



**PATIENT**

Brownie Perez

**SPECIES**

Canine

**BREED**

Chihuahua mix

**SEX**

Male, neutered

**AGE**

13 Yrs.

**WEIGHT**

6.2 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Vega

**INVOICE**

14932

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

**History:** The patient presented as a referral for an abdominal ultrasound. Has a history of chronic gastric reflux since 2022. The patient had a testicular tumor on L testicle and a unilateral R inguinal retained testicle. The patient continues with gastritis, reflux, and vomiting despite being on Sucralfate, pantoprazole, and Cerenia. The owner is forced feeding him.

**Abnormal PE/Chem/CBC/UA Results:** CBC: RBC 5.49m/uL (5.65-8.87), PLT 510 K/u (148-484), PCT 0.60% (0.14-0.46) CHEM: ALKP 18U/L (23-212)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended with anechoic urine. The wall is mildly thickened (up to 0.30 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (1.90 cm in width) with smooth peripheral contours. The parenchyma is mildly heterogeneous with 1-2 hyperechoic foci. The prostatic urethra is not overtly dilated.

The left kidney is mildly enlarged (4.65 cm in length) with a slightly irregular shape. A 2.21 cm cortical cyst is arising from the caudal pole. The cyst causes capsular expansion and disruption of the normal renal architecture. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.41 cm at caudal pole) (1.91 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 (0.85 cm at cranial pole) (0.34 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 (0.73 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled and heterogeneous in appearance with a few small ill-defined hyperechoic nodules/areas. 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 aggregated echogenic, partially dependent



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debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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***Gastrointestinal***

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The gastric lumen is not distended. The gastric wall is diffusely and severely thickened (up to 1.58 cm), irregular and mildly heterogeneous with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. 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. The colonic wall is normal. No obvious obstructive disease is noted.

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***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.

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***Free Abdomen***

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings:**

- The gastric wall changes are concerning for infiltrative disease (i.e., lymphoma, adenocarcinoma, leiomyosarcoma). However, a severe inflammatory process cannot be excluded. Adjacent peritonitis is present.

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**Secondary Findings:**

- Bilateral, chronic renal changes with a large left cortical cyst.
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's urinalysis findings and clinical history is recommended.
- The hepatic parenchymal changes, in conjunction with the normal liver values, are suggestive of a benign hepatopathy (i.e., regenerative nodular hyperplasia, age-related remodeling and/or vacuolar hepatopathy) with a low possibility of infiltrative or inflammatory disease or other hepatopathies.
- The prostate changes are most consistent with age-related hyperplasia resulting from late-in-life neutering with a lower possibility of prostatitis or emerging neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If gastric cytology results are inconclusive, endoscopic or surgical gastric wall biopsies should be considered.

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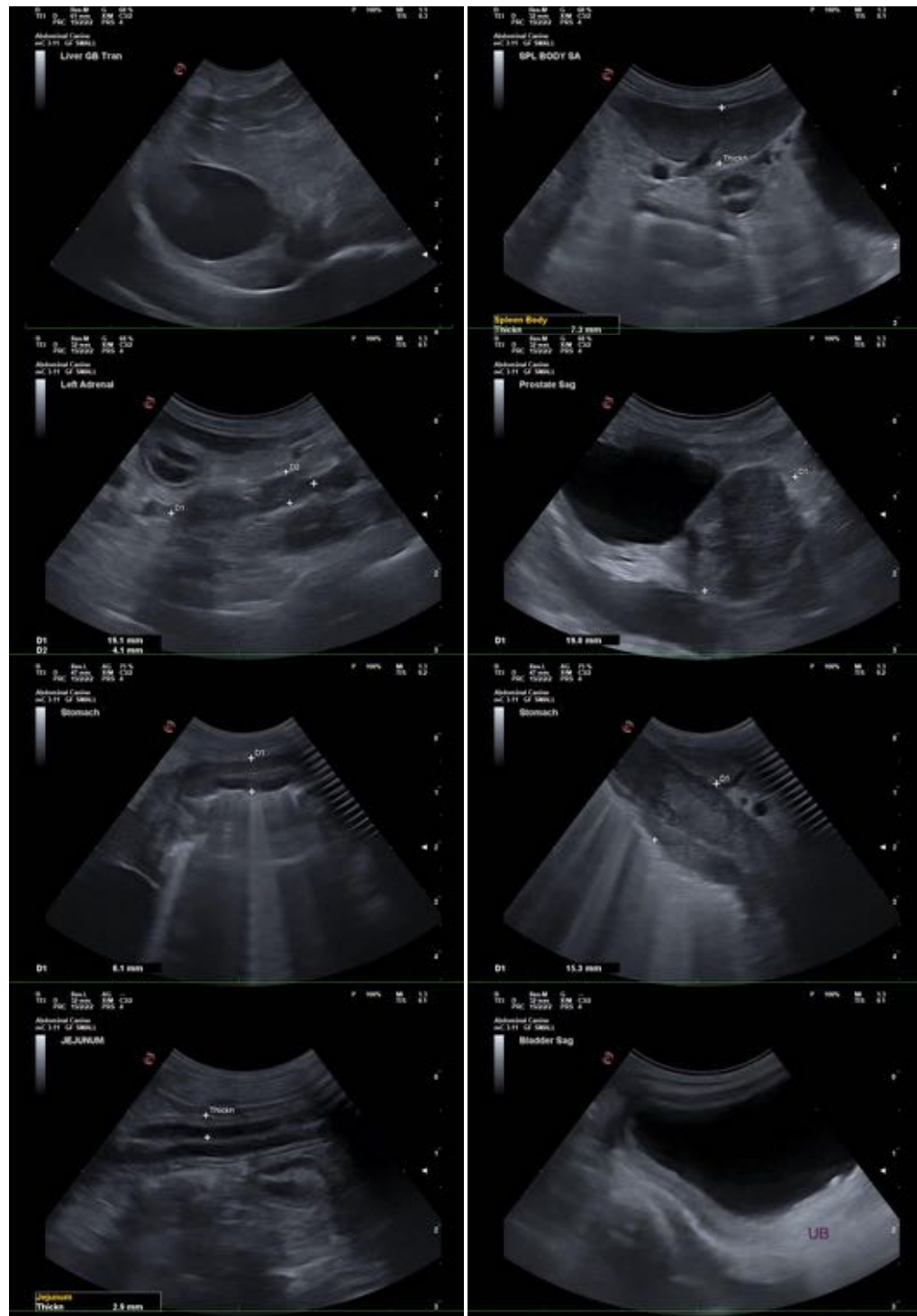
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)