



**PATIENT PRESENTING CLINICAL SIGNS**

**Nike Chuck** History: 10lb weight loss since last AUS/Echo study(reports attached). Very Thin BCS- Chronic Diarrhea-  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: BP-Doppler Systolic Avg: 96- LABS 2/16/2023 at 1:59p:  
Chemistry screen: Slight decreased albumin 2.5 and calcium. Corrected calcium is within normal limits.  
Canine CBC: No significant finding Urinalysis: No significant finding TLIR: Within normal limits Cobalamin:  
Decreased Folate: Within normal limits A: Hypoproteinemia. Hypocobalaminemia. Hyperproteinuria  
(suspect unremarkable). Believe this is GI disease and vitamin D deficiency. That this is the cause of the  
**BREED** hypoproteinemia.

Portuguese Waterdog

**SEX** *Urinary System*

Female, spayed  
The urinary bladder wall is 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. The region of the trigone is normal.

**AGE**

13 Years  
The left kidney is normal size (6.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

33 Pounds  
The right kidney is normal size (6.69 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.53 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is normal size (0.56 cm at caudal pole) (3.00 cm in length). There is normal curvilinear peripheral contours and normal glandular echogenicity and detail. Surrounding vasculature appears normal.

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**Spleen**

**REFERRING VET**

Dr. Schmitt

The spleen is normal in size (1.26 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.

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**Liver**

The liver is subjectively normal in size with slightly irregular peripheral contours on the right side. The parenchyma is hypoechoic relative to the spleen. A few hyperechoic nodules/areas are observed, the largest measuring 1.54 cm in diameter. In addition, a 5.51 x 3.12 cm irregular hyperechoic to heterogeneous, slightly cystic mass is observed on the right side. The lesion causes slight capsular expansion. In addition, a 4.28 cm ill-defined hyperechoic to heterogeneous, slightly cystic area is observed adjacent to the diaphragm. Vascular and biliary tracts are of normal volume with no evidence

**DATE**

3/7/23



**PATIENT**

Nike Chuck

of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***

**SPECIES**

Canine

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A >7 cm small intestinal segment is severely thickened (up to 1.97 cm), hypoechoic and irregular with complete loss of the normal layering pattern. The lumen within this segment is mildly fluid distended and hypermotile. The remaining small intestinal segments appear normal in thickness with a normal layering pattern. The wall of the descending colon is severely thickened (up to 1.38 cm) with loss of the normal layering pattern.

**BREED**

Portuguese Waterdog

***Pancreas***

**SEX**

Female, spayed

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***

**AGE**

13 Years

The mesentery throughout the mid to caudal abdomen is hyperechoic. Trace free fluid is observed. Several severely enlarged, rounded, hypoechoic lymph nodes are observed in the mid to caudal abdomen, the largest measuring 2.85 cm in length. Surrounding mesentery is hyperechoic.

**WEIGHT**

33 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The severe small intestinal and colonic wall thickening along with the abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. However, severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.
- Diffuse peritonitis is present, likely secondary to bowel and lymph node pathology.

**Secondary Findings:**

- The larger hepatic lesions could be consistent with neoplasia or excessive nodular hyperplasia. The smaller hyperechoic hepatic lesions are most consistent with regenerative nodules.
- Bilateral, chronic, age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the enlarged abdominal lymph nodes and bowel wall thickenings can be considered (if clotting status is appropriate). If cytology results are inconclusive, more advanced testing (i.e., PARR, biopsies) may be warranted.

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Portable Animal Welfare Sonography, Inc.

