



**PATIENT PRESENTING CLINICAL SIGNS**

**Patient:** Beary Vella  
**History:** Having bouts of collapsing, goes down urinates himself then recovers and s up and about as if nothing happened  
**Abnormal PE/Chem/CBC/UA Results:** Grade 3/6 AV murmur, Hx of DMVD (had echo 3/12/2019), PMI left hemithorax, No adventitial lung sounds. Previous AUS 3/13/2019, 11/6/17, 6/21/17. Hx of bilateral adrenal enlargement, mineralization kidneys, mild pancreatic remodeling R/C Echo and AUS

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Male, neutered

**AGE**

14 Yrs. 7 months

**WEIGHT**

7.75 mg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

WestviewVH

**REFERRING VET**

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**INVOICE**

12621

**DATE**

11/30/21

**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 mostly 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 cm, are normal.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.84 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thickened and hyperechoic and there is poor corticomedullary distinction. Numerous small cortical cysts are present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thickened and hyperechoic and there is poor corticomedullary distinction. Numerous small cortical cysts are present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is mildly enlarged (0.60 cm at cranial pole) (0.87 cm at caudal pole) (1.95 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.88 cm at caudal pole) (2.15 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 normal in size (0.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A



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moderate amount of echogenic debris was observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

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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.

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**Pancreas**

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The right limb is prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

**AGE**

14 Yrs. 7 months

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Bilateral nephropathy with non-obstructive nephrolithiasis and cortical cysts.
- Bilateral adrenomegaly- previously observed.
- The diffuse hepatic changes are non-specific are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling). Inflammatory and infiltrative disease are considered less likely.
- Age-related pancreatic remodeling/fibrosis.

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Medicine)

\*An obvious cause for the patient's collapse episodes is not identified in this study.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Three-view thoracic radiographs are recommended if not already performed.
- A baseline blood pressure measurement should be considered to assess for hypotension/hypertension.
- A thorough neurologic examination is recommended to assess for deficits that might indicate primary neurologic disease.
- Further recommendations should be based on the echocardiogram report.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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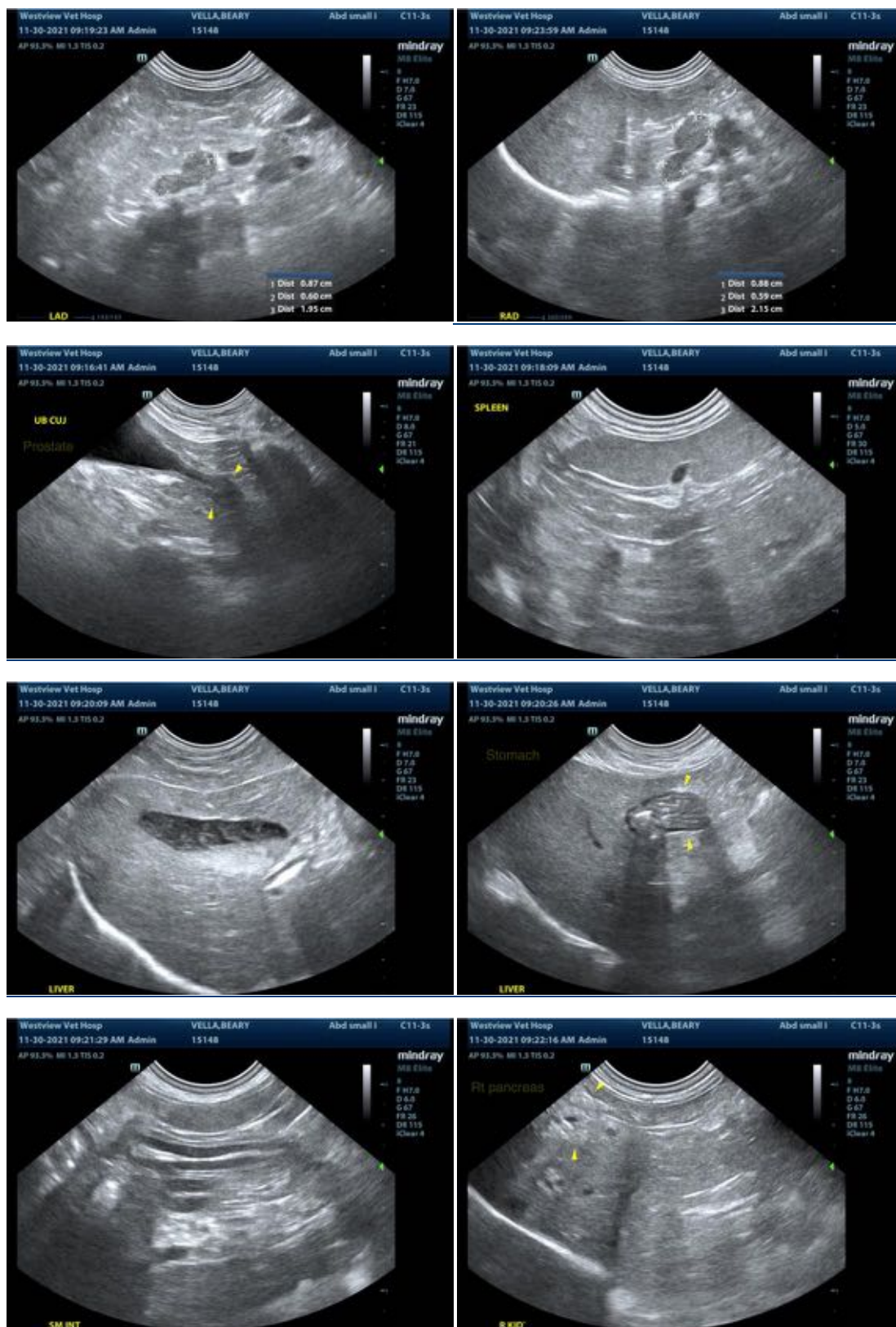
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The information and recommendations provided are based on the images presented by the referring



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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.

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