



PATIENT

Macarena Pinero

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Cristina Polit

INVOICE

17003

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Presented for dental examination Patient has a history of chronic neurological disease - ataxia and paresis Radiographs submitted to Sonopath on 8/16/22 revealed hepatomegaly and urolithiasis

Abnormal PE/Chem/CBC/UA Results: PE: chronic paresis and ataxia; severe dental disease, pot-bellied appearance CBC: toxic neutrophils and bands Chem: hypoalbuminemia 2.3, hypocalcemia 8.1, monocytosis 3288

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, or infarcts observed. The left kidney measures 3.55 cm. The right kidney measures 2.61 cm. Non-obstructive areas of mineralization/nephroliths are noted bilaterally.

Adrenal Glands

Left adrenal gland is normal in size (0.57 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.6 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

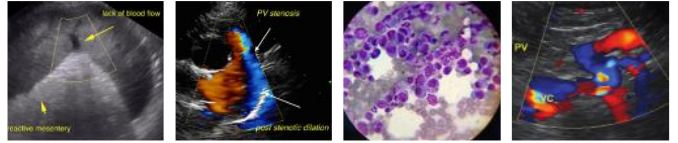
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal



PATIENT	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Macarena Pinero	
SPECIES	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.
Canine	
BREED	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Yorkie	
SEX	Pancreas The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Spayed Female	
AGE	Free Abdomen There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
14 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.2 Pounds	
INTERPRETED BY	Primary Findings
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Hyperechoic hepatomegaly– This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely. Emerging mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
IMAGING PERFORMED BY	Secondary Findings
Mayra Sanchez	<ul style="list-style-type: none"> Age-related kidney changes with bilateral nonobstructive nephrolithiasis
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sunset AH	Given this patients reported hypoalbuminemia and hypocalcemia, a protein losing enteropathy has to be suspected, therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
REFERRING VET	Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.
Dr. Cristina Polit	
INVOICE	If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Calcium monitoring, and supplementation, if necessary, is also recommended.
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To rule out concurrent proteinuria, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Further interpretation of the gallbladder changes should be made in combination with supporting clinical signs and/or laboratory changes to suggest clinical disease versus incidental finding that could be managed medically and/or monitored.

BREED

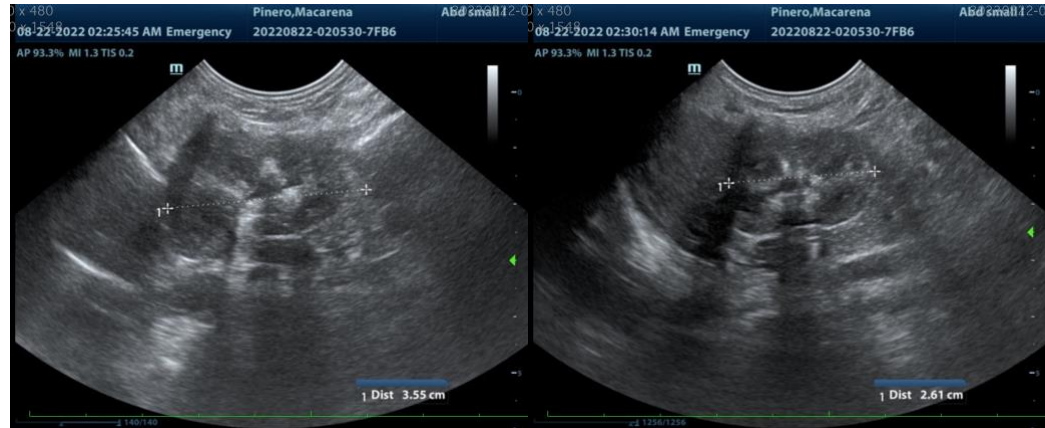
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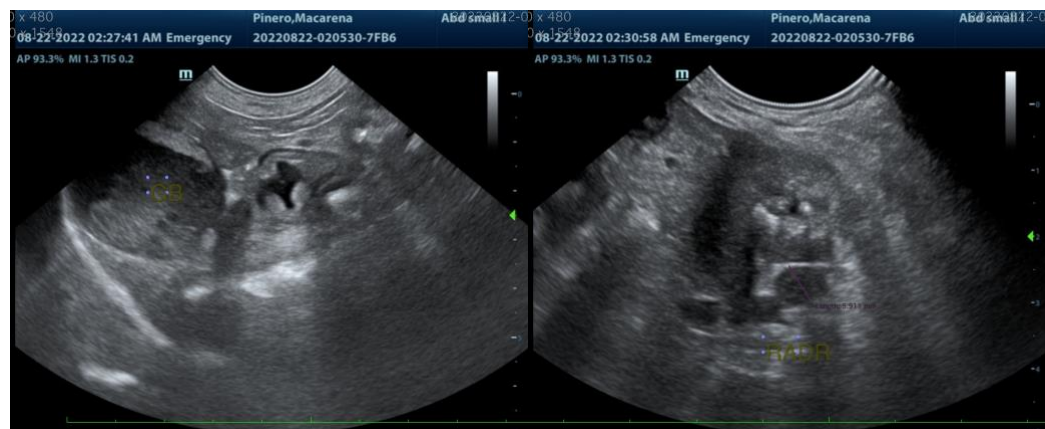


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Beth.Johnson@SonoPath.com

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