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Clinical Sonography & Telecytology
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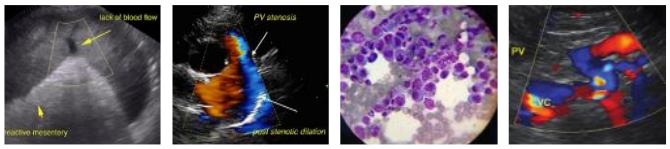


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bali Martinez

SPECIES
Canine

BREED
Poodle

SEX
FI

AGE
3yr

WEIGHT
9.4lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos Veterinary Center

REFERRING VET
Dr. Alicea

INVOICE
12543ag

DATE
12/26/2022

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound. Pt arrived om Dec 22, 2022 at an emergency clinic due to respiratory difficulty and lethargy. cyanotic. Hx of convulsions since 1 yr old. Take Keppra BID, at the moment she has not had a convulsion. hx- Bali is doing poorly . continues to be hypoglycemic, not eating on her own. BG still low. temp normal. Problems 1. chornic hx tetraparalysis secondary to cervical lesion 2. hx seizures - chronic. 3. hypoglycemia- sepsis, addisons, pancreatitis, toxic unlikely, hepatic dz less likely, insulinoma less likely. 4. conjunctivitis 5. nervous tick - secondary to hypoglycemia, infecitous, etc. 6. hemoconcentration Plan 1. continue monitoring Bg bid 2 dextrose bolus if hypoblycemic 0.5 mi 50% dextrose diluted in 3 ml - slow over 20 min. then recheck BG to verify if increasing as expected 3. flip sides q 4 hrs. 4. force feed a/d licuado 1/4 can q 4 hrs. 5. add baytril 100mg/ml 0.36 cc iv sid. 6. add unasyn 1.3 cc iv TID 7. add vetropolycin HC OU TID 8. Increase fluids 15ml/hr LRS + 5% dextrose 9. continue keppra 1 cc iv tid. 10. continue protonix 1mg/kg iv sid. 11. add cerenia 1mg/kg iv sid. 12. add dex SP 0.25mg/kg iv once. 13. add mirtazapine 2 clicks SID.

Abnormal PE/Chem/CBC/UA Results: PE: TEMP: 101.7F RR normal 24 bpm. Heart rate 120bpm, no murmurs, mild arrhythmia? LN wnl. tetraparalysis. no discharge vaginal. bilateral conjunctivitis with yellow ocular discharge (noted for past 2 weeks.) CBC: BASO 0 (0 - 0.1), EOS 0.01 (0. 6 - 1.23), HCT 63.8 (37.3 - 61.7), LYMPHS 1.7 (1.05 - 5.10), MONO 1.24 (0.16 - 1.12), WBC 14.46 (5.05 - 16.76), Blood pressure: 110 BLOOD GLUCOSE: 12/25/22:6PM 87MG/DL 12/26/22 3AM: 52MG/DL 6AM: 68MG/DL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mildly distended size with normal tone and normal appearing bladder walls without evidence of inflammatory/neoplastic criteria. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate to focally hyperechoic sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

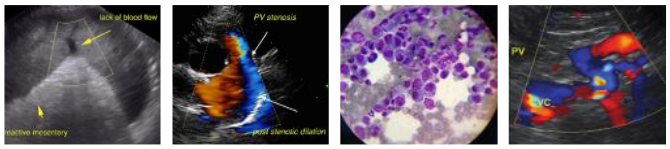
The area of the aortic trifurcation was free of pathology.

The visualized uterus was sonographically unremarkable without evidence of luminal fluid accumulation or pyometra. The bilateral ovaries were free of pathology.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The node measured 1.9 cm x 0.46 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 1.5 cm length. The right adrenal



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gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.7 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris in the caudal lumen/gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident. No nodules or masses.

