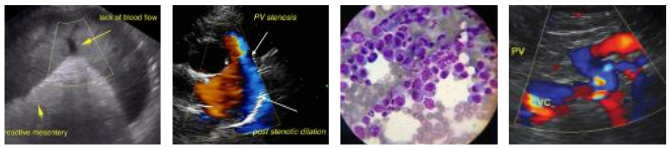
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hibou Dalton

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Millbrook AC-VBF

REFERRING VET

Sorbo

INVOICE

17005

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Presented 8/12 with a different doctor for -weight loss and inappetence -recheck hypothyroid disease (on thyro-tabs) -CKD IRIS stage I -Hx of partial, idiopathic seizures -Lick granuloma of the L cephalic vessel -Hx of anxiety General labs for senior screen was done and I reported the results. We agreed on AUS and GI panel (pending) as next steps for investigation of weight loss and inappetence. UPDATE: by the time of today's scan, the P's weight has remained stable since the last visit and P was maintained on a chicken/rice diet and cerenia tablets.

Abnormal PE/Chem/CBC/UA Results: 8/12 lab results: cPL elevated (precision sPL by Antech 3850 (24-140), iatrogenic hyperthyroidism (6.6), ALP elevation at 302.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

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 mineral or infarcts observed. The left kidney measures 3.0 cm. The right kidney measures 3.4 cm. Small renal cortical cysts were present bilaterally. Mild pyelectasia was noted in the left kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.54 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.1 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

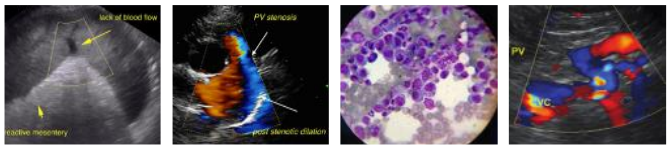
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hibou Dalton

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Millbrook AC-VBF

REFERRING VET

Sorbo

INVOICE

17005

DATE

8/23/22

Gastrointestinal

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.

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. 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.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

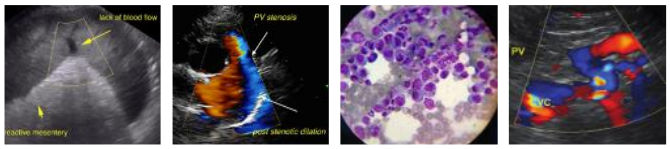
ULTRASONOGRAPHIC FINDINGS

- Age-related kidney changes with mild pyelectasia in the left
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious visible evidence of pancreatitis and/or gastrointestinal disease in the ultrasound images, however, neither can be ruled out by a normal ultrasound. Therefore, the reportedly already pending GI panel is recommended. In the meantime, given this patients weight loss and antigenic hyperthyroidism, recommendations are to discontinue the therapy for hypothyroidism and recheck thyroid status in 6-8 weeks or sooner if clinical signs of hypothyroidism start before then. A low fat diet may or may not be helpful in this patient but could be prescribed on a trial and error basis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hibou Dalton

