



PATIENT

Nini Garcia

SPECIES

Canine

BREED

Yorkshire
terrier/Chihuahua

SEX

Female, spayed

AGE

6/21/2010

WEIGHT

14.3 lbs.

INTERPRETED BY

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

**IMAGING PERFORMED
BY**

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13437

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Pt presented for a recheck. Previous developing mucocele. Pt is doing well at home. Most recent bloodwork: WBC 3.6, neutrophils 2.7, BUN 43 (previously 88), normal creatinine, calcium 11.9, albumin 4.0, ALP 499 (previously 435), USG 1.044, 3+ proteinuria, inactive sediment, T4 1.4, 4DX negative, fecal negative.

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 proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.07 cm in length) with a slightly irregular shape. The cortex is isoechoic to hyperechoic relative to the spleen with a normal 1:3 cortex: medulla ratio. Several cortical cysts are seen. There is mild to moderate loss of corticomedullary distinction. Several non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.28 cm in length) with a slightly irregular shape. The cortex is isoechoic to hyperechoic relative to the spleen with a normal 1:3 cortex: medulla ratio. Several cortical cysts are seen. There is mild to moderate loss of corticomedullary distinction. Several non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.58 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.

The right adrenal gland is borderline enlarged (0.56 cm at cranial pole) (0.52 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 (1.05 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 diffusely enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance. Several cystic lesions are observed throughout the organ, one of the cysts measuring 1.2 cm in its longest dimension. A 1.40 x 0.95 cm heterogeneous nodule is also seen at the caudal aspect left to mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

Other

In the cranial abdomen just caudal to the liver, a 1.6 cm cyst is visualized.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a developing mucocele. Changes are similar to the previous sonogram.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The caudal hepatic nodule left to mid-liver may represent a benign regenerative nodule, inflammatory focus, emerging tumor (i.e., adenoma, adenocarcinoma), other. The nodule is a new findings.
- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis and cortical cysts.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The origin of the cystic structure in the cranial abdomen is unclear. It may be arising from pancreas, liver, mesentery, other. It likely represents a benign incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Continuation of Ursodiol therapy is recommended as well as a recheck ultrasound and bloodwork in 2-3 months to assess progression of the gallbladder as well as the liver nodule.



