



PATIENT

Tory Botwin

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

14 years

WEIGHT

11.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Daniel Tierney

INVOICE

16176

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Not eating, azotemia, markedly elevated liver enzymes. Current med: Vetsulin 4 units BID. Getting IVFs when in-hospital, BAR today.

Abnormal PE/Chem/CBC/UA Results: AST 1392, ALT 2728, ALP 6969, GGT 41, T. bili 5.2, BUN 86, creat. 2.7, BG 622, Mg 2.6, Cl. 95, chol. 957, trigs. 700, PLTs 482, fructosamine 573.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology measuring 0.84 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The right adrenal gland was normal in size. Mildly prominent left adrenal caudal pole, based on caudal pole width measurement in light of body weight, was noted. Mild parenchyma heterogeneity and mild capsule asymmetry was present in both adrenal glands without suspicion for overt neoplasia. No adrenal tumors were noted. The left adrenal gland measured 1.3 cm length x 0.79 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.46 cm width at the caudal pole.

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 presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed yet nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The proximal common bile duct was mildly



PATIENT	dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.31 cm width. No evidence of post hepatic obstructive criteria was noted.
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SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Mild variably echogenic nonshadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction was noted.
BREED	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.
Pomeranian	Normal visible colon wall layers were present with semi-formed fecal matter.
SEX	<i>Pancreas</i>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
14 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.8 lbs.	<ul style="list-style-type: none"> • Diabetic hepatopathy pattern - subjectively benign • Mild gallbladder debris (non-mucocele), minor nonobstructive proximal common bile duct dilation- age-related variant possible low-grade cholangitis • Overtly normal gastrointestinal tract with mild gastric ingesta / chyme • Heterogeneous pancreas • Nonspecific mildly prominent caudal left adrenal gland - no adrenal neoplastic criteria
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Full urinary workup including urinalysis and screening C/S given the likelihood of glucose urea is recommended. Concurrent assessment for urinary ketones and / or DKA is recommended.
IMAGING PERFORMED BY	The presence of gastric ingesta / chyme is nonspecific potentially indicative of unknown post-prandial presentation. However, given the reported inappetence in this patient, the presence of gastric ingesta may indicate some degree of functional gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.
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16176	A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal disease or mild pancreatitis as a contributing factor. Hospitalization with stabilization of BG levels and as-needed hepato-gastrointestinal support and assessment of clinical response may prove beneficial.
DATE	
2/15/23	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .



