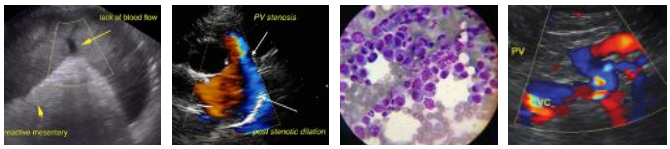

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1-800-838-4268 info@sonopath.com

PATIENT

Pochie Rosado

SPECIES

Canine

BREED

Chihuahua

SEX

MI

AGE

16yr

WEIGHT

3.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Kwasnik

INVOICE

11304ag

DATE

08/03/2022

PRESENTING CLINICAL SIGNS

History: Swelling on right side of face and today noticed some on left side. Pet is pawing at mouth/face constantly. Drooling more than usual. Hx of UTI, Hx of enlarged testicle. Was told by rDVM that it is most likely benign and not concerned. hx of periodontal Dz, Leukocytosis, mild epitasis,

Abnormal PE/Chem/CBC/UA Results: QAR, euhydrated BCS 3/9, DDZ 3/4 Will not allow oral exam. Left testicular tumor, right testicular atrophy. Likely severe dental disease. R/O tooth root abscess vs advanced periodontal disease Unfortunately I could not examine the oral cavity thoroughly. BW: 7/28/22 CHEM: GLUCOSE 51 mg/dL BUN 35 mg/dL 9- 31 ALBUMIN 1.9 g/dL 2.7 3.9 GLOBULIN 4.4 g/dL 2.4 4.0 ALB/GLOB RATIO 0.4 0.7 1.5 ALP 280 U/L 5-160 AMYLASE 2158 U/L 337 -1469 CREATINE KINASE 124 U/L 10 -200 T4 0.7 ug/dL 1.0 4.0 CBC: WBC 30.6 K/uL 4.9- 17.6 HGB 11.4 g/dL 13.4- 20.7 HCT 34.7 % 38.3 -56.5 MCH 20.7 pg 21.9 -26.1 RETIC HGB 24.3 pg 24.5 - 31.8 PLATELET 683 K/uL 143- 448 NEUTROPHIL 24511 /uL 2940 -12670 MONOCYTE 3305 /uL 130- 1150

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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral areas of nonobstructive mineral was present. The left kidney exhibited mild pyelectasia. The right kidney exhibited a thinly walled cyst containing anechoic fluid measuring 0.68 cm. The left kidney measured 3.0 cm in length. The right kidney measured 2.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.8 cm x 1.5 cm. An anechoic, thinly walled parenchyma cyst was present measuring 4.3 cm in diameter.

Sonographic assessment of the left testicle revealed mild testicular enlargement exhibiting nonhomogeneous to irregular indistinctly nodular to cystic parenchyma. The left testicle measured 3.1 cm x 1.7 cm.

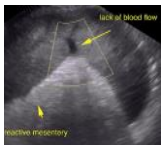
The right testicle was not overtly visualized.

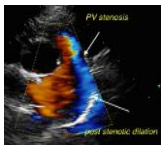
Adrenal Glands

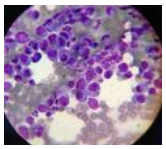
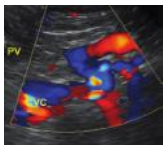
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.34 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence





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of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete intraparenchymal nodules were present suggestive of areas of nodular to regenerative hyperplasia, hematopoiesis or similar. 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 moderate inspissated hyperechoic luminal debris primarily in the mid to caudal lumen and cystic biliary duct. 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 formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

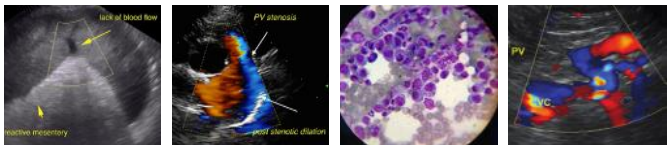
- Benign prostatic hyperplasia with intraparenchymal cysts, potential for prostatitis possible
- Bilateral moderate chronic renal changes with minor left kidney pyelectasia and solitary right kidney cyst
- Hepatic parenchymal remodeling-subjectively benign
- Early to immature noninflamed gallbladder mucocele
- Mildly enlarged to irregular left testicle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The left testicle may indicate benign or age related changes although potential for neoplastic criteria is possible. No overt evidence of prostatic neoplasia was observed.