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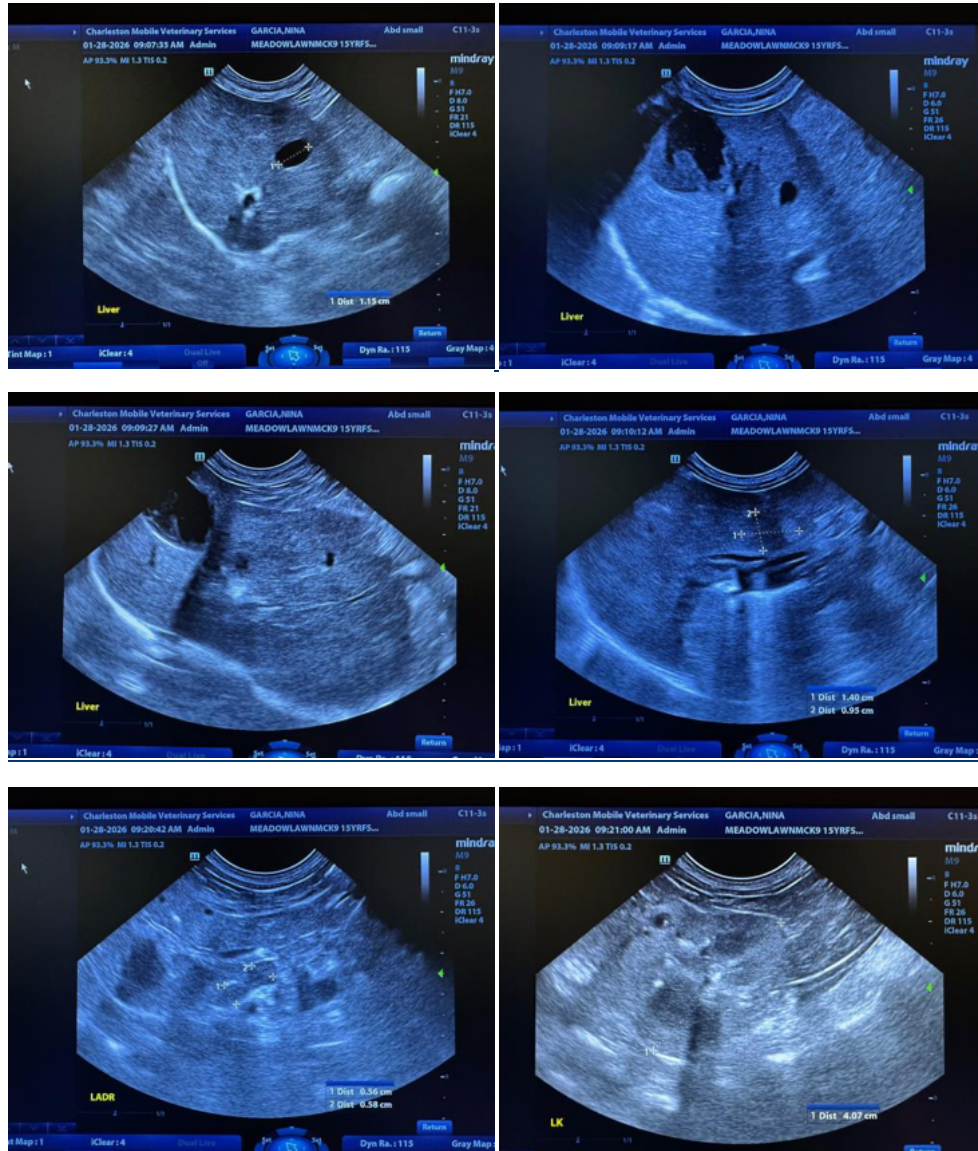
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- Given the proteinuria, a urine culture and sensitivity is recommended. If there is no evidence of infection, a UPC should be performed. If significant proteinuria is present, therapy for protein losing nephropathy should be initiated and a baseline blood pressure measurement obtained.