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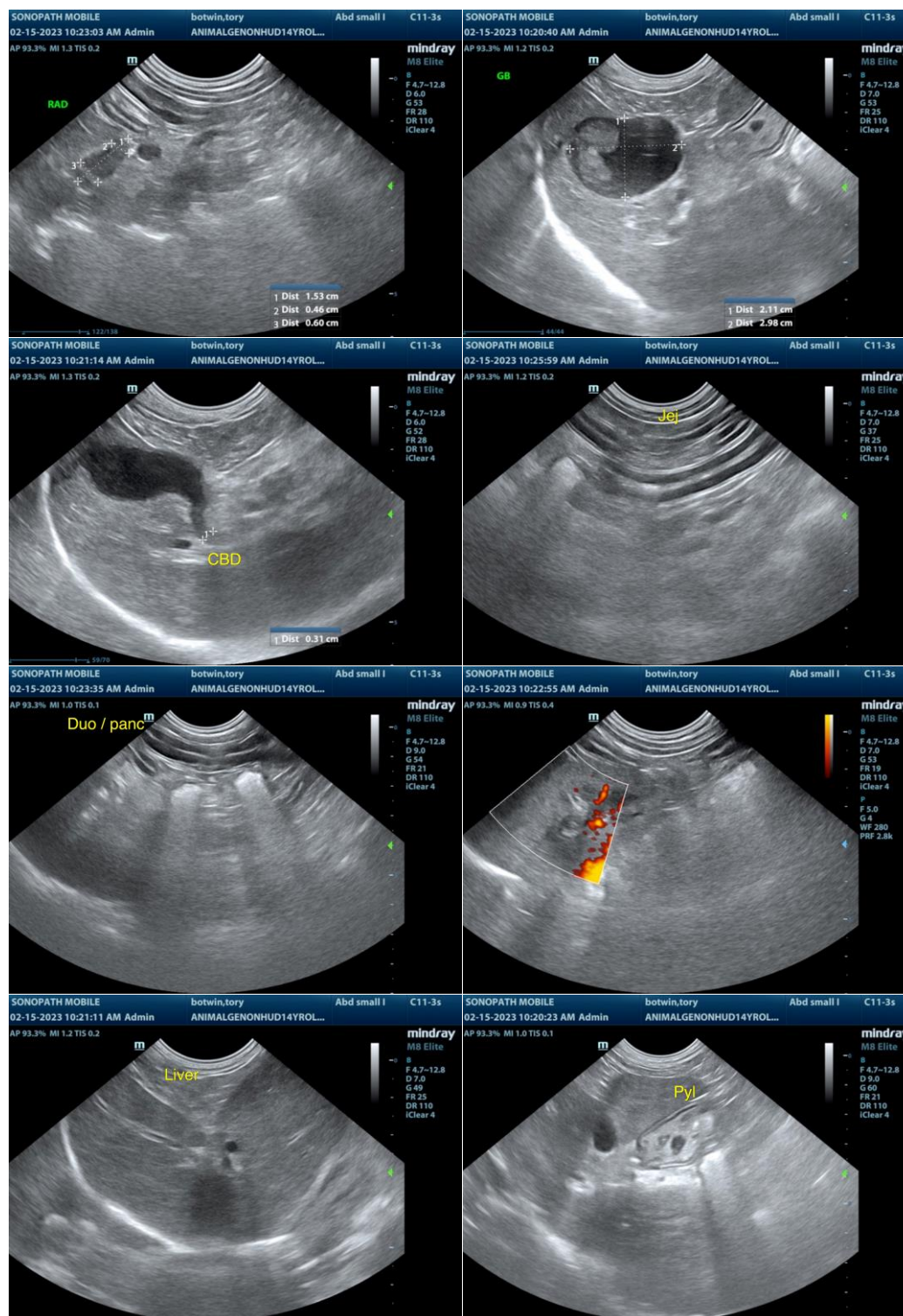
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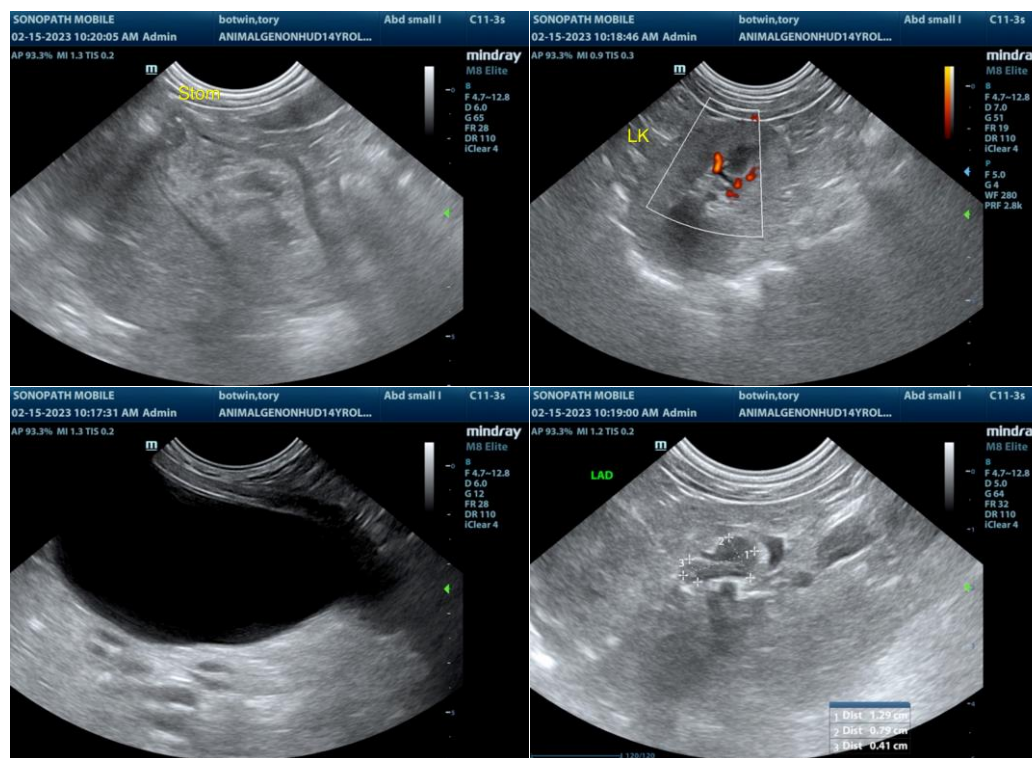
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com