



**PATIENT**

Lily Pabon

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female, spayed

**AGE**

6 Yrs.

**WEIGHT**

5.0 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

14150

**DATE**

10/26/22

**PRESENTING CLINICAL SIGNS**

**History:** Patient presented as a referral for an abdominal ultrasound for evaluation of weight gain and possible hepatomagaly. Patient was presented to rDVM with concern of gain weight. Patient is up to date in vaccines, heartworm (interceptor) and flea/tick preventives (bravecto).

**Abnormal PE/Chem/CBC/UA Results:** Upon PE: BAR, heart and lungs auscultated normal. Mild periodontitis and normal eyes, ears, nose, skin, GI tract, genitourinary system and musculoskeletal. Eating and drinking water as usual, no PU/PD. BCS 4.5/5. A T4 was run and was normal. Patient was referred for abdominal ultrasound.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 1-2 cm, are normal.

The left kidney is normal size (3.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.34 cm at caudal pole) (1.45 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.

The right adrenal gland is normal size (0.36 cm at cranial pole) (0.29 cm at caudal pole); 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 normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.53 cm irregular hyperechoic nodule is observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively prominent in size 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 aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

***Pancreas***

The base and right limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***

There is no evidence of free fluid. A 0.80 cm mesenteric lymph node is visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential. However, if the liver enzymes, particularly the ALT, are elevated, other differentials (i.e., inflammatory disease, hepatotoxicosis) should be considered.

**Secondary Findings:**

- Minor bilateral, age-related renal changes.
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma).
- Gallbladder debris/sludge, non-mucocele.
- Pancreatic remodeling with fibrosis. Concurrent mild chronic pancreatitis may also be present, particularly if the patient has a history that is consistent with this diagnosis.
- Prominent mesenteric lymph node is likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC chemistry panel and urinalysis is recommended, if not already performed.
- An accurate measurement of the patient's daily caloric consumption is recommended to assess for excessive caloric intake as a possible cause for the weight gain.



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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.



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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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info@SonoPath.com

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