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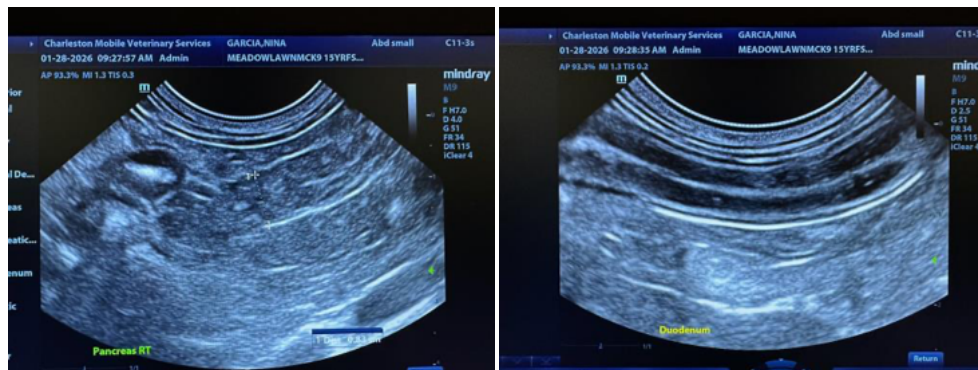
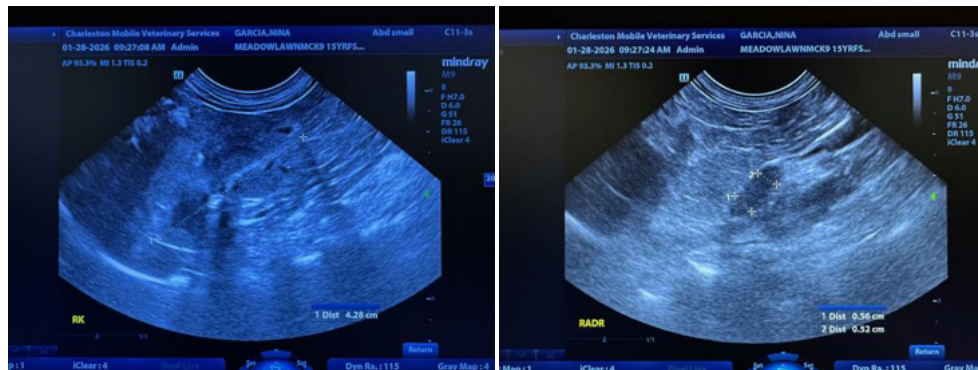
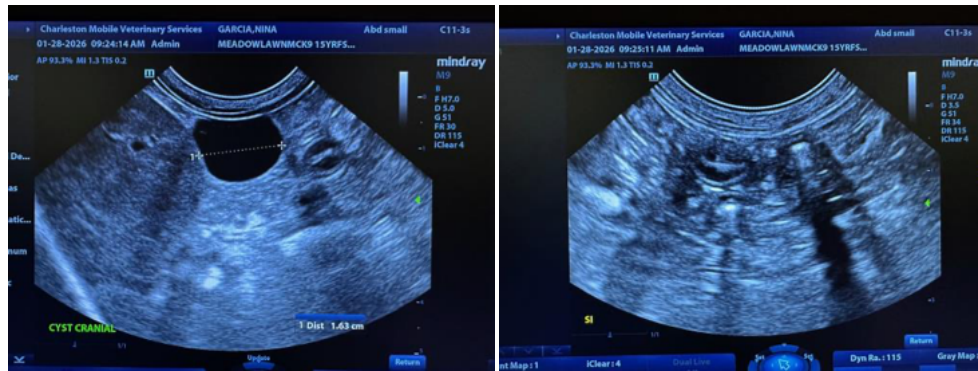
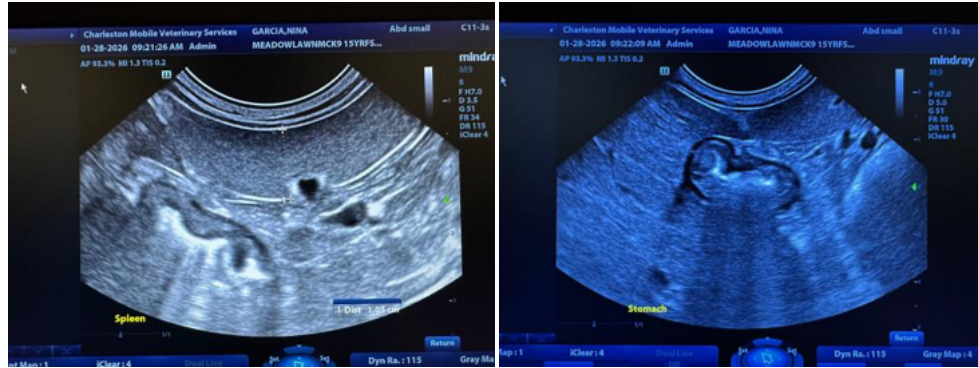
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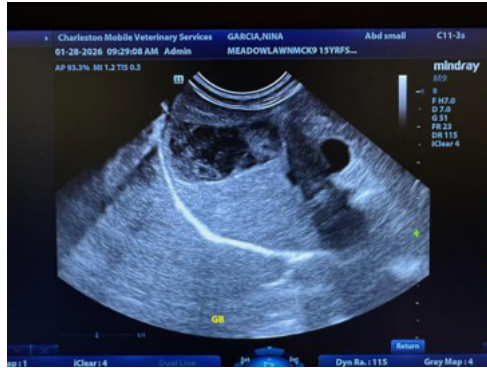
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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