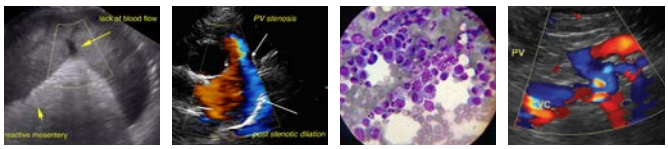
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Canita Martinez

SPECIES
Canine

BREED
Mixed Medium

SEX
Spayed Female

AGE
11 Years

WEIGHT
36 Pounds

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

IMAGING PERFORMED BY
Dr. Gabriel Ferrer

HOSPITAL NAME
Pulse: Pet Ultrasound Services

REFERRING VET
Dr. Alfred Marzan

INVOICE
47216

DATE
5/6/23

PRESENTING CLINICAL SIGNS

Presented today for an abdominal ultrasound. PT has a history of weight loss. Pt has lost about 10# in the last several months. Pt also have decrease appetite.

Abnormal PE/Chem/CBC/UA Results: PE: Weight loss BCS 4/9 BW: CBC:Unremarkable Chem: Increased Calcium SDMA: normal U/A: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present. Pinpoint areas of primarily dependent luminal mineral noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral noted along with discreet hyperechoic cortical foci, which may indicate discreet areas of cortical microinfarction, fibrosis, or mineralization. The left kidney measured 5.2 cm. The right kidney measured 6.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 length x 0.58 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.57 cm 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.

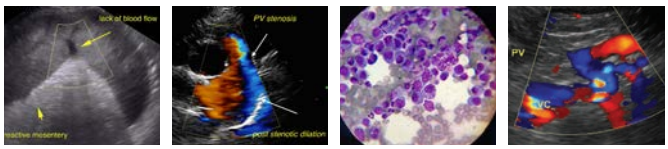
Liver

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. Moderate variably hyperechoic, mildly inspissated yet non-organized gallbladder debris present. No evidence of inflammatory criteria. 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. Gastric body wall measured 0.40 cm.

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



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areas of increased duodenojejunal mucosal echogenicity noted. No evidence of pathology at the level of the ileocolic junction. Duodenum wall measured 0.42 cm. Jejunum wall measures 0.37 cm.

Normal visible colon wall layers were present with 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.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion.

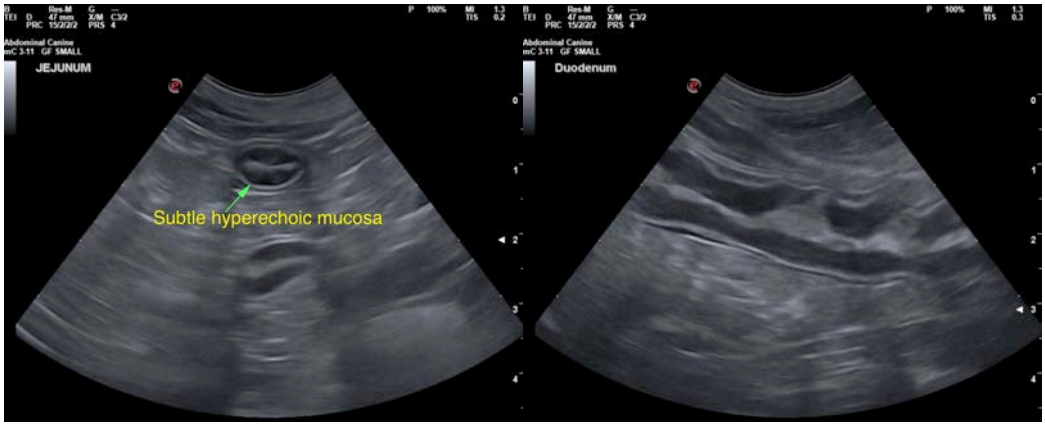
ULTRASONOGRAPHIC FINDINGS

- Mild pinpoint urinary bladder luminal mineral
- Mild age related kidneys exhibiting discreet hyperechoic cortical foci and minor medullary mineral.
- Intact gastrointestinal wall layering with discreet segmental duodenojejunal hyperechoic mucosa.
- Gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology, specifically no obvious neoplastic intraabdominal criteria. The discreet areas of increased duodenojejunal mucosa echogenicity are non-specific in the face of no reported gastrointestinal signs. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss. Assessment of caloric plane and/or competitive eating involvement suggested if clinically applicable. Rectal palpation suggested, given the hypercalcemia, or if not done.



