



PATIENT

Cosita Cruz

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, intact

AGE

9 Months

WEIGHT

5.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Bielo

INVOICE

13922

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to further evaluate sporadic vomiting. Pt has history of sporadic vomiting and decreased appetite that started in May of 22. **Medication:** Metoclopramide, Doxycycline, Sucralfate, Entyce oral, Metronidazole, Omeprazole.
Abnormal PE/Chem/CBC/UA Results: Barium study was done: No obvious Foreign body or intestinal blockage was seen. **CBC:** Not provided **CHEM:** ALT: 197 (20.0-150.0 U/L), ALP 187 (10.0-118.0 U/L), BUN: 28 (7.0-25.0 mg/dL), < Na: <100 (138.0-160.0 mmol/L), TP 8.7 (5.4-8.2 g/dL) GLOB 5.2 (2.3-5.2 g/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.40 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.84 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. Trace pyelectasia (0.12 in the transverse plane) is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.21 cm at cranial pole) (0.25 cm at caudal pole) (1.55 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 (0.24 cm at cranial pole) (0.29 cm at caudal pole) (1.50 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 (0.77 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 subjectively small in size relative to the caudal vena cava.



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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.

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Gastrointestinal

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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 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. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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Pancreas

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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Female, intact

Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are visible/prominent (left 1.64 cm in length; right 2.01 cm in length). In addition, a few prominent mesenteric lymph nodes are also seen, the largest measuring 2.24 cm in length.

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Other

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The uterine body is visible (0.44 cm in width). No obvious pathology is observed.

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ULTRASONOGRAPHIC FINDINGS

Andrea Nicastro, DVM,
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- The trace pyelectasia could be consistent with pyelonephritis or may be a normal variant for this patient.
- Subjectively small portal vein. Portal vein hypoplasia or a congenital extrahepatic portosystemic shunt are considerations.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the mildly elevated liver enzymes and subjectively small portal vein, consider pre and post prandial serum bile acids to assess hepatic function. If substantially elevated, a contrast abdominal CT scan and liver biopsies may be necessary to further evaluate for a congenital extrahepatic portosystemic shunt and portal vein hypoplasia, respectively.
- Regarding the pyelectasia, a urinalysis and urine culture and sensitivity are recommended.
- To further assess the vomiting, the following diagnostics can also be considered:
 1. A fecal evaluation for ova/Giardia.
 2. Resting cortisol level to screen for hypoadrenocorticism.

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3. Serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.

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4. Hydrolyzed protein or limited antigen diet trial.

5. Three-view thoracic radiographs to assess for occult esophageal disease.

6. +/- GI biopsies (i.e., endoscopic or surgical)

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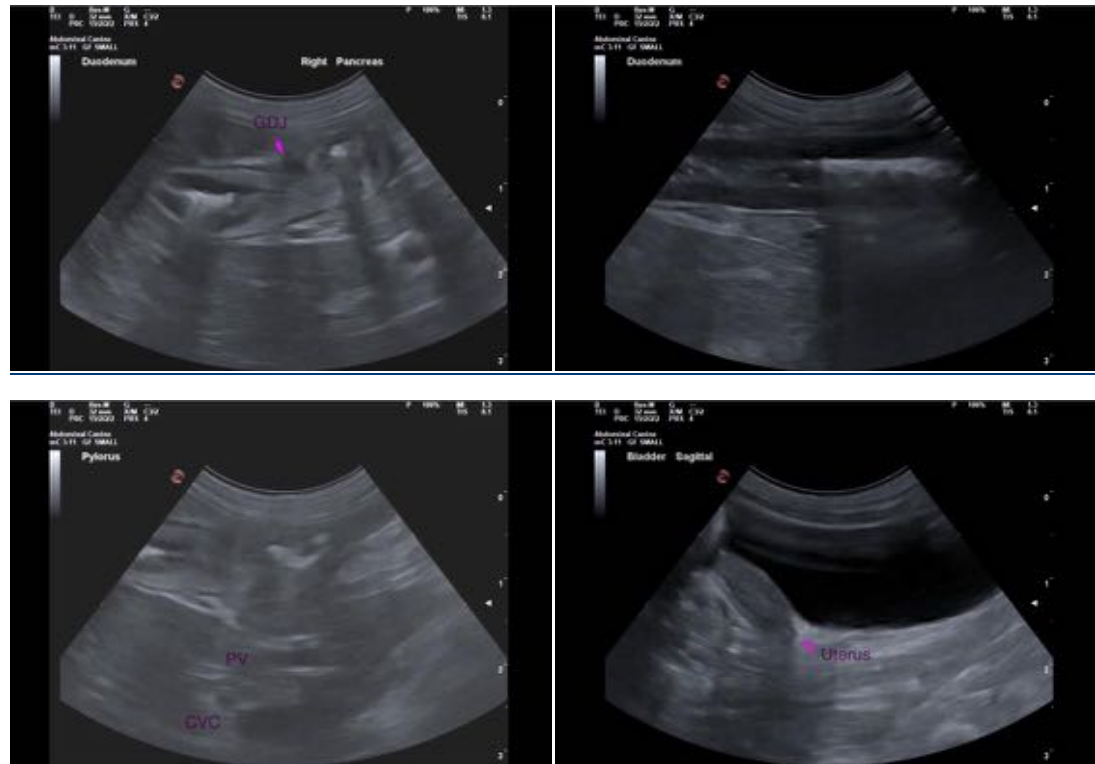
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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