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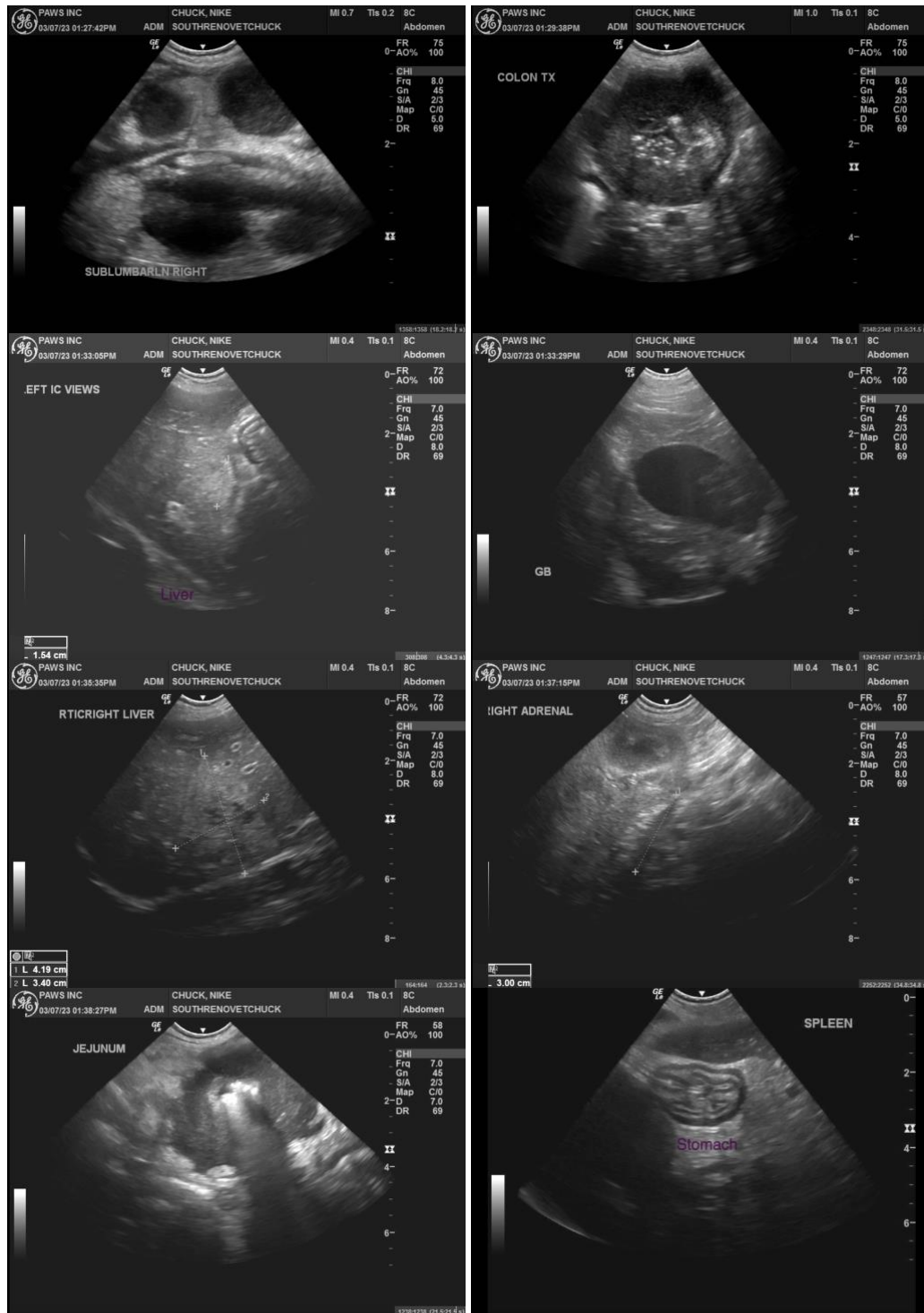
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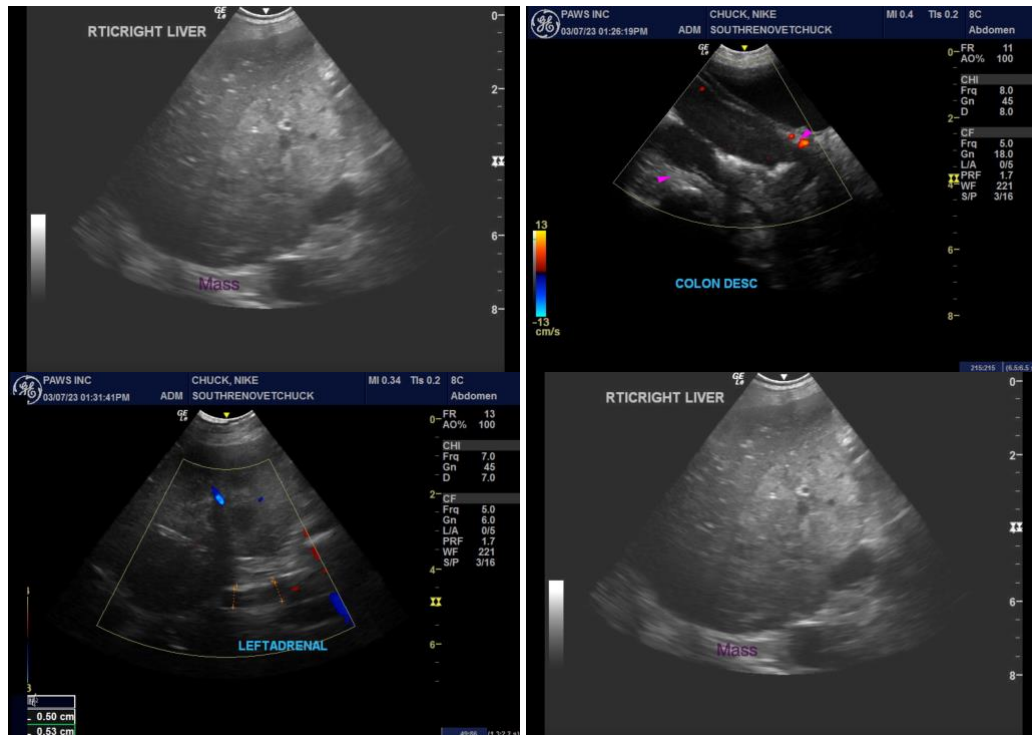
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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