

**PATIENT**

Bam Bam Gonzalez

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Male

**AGE**

7 years

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

91075

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: Inappetence since 8/5, bloated and mildly lethargic. Increased respiratory effort with decreased sounds ventrally. Panhypoproteinemia.

Abnormal PE/Chem/CBC/UA Results: Decreased TP, Albumin, globulin, Ca<sup>++</sup> and chol. USG 1.062, trace protein.

**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 mildly distended. A small amount of suspended echogenic debris is observed within the lumen. 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 enlarged (2.29 cm in length; 2.04 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is slightly heterogeneous in appearance. At least one small parenchymal cyst is visualized. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (3.67 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 is normal in size (4.04 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.

*Adrenal Glands*

The left adrenal gland is normal in size (0.30 cm at cranial pole) (0.32 cm at caudal pole) (1.30 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

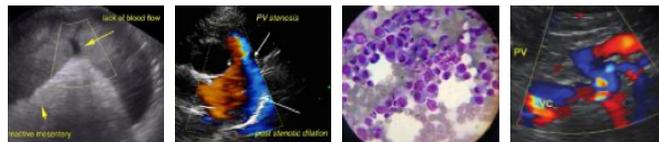
The right adrenal gland is normal in size (0.46 cm at cranial pole) (0.51 cm at caudal pole) (1.77 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

*Spleen*

The spleen is normal in size (0.51 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: caudal vena cava ratio is approximately 1:1. The gallbladder lumen is moderately distended. The wall is thickened (up to



**PATIENT**

Bam Bam Gonzalez

0.28 cm), hyperechoic and slightly irregular. A few polypoid like lesions are arising from the luminal surface. Luminal contents are mostly 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 to mildly thickened (up to 0.52 cm) with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.34 cm) with a normal layering pattern. There is suspected linear striations in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**BREED**

Yorkshire Terrier

**Pancreas**

**SEX**

Male

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. A few small hypoechoic nodules are observed within the parenchyma. The pancreatic duct is not overtly dilated.

**Free Abdomen**

**AGE**

7 years

A small amount of anechoic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

**Other**

**WEIGHT**

9.1 lbs

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

The testicles are subjectively normal in size (left testicle 2.21 x 1.53 cm; right testicle 1.82 x 1.53 cm) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed.

**INTERPRETED BY**

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

1-2 ring down lesions are suspected within the thorax.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The clinical history and sonographic changes are consistent with a protein losing enteropathy. Differentials include inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, infiltrative neoplasia (i.e., lymphoma), other.
- The ascites is likely secondary to low oncotic pressure +/- increased vascular permeability.

**Secondary Findings:**

- The pancreatic changes are suggestive of remodeling/fibrosis with nodular hyperplasia +/- concurrent inflammation. Pancreatic neoplasia is possible but considered unlikely.
- The gallbladder changes could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- The ring down lesions are suggestive of pulmonary parenchymal disease.
- Urinary bladder debris.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

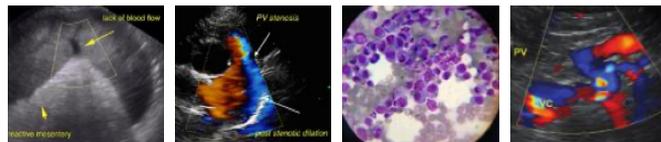
Dr. Pathak

**INVOICE**

91075

**DATE**

8/9/21



## PATIENT

Bam Bam Gonzalez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Male

## AGE

7 years

## WEIGHT

9.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Ridge Road AH

## REFERRING VET

Dr. Pathak

## INVOICE

91075

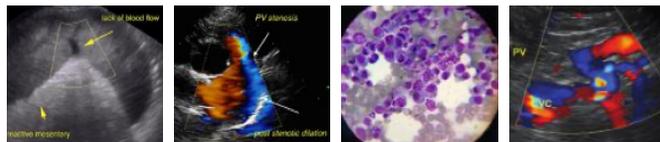
## DATE

8/9/21

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess cardiopulmonary status.
- Regarding the gastrointestinal pathology, consider the following:
  1. A fecal evaluation for ova/Giardia
  2. Serum cobalamin, folate, PLI and TLI
  3. Transition to a low fat hypoallergenic diet.
  4. Endoscopic or surgical gastrointestinal biopsies.
- To assess for concurrent causes of hypoalbuminemia, consider:
  1. UPC
  2. Pre and post prandial serum bile acids.
  3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended





**PATIENT**

Bam Bam Gonzalez

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Male

**AGE**

7 years

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

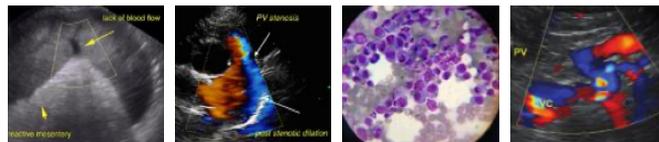
**INVOICE**

91075

**DATE**

8/9/21





**PATIENT**

Bam Bam Gonzalez

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Male

**AGE**

7 years

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

91075

**DATE**

8/9/21



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.nicastro@sonopath.com