



PATIENT

Loki Rodriguez Ruiz

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

2 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Luis T Ramos

INVOICE

40061

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound for evaluation of ascites. Patient was brought in to rDVM due to having a distended abdomen. Diagnostics tests were done and showed ascites and increased liver enzymes. PT had an appointment for castration on 8/2/2022 due to patient being cryptorchid bilaterally. Wants to determine the reason of ascites. Fluid was a pure transudate. Abnormal PE/Chem/CBC/UA Results: PE: no murmurs abdominal distension with fluid wave cryptorchidid bilateral. 4dx- neg cbc-wln chem-: BUN: 67 (7-27) ALT: 305 (10-125) TP: 3.4 (5.2-8.2) ALB: 2.3 (2.3-4) Glob: 1.1 (2.5-4.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.3 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is subjectively “plump”/large in size for this size animal (5.23 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is subjectively “plump”/large in size for this size animal (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering, except for the duodenum, which is mildly thick. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A moderate to large amount of anechoic free fluid is noted in these images.

The mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

This patient is reportedly bilaterally cryptorchid. Both testicles are visualized in these images.

PRIMARY FINDINGS

- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Reactive mesenteric and medial iliac lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Large amount of anechoic free fluid.
- Subjective mild renomegaly bilaterally.
- Urinary bladder debris.

SECONDARY FINDINGS

- Bilateral cryptorchid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's urinary bladder and subjective kidney changes combined with signalment, hypoalbuminemia, etc., bile acids are recommended. If bile acids are increased, especially >100, imaging of the porta hepatis with power doppler or an abdominal CT scan would be recommended for further evaluation of possible portosystemic shunt.

However, at the same time, given the bowel changes, patient signalment and low albumin, gastrointestinal disease is a differential, and a gastrointestinal malabsorption panel (including



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cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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In the meantime, while awaiting pending test results, recommendations include transition to an ultra low-fat diet in addition to symptomatic/supportive medical management of clinical signs.

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Postponing this patient's neuter is recommended until further information is obtained regarding liver and GI tract, etc.

