

PATIENT

Maebe Maltempo

SPECIES

Canine

BREED

Boston/Pug

SEX

Female Spayed

AGE

9 years, 3 mos

WEIGHT

32 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Samantha
Thompson

INVOICE

12593

DATE

3.30.23

PRESENTING CLINICAL SIGNS

History: Patient has had decreased appetite for at least the past month and has been starting fights with other younger dog in household (9 month old, intact female bernadoodle). Has vomited bile twice in the last week. O noticed excessive drooling yesterday. Patient was on IVF for approximately 4.5 hours prior to US imaging.

Abnormal PE/Chem/CBC/UA Results: Bloodwork non-remarkable, 4DX negative x 4, lateral thoracic & abdominal radiographs no significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.11 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.64 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.49 cm / caudal pole 0.55 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.75 cm / caudal pole 0.64 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen is enlarged (up to 2.60 cm at the hilus) with the parenchyma bulging the capsule slightly but is otherwise smooth. Splenic vasculature is normal without signs of congestion or thrombosis.

Liver

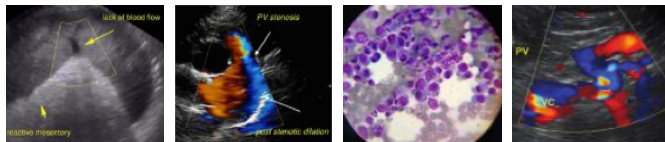
The liver is subjectively small in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall



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layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The right pancreas measures slightly thick (1.60 cm) and is mildly hypoechoic to the surrounding mesentery (though the mesentery itself does not appear hyperechoic).

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly
- Mild pancreatitis

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Secondary Findings

- Microhepatia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is mild pancreatitis on this ultrasound, but it is very mild and perhaps would not explain a month-long history of poor appetite. Consider ongoing supportive care for pancreatitis with antiemetics, appetite stimulants and a bland diet. If signs persist, consider further work-up for primary GI disease, as ultrasound can be normal despite underlying chronic intestinal enteropathy. Alternatively, an internal medicine consult could be considered if ongoing symptoms unresponsive to therapy.

The liver is small but if the lab-work is normal, then this would be considered to be normal variation for the patient. Bile acids could be considered to assess for hepatic function.

The spleen is enlarged. While this could be secondary to congestion, if the patient was sedated, it could also be from extramedullary hematopoiesis, lymphoid hyperplasia, but infiltrative neoplasia (such as lymphoma or mast cell tumor) cannot be ruled out from ultrasound alone. Consider fine-needle aspirate.