Free Abdomen

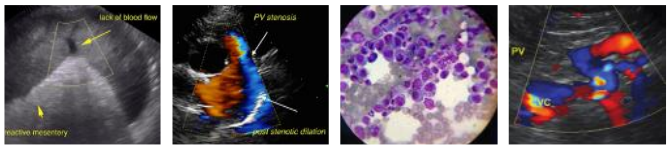
No omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal liver with normal hepatic vascular volume
- Mild gallbladder debris-likely incidental potentially secondary to fasting
- Sonographically unremarkable GI tract/pancreas
- Sonographically unremarkable bilateral kidneys
- Normal bilateral adrenal glands
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs and hypoglycemia. Although the liver/adrenal glands were overtly normal, bile acids and resting cortisol level +/- ACTH stim could be considered to rule out occult pathology as a contributing factor. A UA +/- C/S if evidence of inflammatory sediment is suggested. Empirically continued as needed supportive care would be reasonable. For an additional charge, internal medicine



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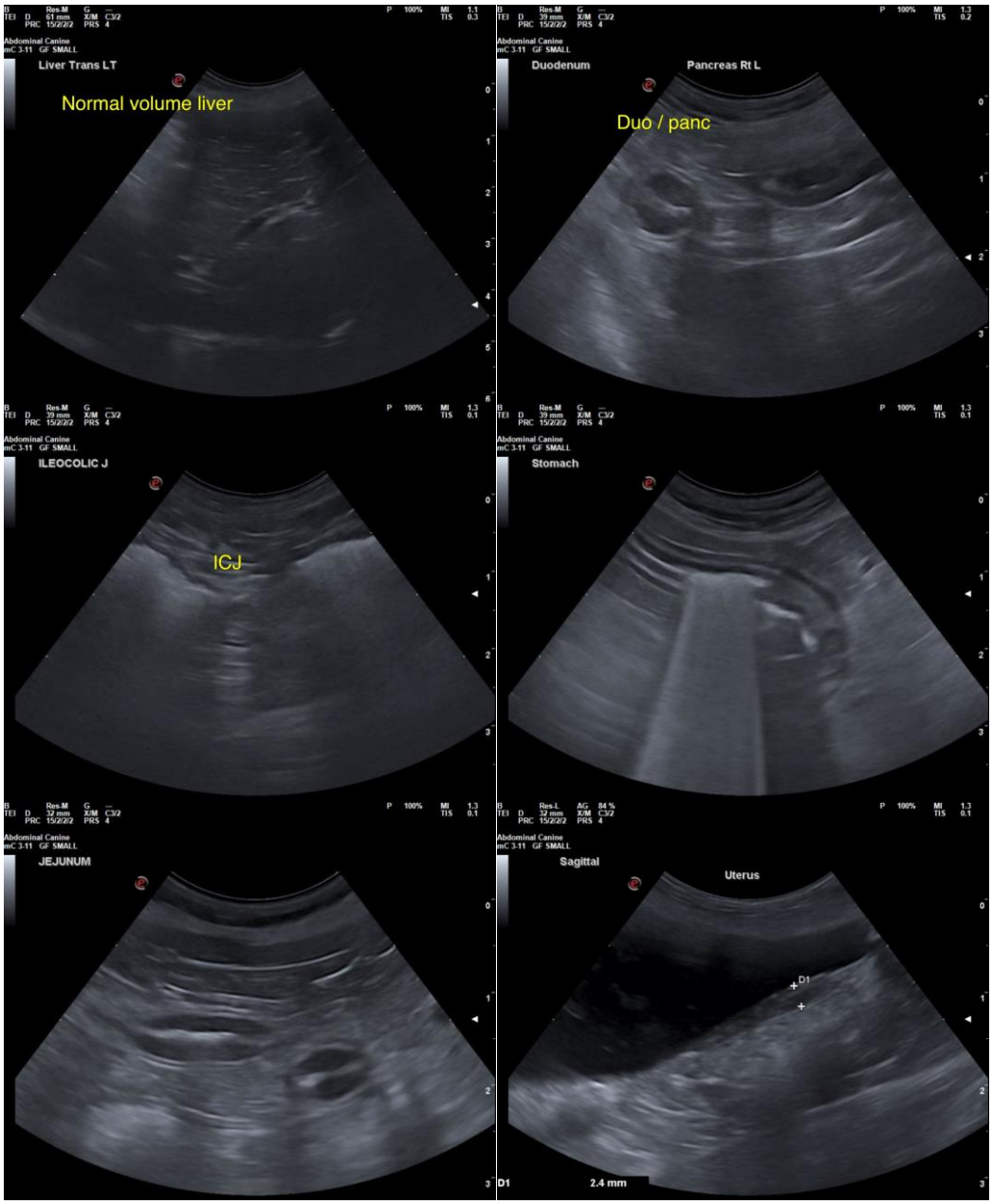
consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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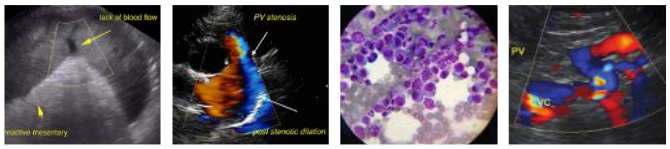