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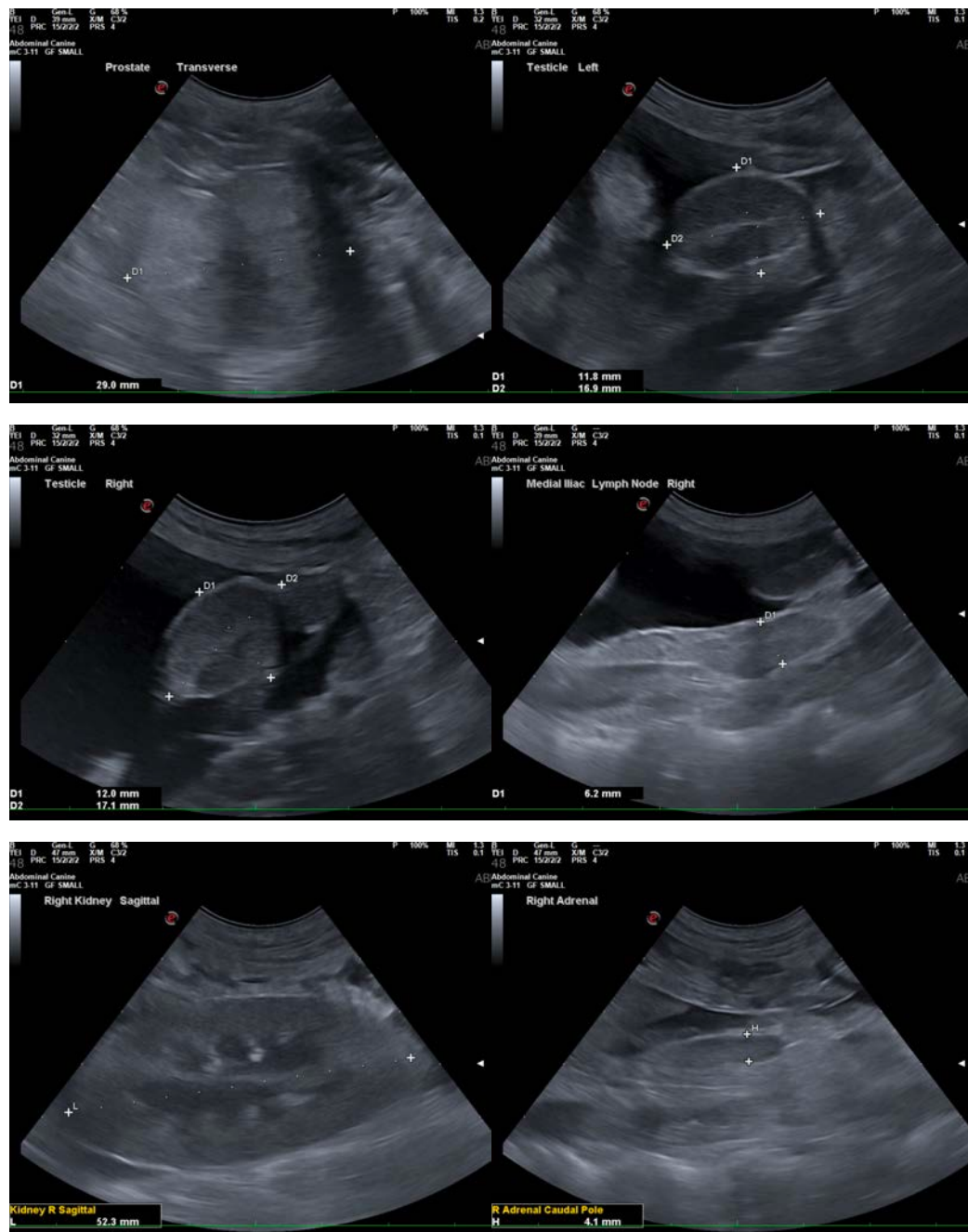
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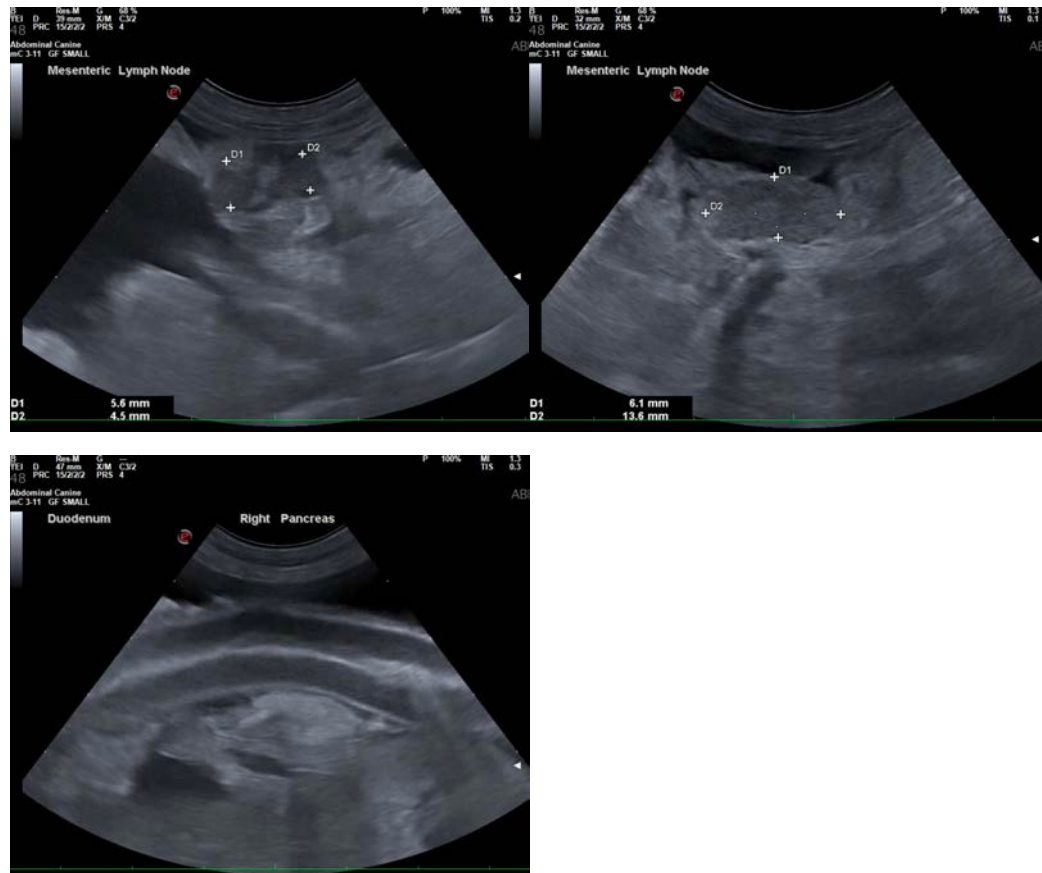
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com