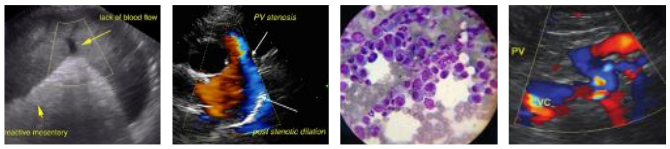
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tofu Kim

SPECIES
Canine

BREED
Maltese

SEX
M

AGE
10yr

WEIGHT
9.3lb

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

IMAGING PERFORMED BY
Dr. Paul Kim

HOSPITAL NAME
Ridgefield Park Animal Hospital

REFERRING VET
Dr. Paul Kim

INVOICE
14381ag

DATE
07/17/2023

PRESENTING CLINICAL SIGNS

The patient presented to the hospital for an ultrasound after Bloodwork revealed Hypoalbuminemia.

The submitted study contained 8 videos and 31 still images for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. 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 mildly indistinct corticomedullary definition were present. No pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was indistinctly visualized yet exhibited potential for mild benign prostatic hyperplasia criteria measuring ~ 2.0 cm in diameter.

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. The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.25 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.

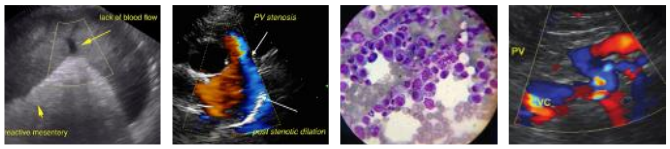
Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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. 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 contained mild non-shadowing ingesta consistent with food with no signs of ileus, obstruction or foreign material.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tofu Kim

SPECIES
Canine

BREED
Maltese

SEX
M

AGE
10yr

WEIGHT
9.3lb

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

IMAGING PERFORMED BY
Dr. Paul Kim

HOSPITAL NAME
Ridgefield Park Animal Hospital

REFERRING VET
Dr. Paul Kim

INVOICE
14381ag

DATE
07/17/2023

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 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, overt lymphadenopathy or peritoneal effusion was present.

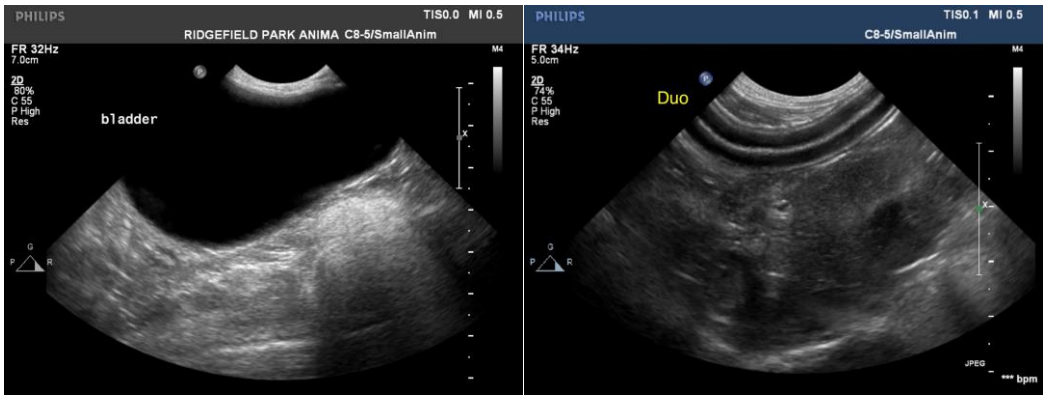
ULTRASONOGRAPHIC FINDINGS

- Minor age related renal changes.
- Normal liver.
- Unremarkable GI tract.

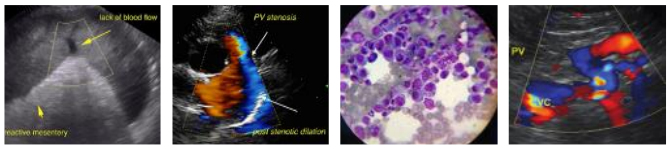
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's hypoalbuminemia. No evidence of hepatic pathology.