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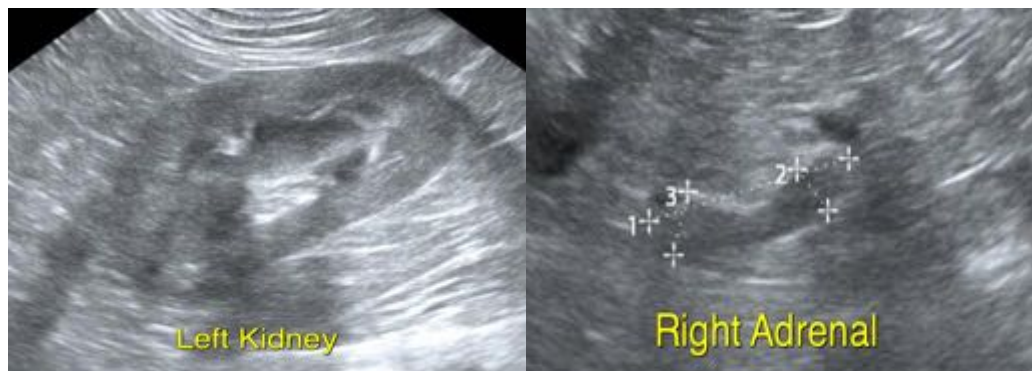
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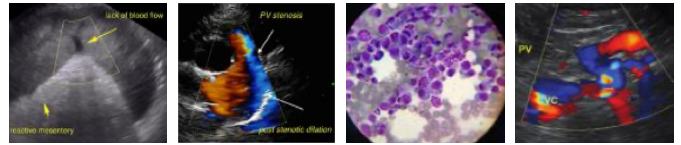
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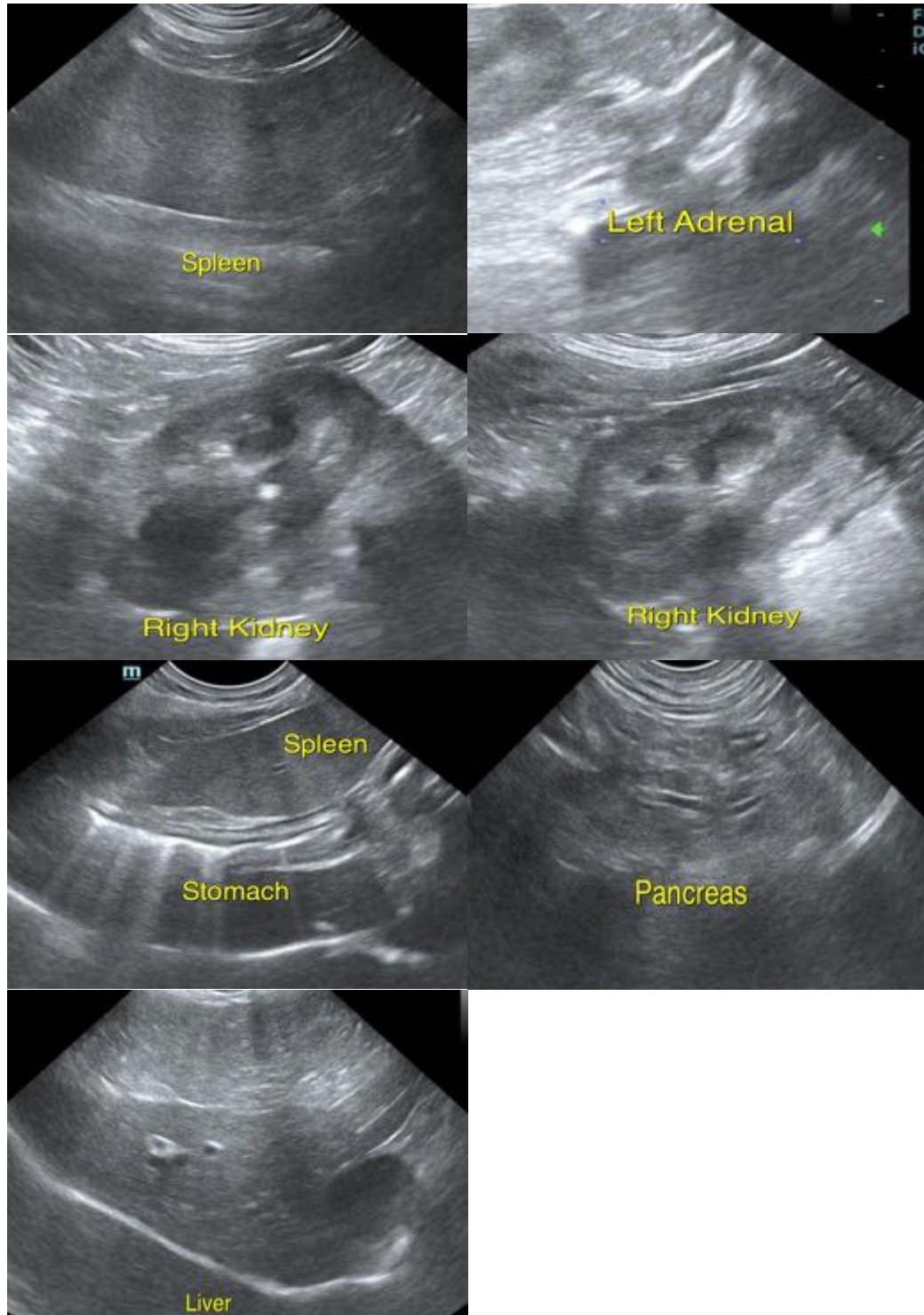
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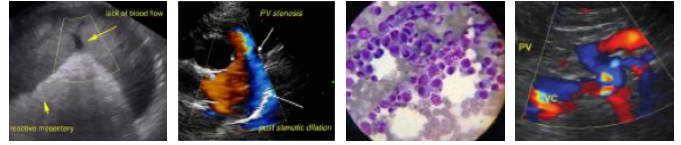
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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