



**PATIENT PRESENTING CLINICAL SIGNS**

Pedro Lutz History: not eating well at home (on and off), soft stools, spitting up Patient was on Omeprazole and owner stopped giving

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine *Urinary System*

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**BREED**

Chihuahua

The prostate is not definitively visualized due to its pelvic location.

**SEX**

Male, neutered

The left kidney is normal size (4.71 cm in length) with a slightly irregular shape. A 0.55 cm cortical cyst is observed at the caudolateral aspect. The cyst causes slight capsular expansion. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

11 Yrs.

The right kidney is normal in size (4.17 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**WEIGHT**

9.6 lbs.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.44 cm at caudal pole) (xxx cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is not definitively visualized in the available images.

**IMAGING PERFORMED BY**

Jenn

*Liver*

**HOSPITAL NAME**

Rockaway

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is subjectively hyperechoic and homogeneous in appearance. No 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Gannon

*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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**INVOICE**

14465

*Pancreas*

**DATE**

1/18/23



**PATIENT**

Pedro Lutz

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.

**SPECIES**

Canine

*Free Abdomen*

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

**BREED**

Chihuahua

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Male, neutered

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential. However, correlation with the patient's liver values is recommended.
- Minor bilateral, age-related renal changes with subtle right dystrophic mineralization.

**AGE**

11 Yrs.

\*An obvious cause for the patient's discomfort is not identified. Considerations include underlying metabolic issue (i.e., pyelonephritis, low-grade pancreatitis), orthopedic or neurologic disease, other.

**WEIGHT**

9.6 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(*Small Animal Internal  
Medicine*)

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- From a metabolic standpoint, consider the following:
  1. Urine culture and sensitivity
  2. cPLI to assess for mild pancreatitis
- Orthopedic and neurologic examinations are recommended +/- spinal and/or limb radiographs as needed.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- Other diagnostic considerations include the following:
  1. A fecal evaluation for ova/Giardia
  2. Full malabsorption panel, including serum cobalamin, folate, TLI and PLI
  3. +/- resting cortisol level
  4. +/- GI biopsies

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**PATIENT**

Pedro Lutz

**SPECIES**

Canine

**BREED**

Chihuahua

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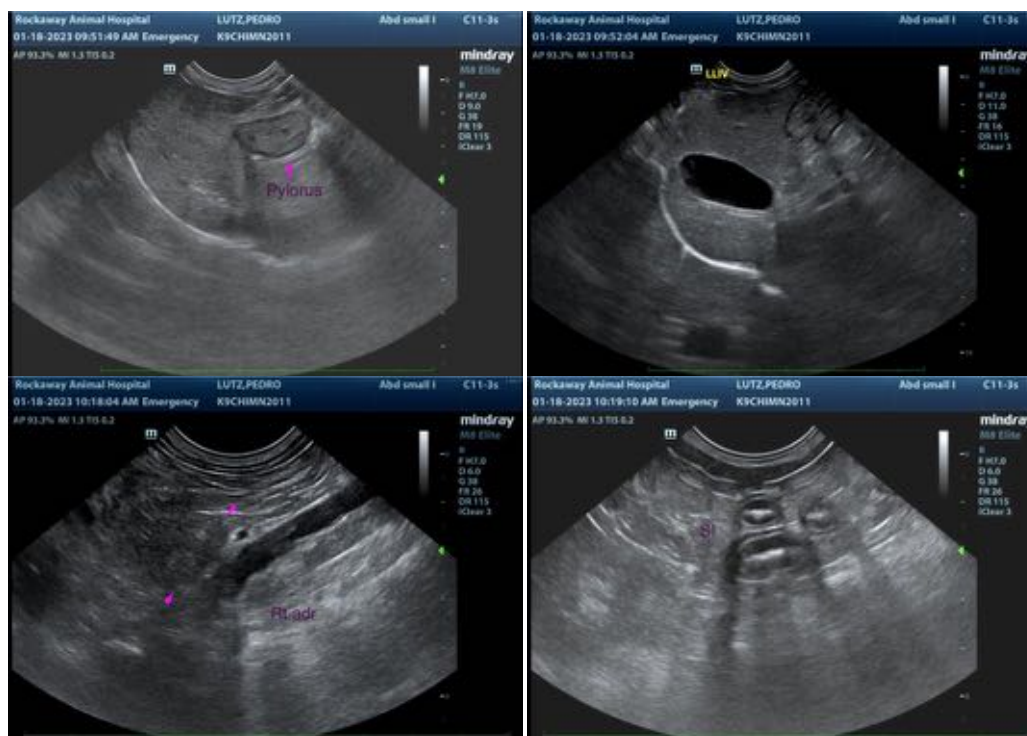
Dr. Gannon

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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.

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