



PATIENT

Bella De La Cruz Juarez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Female

AGE

11 Months

WEIGHT

7 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Heritage AH

REFERRING VET

Dr. Jarrett

INVOICE

13221

DATE

PRESENTING CLINICAL SIGNS

History: Recent history of poor appetite/lethargy for two weeks when owner went out of town. Appears to be doing fine now. Owner wanted her to be checked out.

Abnormal PE/Chem/CBC/UA Results: 12/24/21 Bile Acids pre 4.6, post prandial 46.7 Chemistry: Phosphorus 5.5, Albumin 3.7 (per Dr. Jarret), AST 68, GGT 488

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 cm, are normal.

The left kidney presented normal size (3.04 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. Renal vasculature is normal.

The right kidney presented normal size (3.61 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.26 cm at cranial pole) (0.28 cm at caudal pole) (1.36 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 (0.30 cm at cranial pole) (0.28 cm at caudal pole) (0.81 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 (0.92 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein is difficult to



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visualize in the same plane as the caudal vena cava. However, the ratio appears to be approximately 1:1.

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.

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 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. A few prominent jejunal and medial iliac lymph nodes are visualized, the largest measuring 2.79 cm in length. The nodes are normal in shape and echogenicity.

Other

The uterine body is visible (0.40 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes may be secondary to reactive lymphadenitis, lymphoid hyperplasia, immunologic immaturity or less likely, infiltrative neoplasia.
- The remainder of the abdomen is unremarkable.

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

*Regarding the elevated postprandial serum bile acids, considerations include microvascular dysplasia, occult hepatic disease or less likely, a congenital portosystemic shunt.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- When the patient is spayed, consider gross evaluation for a congenital portosystemic shunt as well as a liver biopsy to further assess for a hepatopathy. Regarding anesthesia, benzodiazepines should be avoided (if possible) and opioids should be used judiciously.
- In the meantime, consider a prescription liver diet