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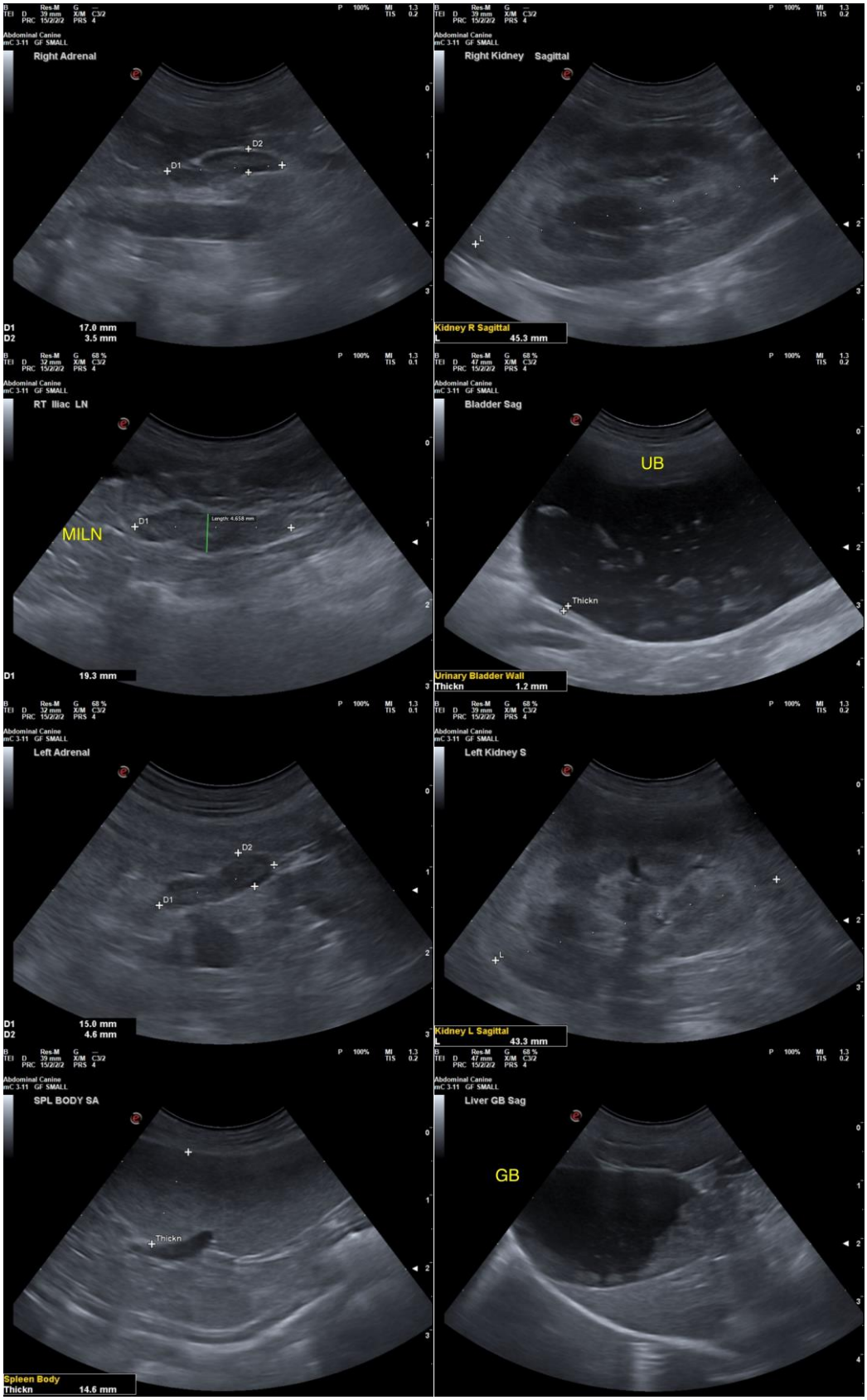

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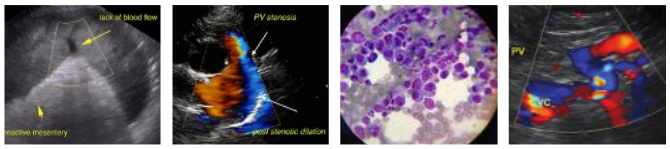

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com