



## PATIENT

Josie Kamsler

## SPECIES

Canine

## BREED

Chihuahua mix

## SEX

Female, spayed

## AGE

8 Yrs.

## WEIGHT

12.3 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Klaassen

## HOSPITAL NAME

Animal Care Group of  
Lake Oswego

## REFERRING VET

Dr. Wisniewski

## INVOICE

13605

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

Prev dx mammary carcinoma, chronic dia/vom/inappetance flares

Abnormal PE/Chem/CBC/UA Results: alb 2.5 L USG 1.004 all else wnl chem cbc t4

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.51 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

The left adrenal gland is mildly enlarged (0.53 cm at cranial pole) (0.59 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.82 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and 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 (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 ill-defined hypoechoic nodules/areas are observed, one of the lesions measuring 1.2 cm in its longest dimension. Splenic vasculature is normal.

### Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 small amount of mostly gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

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



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intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in several segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

### ***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.

### ***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings:**

- The small intestinal mucosal speckling could be associated with an inflammatory enteropathy, lymphangiectasia, infectious/parasitic disease or less likely emerging neoplasia.

### **Secondary Findings:**

- Minor geriatric hepatic and renal changes
- Mild left adrenomegaly
- The splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia or similar). However, emerging neoplasia cannot be completely excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of hypoalbuminemia, consider the following:
  1. Fecal evaluation for ova and Giardia
  2. Prophylactic deworming with fenbendazole
  3. UPC if proteinuria is present on a urine dipstick
  4. Pre and post-prandial serum bile acids
  5. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
  6. Depending on the results of the above diagnostics, further workup (i.e., GI biopsies) may be indicated.
- Regarding the PU/PD, consider the following:
  1. Urinalysis with culture and sensitivity
  2. Further testing for Cushing's disease (although this disease is unlikely in patients with a normal ALP)
  3. +/- further workup (i.e., DDAVP trial, modified water deprivation test)



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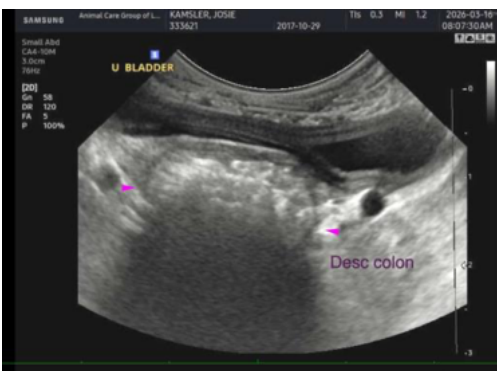
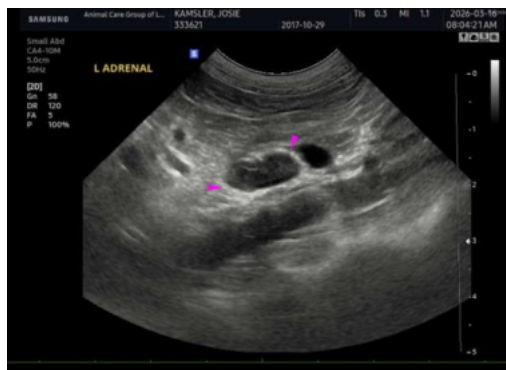
Dr. Wisniewski

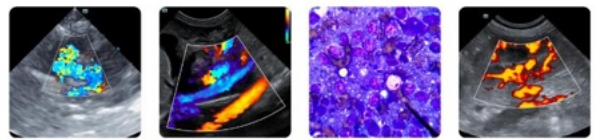
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@SonoPath.com](mailto:info@SonoPath.com)