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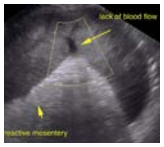
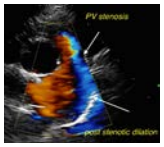
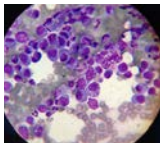
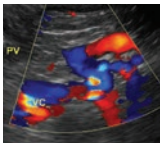

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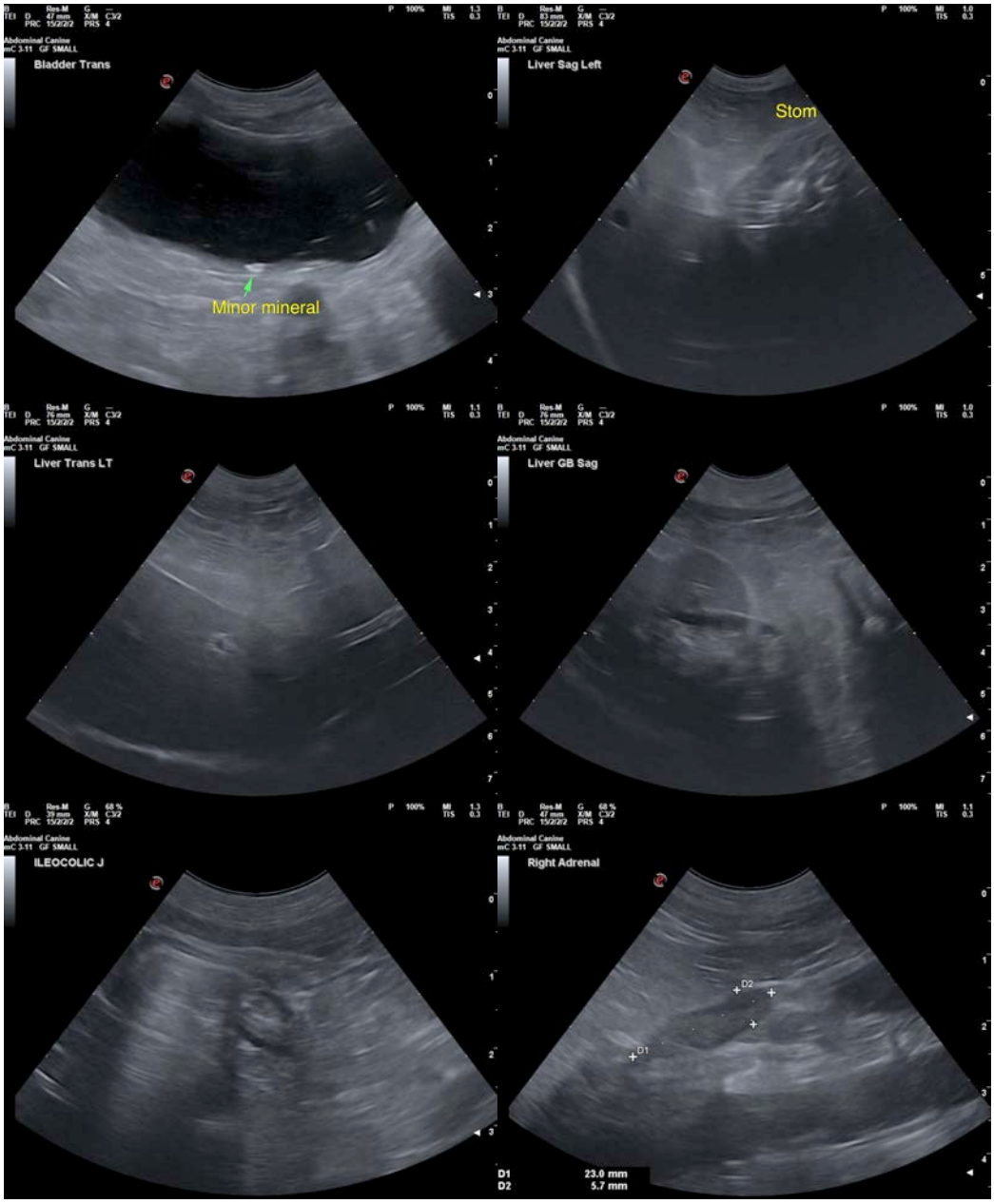