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. A resting cortisol level is recommended. A recheck sonogram is recommended if progressive hypoalbuminemia or if GI signs develop.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tofu Kim

SPECIES

Canine

BREED

Maltese

SEX

M

AGE

10yr

WEIGHT

9.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

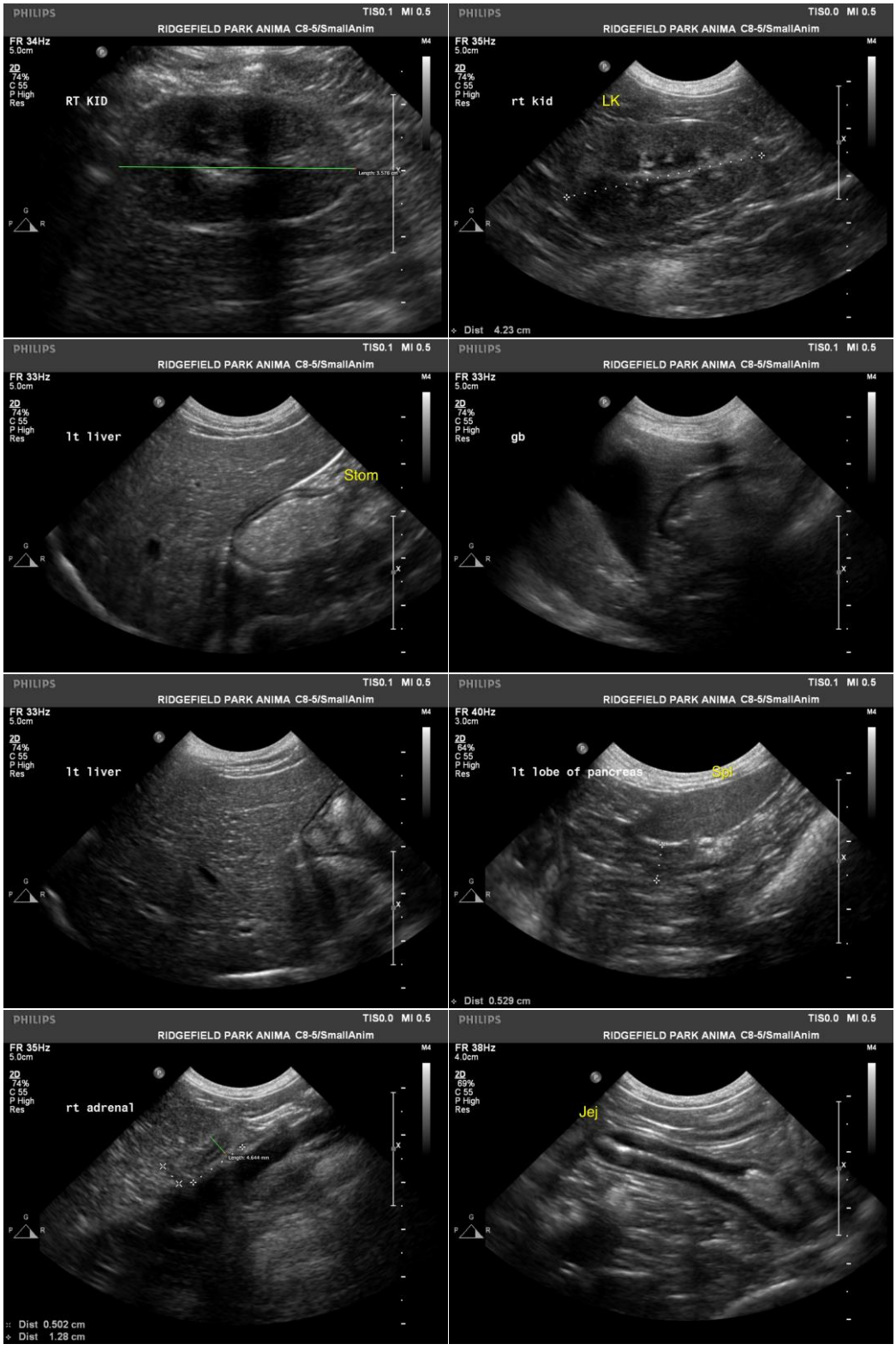
Dr. Paul Kim

INVOICE

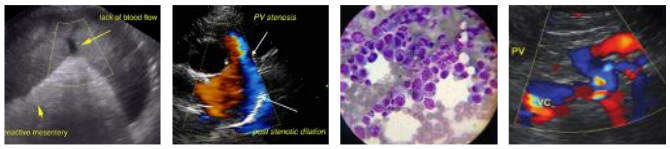
14381ag

DATE

07/17/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tofu Kim

SPECIES

Canine

BREED

Maltese

SEX

M

AGE

10yr

WEIGHT

9.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

14381ag

DATE

07/17/2023

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