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Millbrook AC-VBF

REFERRING VET

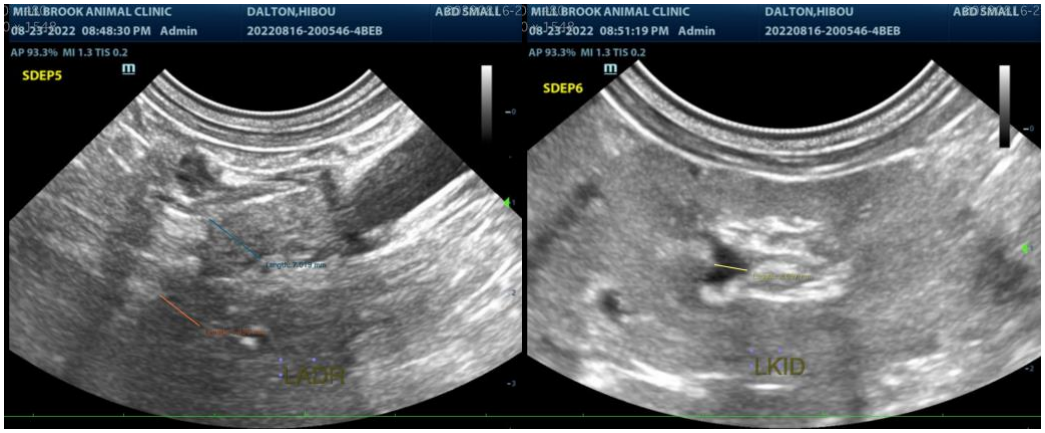
Sorbo

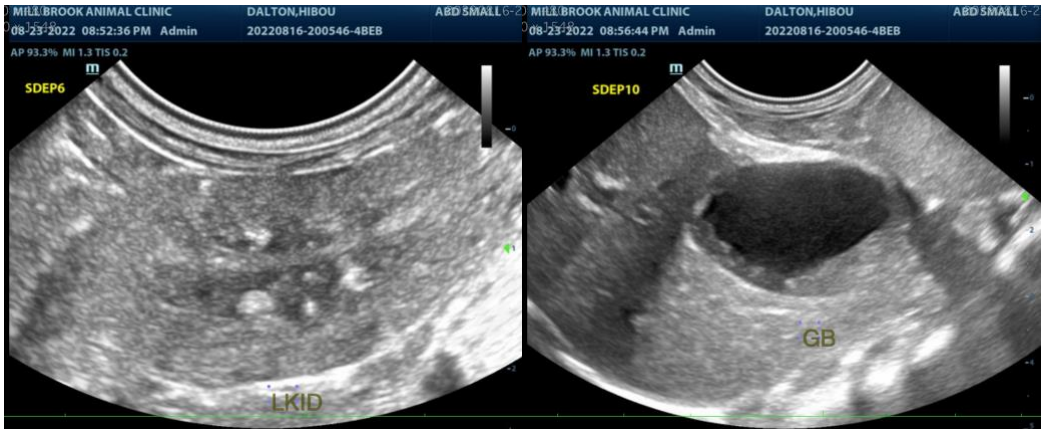
INVOICE

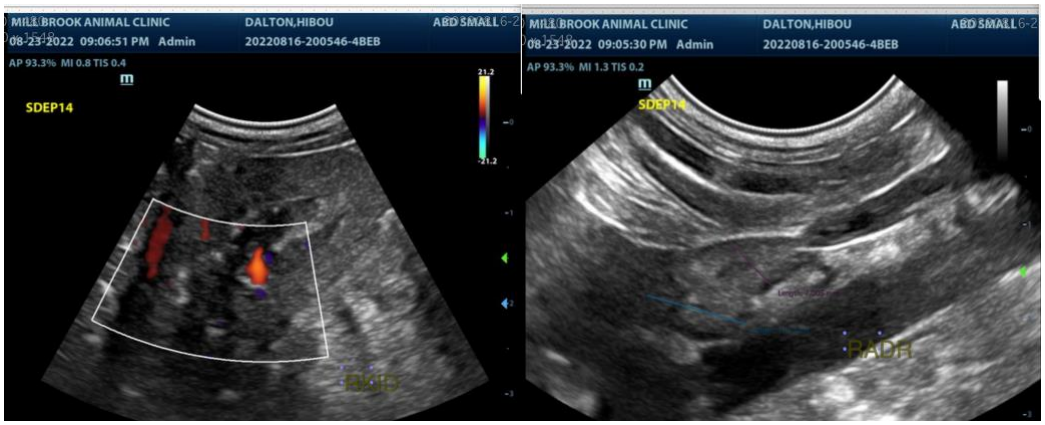
17005

DATE

8/23/22





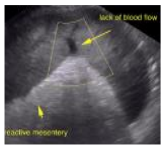


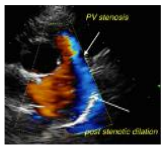
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

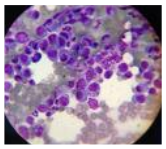
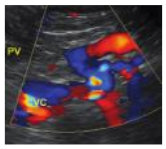
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Hibou Dalton

Beth.Johnson@SonoPath.com

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Millbrook AC-VBF

REFERRING VET

Sorbo

INVOICE

17005

DATE

8/23/22