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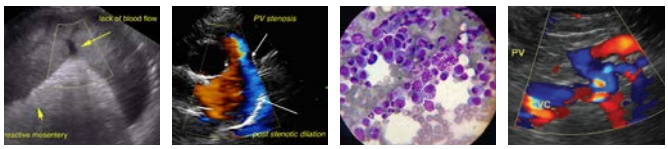

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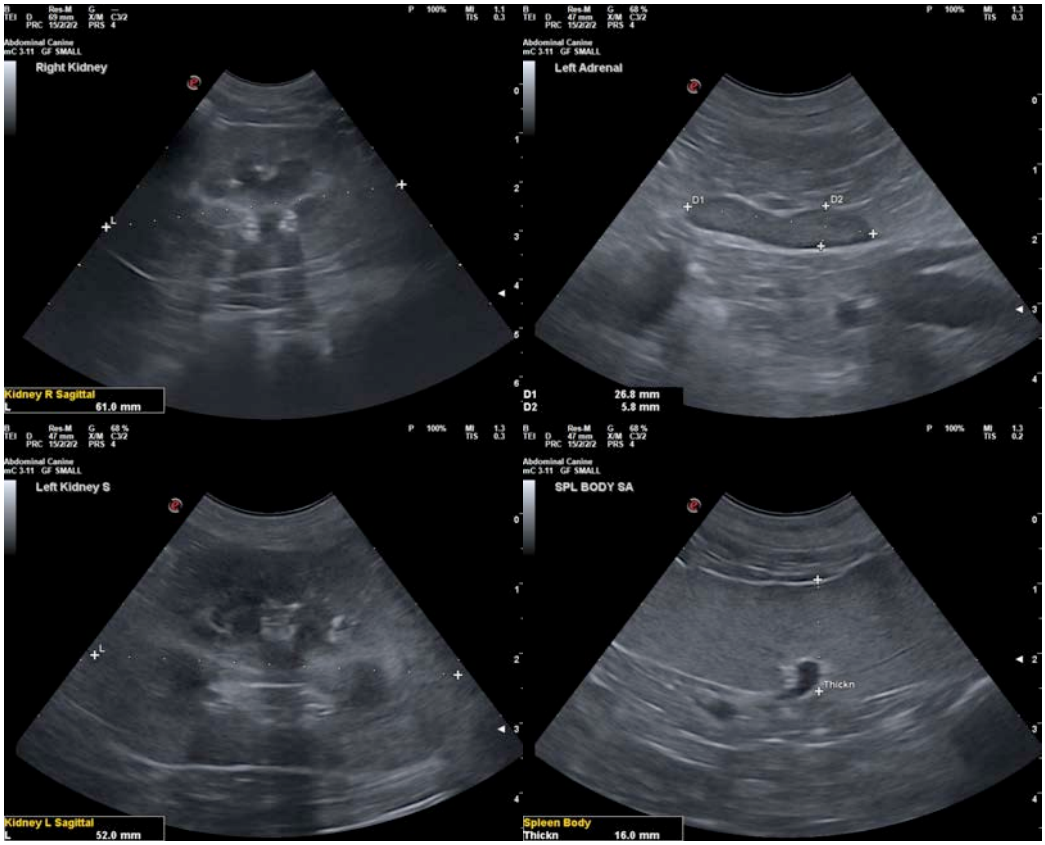

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com