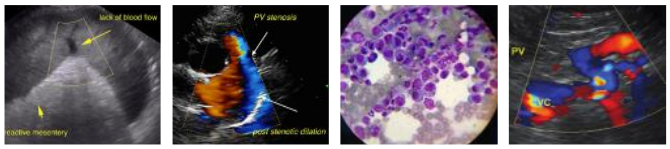
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Harmony Panozza

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 Years 1 Month

WEIGHT

5.38 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Rita Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Rita Kivircik

INVOICE

14053

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Harmony presented for evaluation because she isn't feeling well. She was evaluated on 9/14 for waxing and waning signs of anxiety and discomfort. At that time, she would shake and not act like herself. She's never been a great eater but during these bouts her appetite was worse, so owner was hand feeling. No vomiting is usually noted during these times, but her stool will sometimes be soft and she will have accidents in the house. Blood work at that time, including cPLI, was unremarkable except for mild elevation of HCT due to dehydration. She seemed a bit uncomfortable on abdominal palpation and was treated with Famotidine and SQ fluids. There wasn't much improvement in her clinical signs. About 3 weeks ago, owner increased her Fluoxetine dose from 1/4 of a 10 mg tab once daily to 1/2 of a tab once daily. Since the increase, her appetite has been consistently low, requiring hand feeding. No vomiting or diarrhea. Creat/BUN/ALT/AST/ALP/ TBILI were repeated today and were normal.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

No images of the left kidney provided.

The right kidney presented normal size (3.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen is normal in size (0.85 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.65 cm myelolipoma is observed in the region of the hilus. In addition, a 0.41 cm hypoechoic nodule is observed near the hilus. Splenic vasculature is normal.

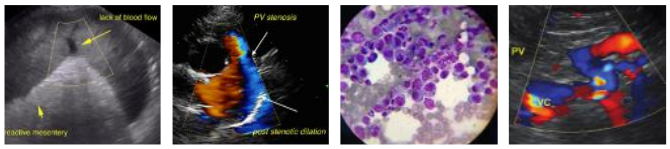
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris/sludge is observed within the lumen, some of which is adhered to the mucosal surface and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx



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cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The gallbladder debris/sludge could be consistent with fasting, cholestasis or less likely, early mucocele formation.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- The hypoechoic splenic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.

*An obvious cause for the patients' clinical signs is not identified in the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images of the left kidney and both adrenal glands would be beneficial in assessing for pathology in these organs.
- Other diagnostic considerations include the following:

1. Three-view thoracic radiographs to assess for occult disease in the chest.
2. Thorough orthopedic and neurologic evaluations to assess for non-metabolic causes of the patients' clinical signs.
3. Thorough rectal examination to assess for anal gland issues and rectal masses.
4. Malabsorption panel, including serum cobalamin, folate, TLI and PLI to evaluate for underlying microscopic gastrointestinal and/or pancreatic disease.
5. Consider a recheck ultrasound of the gall bladder in 3-4 weeks, preferably 2 hours following a small meal. If gall bladder sludge has a similar appearance to today's scan, consider initiation of Ursodiol therapy.

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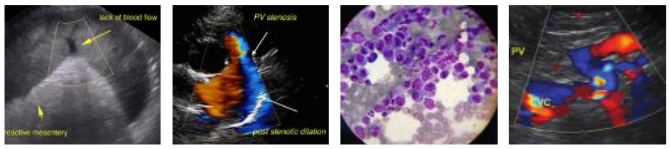

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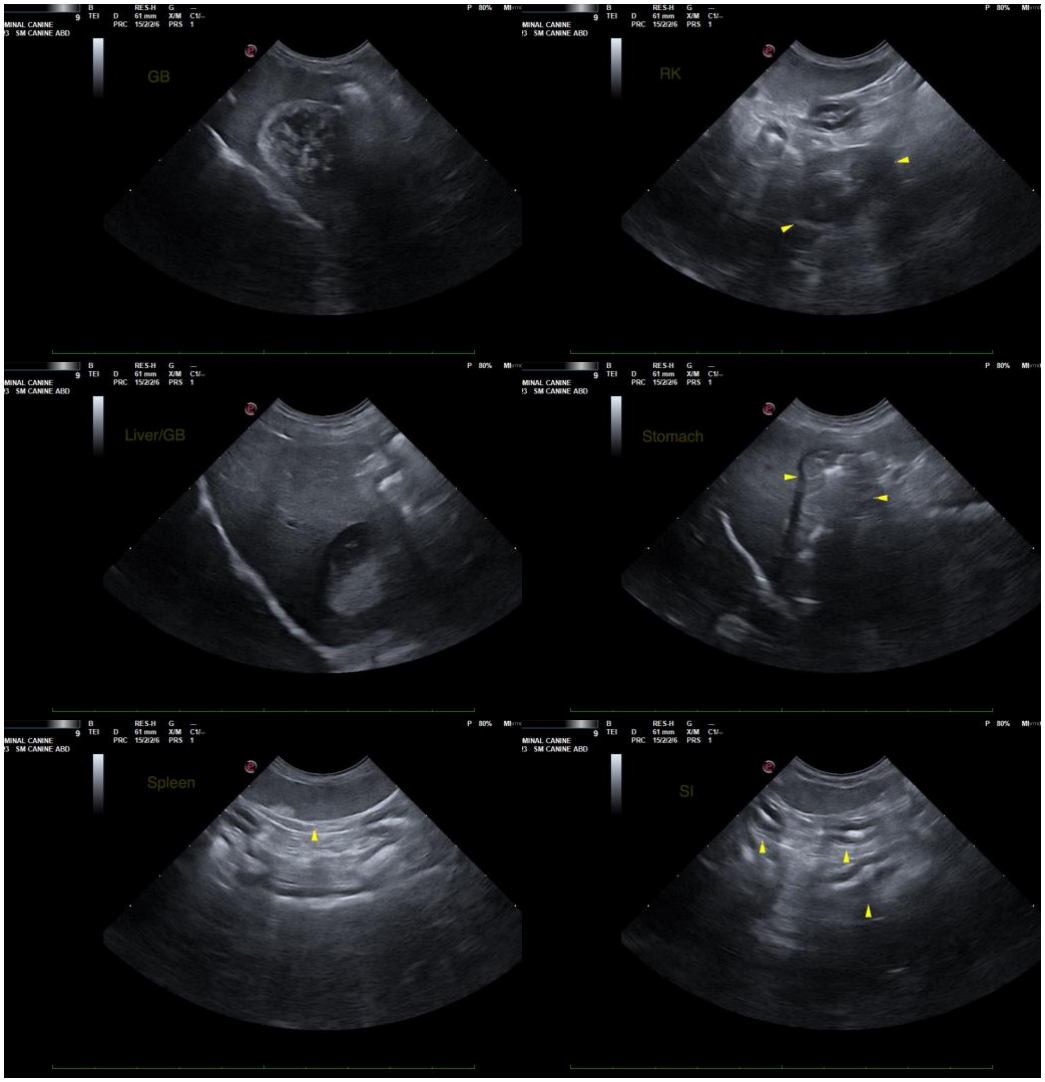

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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