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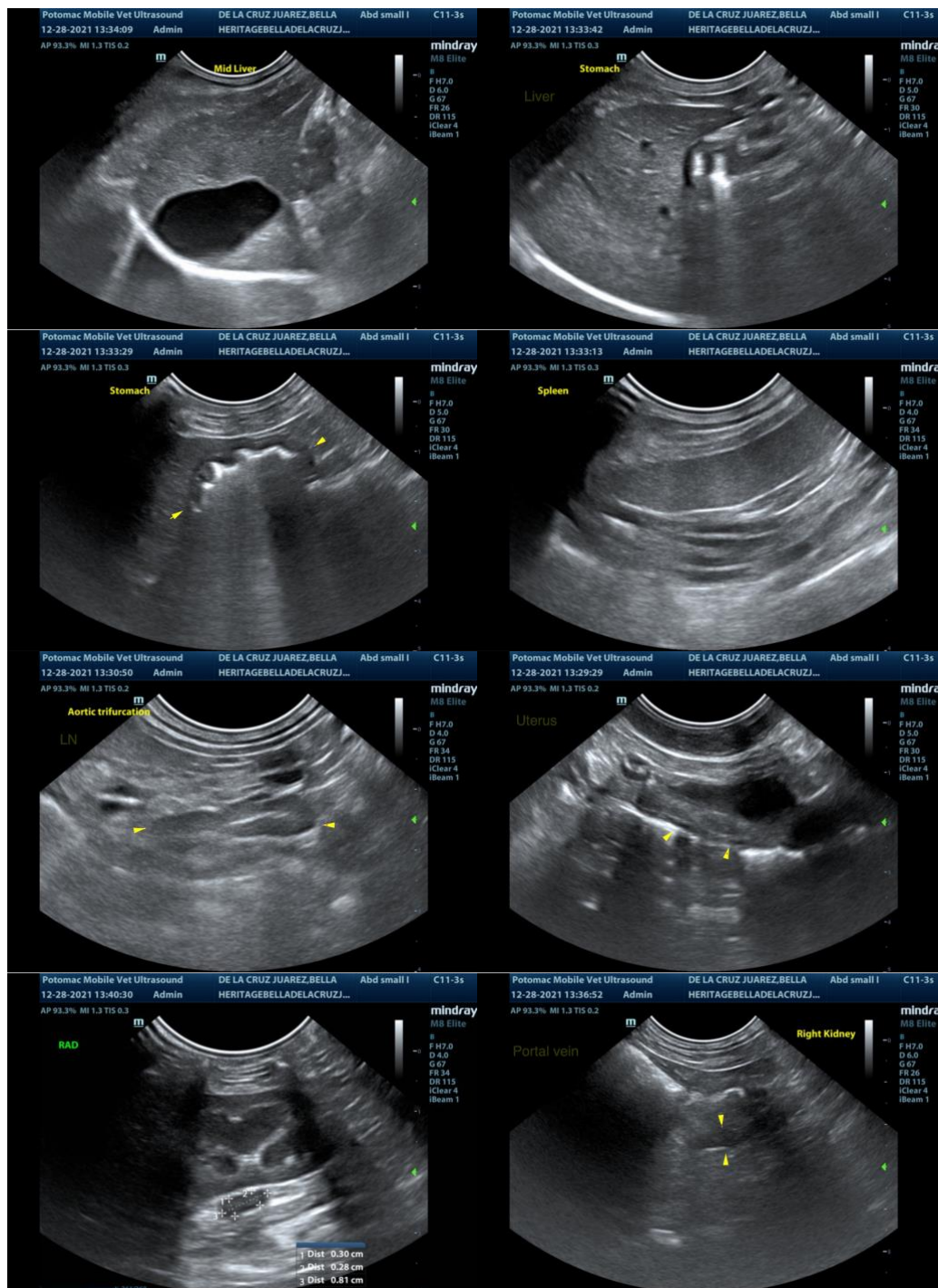
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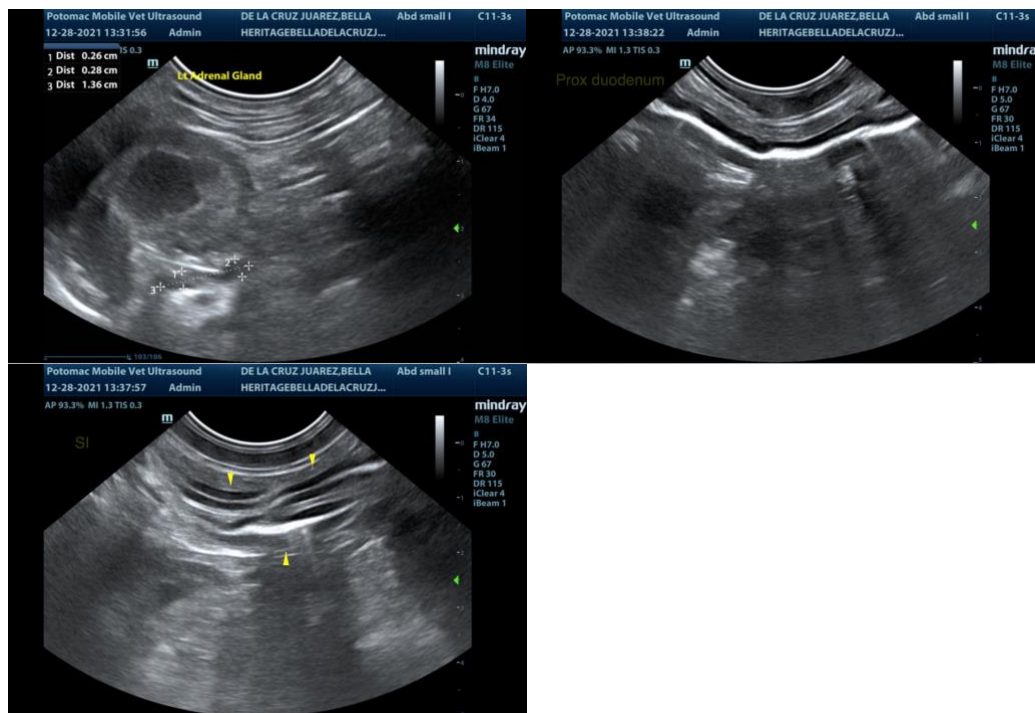
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

andrea_nicastro2@hotmail.com