No obvious evidence of active pancreatitis although potential for low grade to chronic pancreatitis and/or mild gastroenteritis could be present. As needed GI supportive care is recommended pending further evaluation of the oral cavity would be reasonable. Hepatosupportive medications including Denamarin and Ursodiol are recommended with monitoring for evidence of cranial abdominal or



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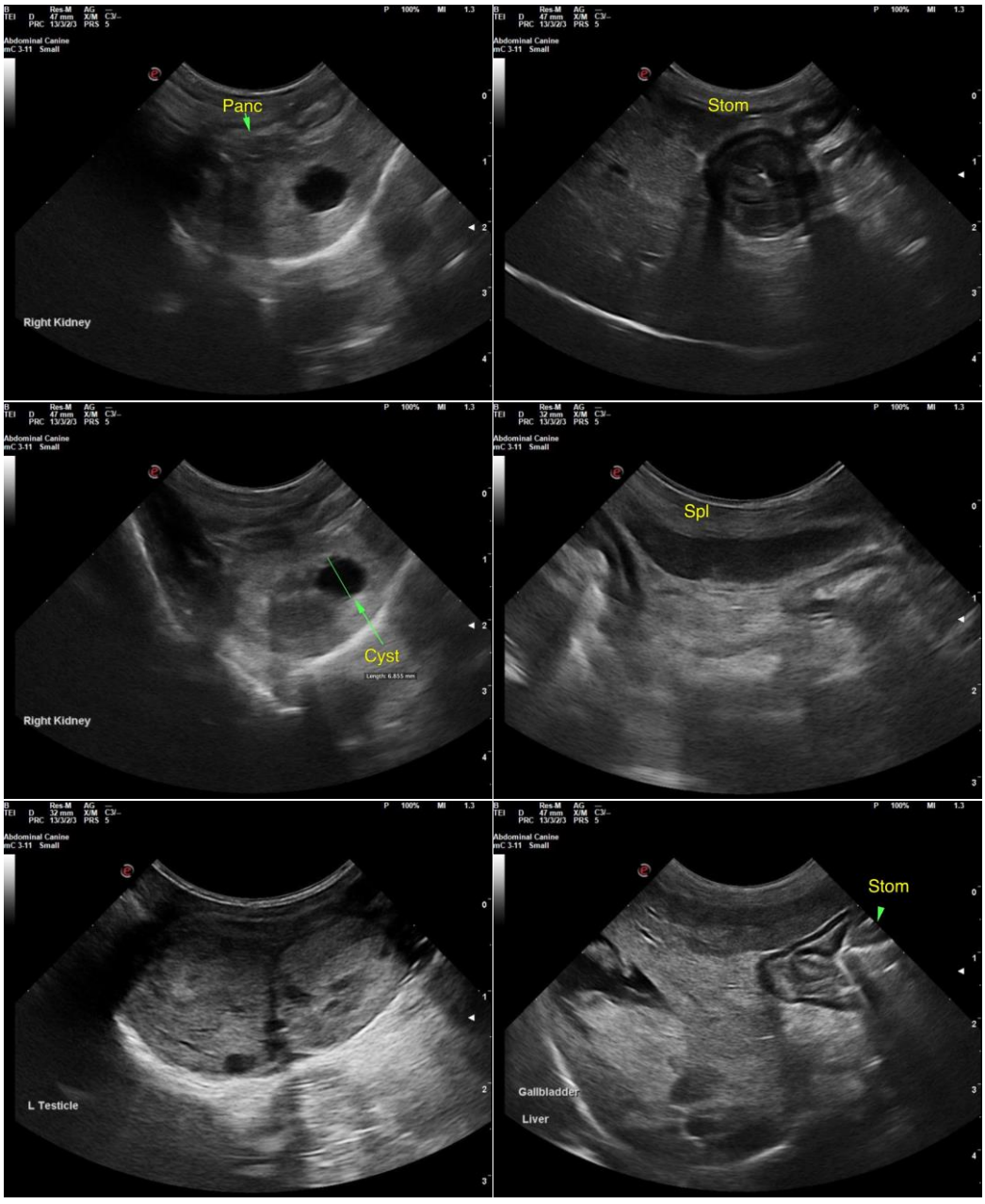
subxiphoid discomfort on palpation and/or increasing evidence of cholestasis.



