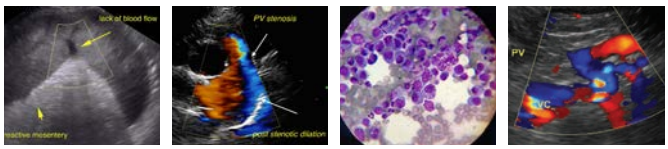
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Duke Soto

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Intact Male

AGE
8 Months

WEIGHT
5.5 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Gabriel Ferrer

HOSPITAL NAME
Paseos Vet Center

REFERRING VET
Dr. Armando Cruz

INVOICE
39998

DATE
8/1/22

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to further evaluate Inappetence. Pt started to become inappetence since June 20, 2022, Get lethargic and sleeps a lot. No hx of vomiting and diarrhea. The abdomen feels hard when he doesn't eat, and after feeding (which owner gives baby food) he starts to act normal. Owner gave 4 teaspoon of baby food chicken 3 and 1/2 hours prior to the study. Abnormal PE/Chem/CBC/UA Results: 6/20/22 CBC - thrombocytopenia of 2 (240-484) Chem - ALT elevated 257 (10-125) 7/29/22 CBC - MPV 14 (8.7-13.2) The rest of the CBC including platelets were normal Chem - Bun: 42 (7-27) ALT:136 (10-125)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately full with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate measures 1.5 cm across and is of appropriate size for patient age and the intact status, with a homogeneous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 3.58 cm. The left kidney measures 3.3 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland measures 3.0 mm at the caudal pole and 3.0 mm at the cranial pole. The left adrenal gland measures 3.8 mm at the caudal pole and 3.6 mm at the cranial pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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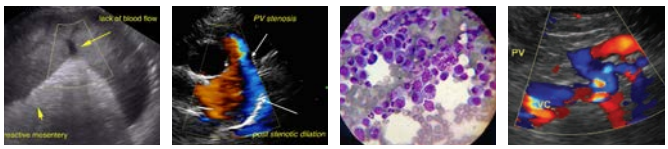

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Gastrointestinal

The stomach is markedly distended with normal ingesta. The gastric wall is normal (2.1 mm thick) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness (jejunum measures 3.3 mm, duodenum measures 4.5 mm) with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Bost testes were identified and were normal in sonographic appearance.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Full stomach

SECONDARY FINDINGS:

- Normal pediatric abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The normal portal vein to aortic ratio rules out the presence of an extrahepatic shunt. Pre- and post-prandial bile acid testing is recommended to further screen for other hepatic diseases such as an intrahepatic shunt or portal vein hypoplasia. A resting cortisol level could be performed to screen for Addison's disease. Fecal parasite testing and an empiric treatment with Fenbendazole are also recommended.

The stomach does appear overly full if the patient has in fact had nothing except 4 tsp of food in the last 12 hours. A trial with Metoclopramide at 0.2-0.4 mg/kg could be tried, as there is no evidence of physical gastrointestinal obstruction.

Additional empiric therapy could include a probiotic trial and treatment with maropitant or ondansetron to determine whether nausea is playing a role in the inappetence. If signs persist or progress to include vomiting and diarrhea, then a trial with a novel protein diet as well as a full gastrointestinal panel would be recommended.

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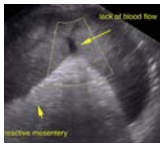
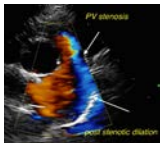
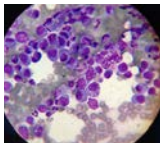
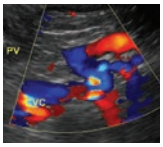

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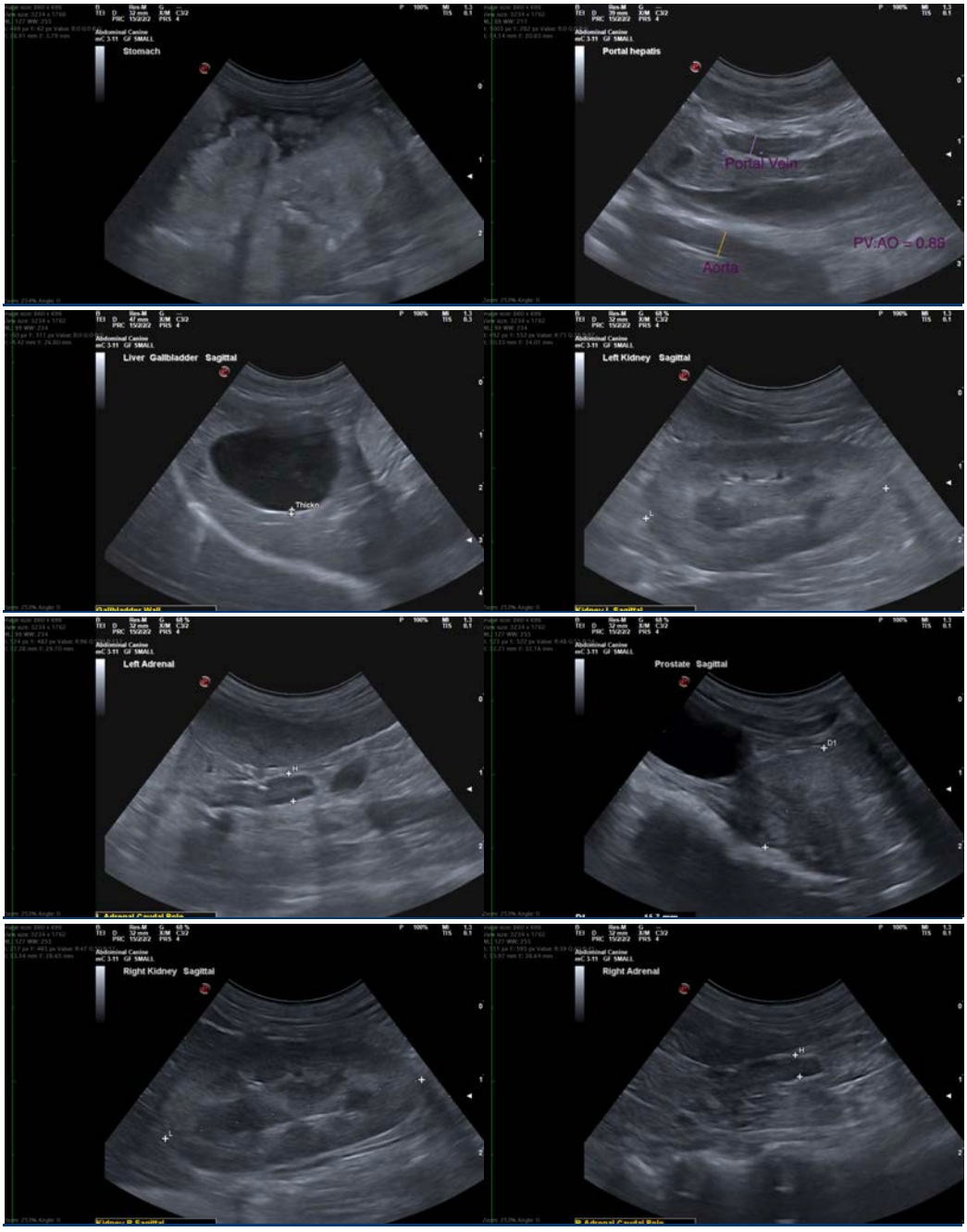

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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