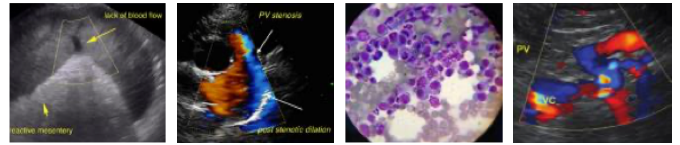
Rafael Charneco

INVOICE

12789

DATE

4.17.23



PATIENT

Wolverine Tavares

SPECIES

Canine

BREED

Pomeranian

SEX

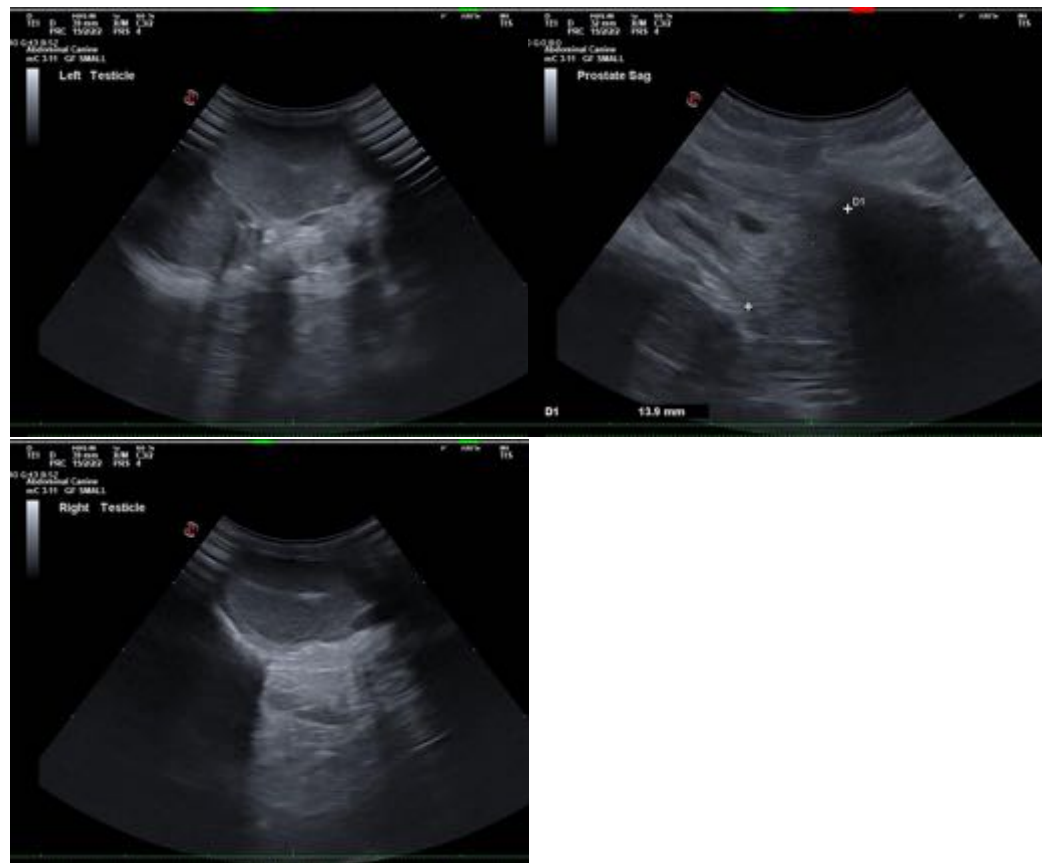
Intact Male

AGE

7 years

WEIGHT

5.4 kg



INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

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

HOSPITAL NAME

Paseos VC

REFERRING VET

Rafael Charneco

INVOICE

12789

DATE

4.17.23