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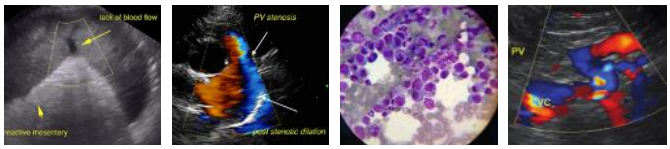

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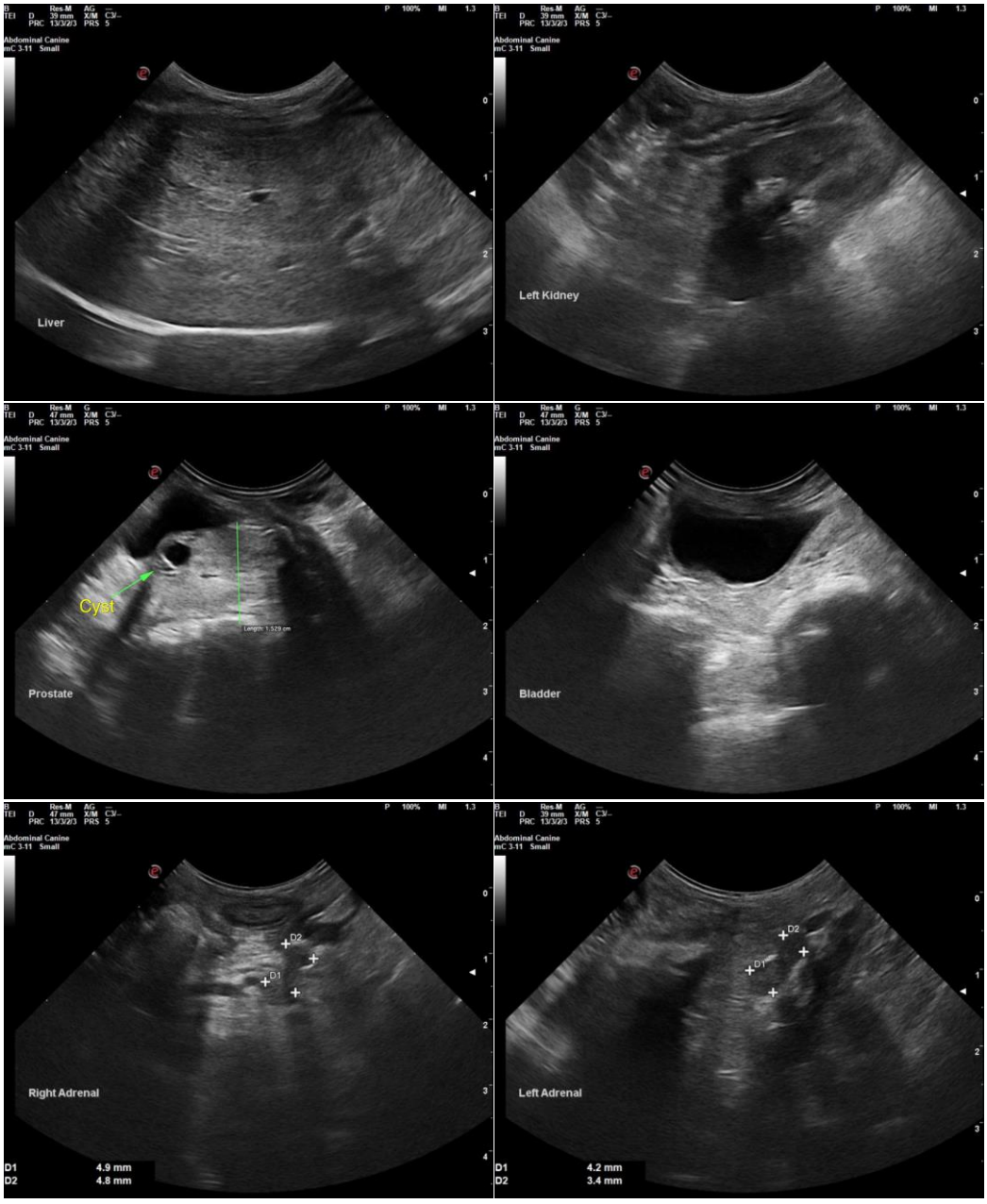

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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