



PATIENT

Lola Fidalgo

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

9

WEIGHT

20.7 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Eliza Roland

INVOICE

22478

DATE

1-30-26

PRESENTING CLINICAL SIGNS

Presenting for GI disease, discomfort, weight loss, and anorexia. Albumin 2.5 CBC unremarkable. T4 normal. USG 1.025. 1+proteinuria. Inactive sediment. 4dx negative. Microalbuminuria normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately 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 (4.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. A few, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. A few, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.46 cm at caudal pole) with a normal shape. A 0.88 x 0.33 cm ill-defined, hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.77 cm at cranial pole) (0.49 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 (0.88 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.

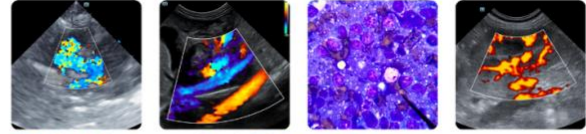
Liver

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic-to-mineralized, partially dependent sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. Several small intestinal segments are thickened (up to 0.77 cm). In at least two segments, the wall is



PATIENT

Lola Fidalgo

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

9

WEIGHT

20.7 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Eliza Roland

INVOICE

22478

DATE

1-30-26

moderately to severely thickened, and hypoechoic, with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In other segments, there is evidence of plication. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic 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

One-to-two prominent hypoechoic mesenteric lymph nodes are visualized (one measuring 1.98 x 0.88 cm).

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma, other) with a lower possibility of inflammatory disease. Adjacent peritonitis is present.
- Minor retained gastric ingesta.
- The gallbladder changes are consistent with a developing mucocele.
- The prominent mesenteric lymph nodes could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings

- Minor bilateral age-related renal changes with nonobstructive nephrocalcinosis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Fine-needle aspirates of the thickened bowel segments can be considered but may be difficult to access and would likely require sedation. Alternatively, consider an abdominal exploratory with GI biopsies.



PATIENT

Lola Fidalgo

- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.
- In the meantime, symptomatic care is recommended.

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

9

WEIGHT

20.7 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

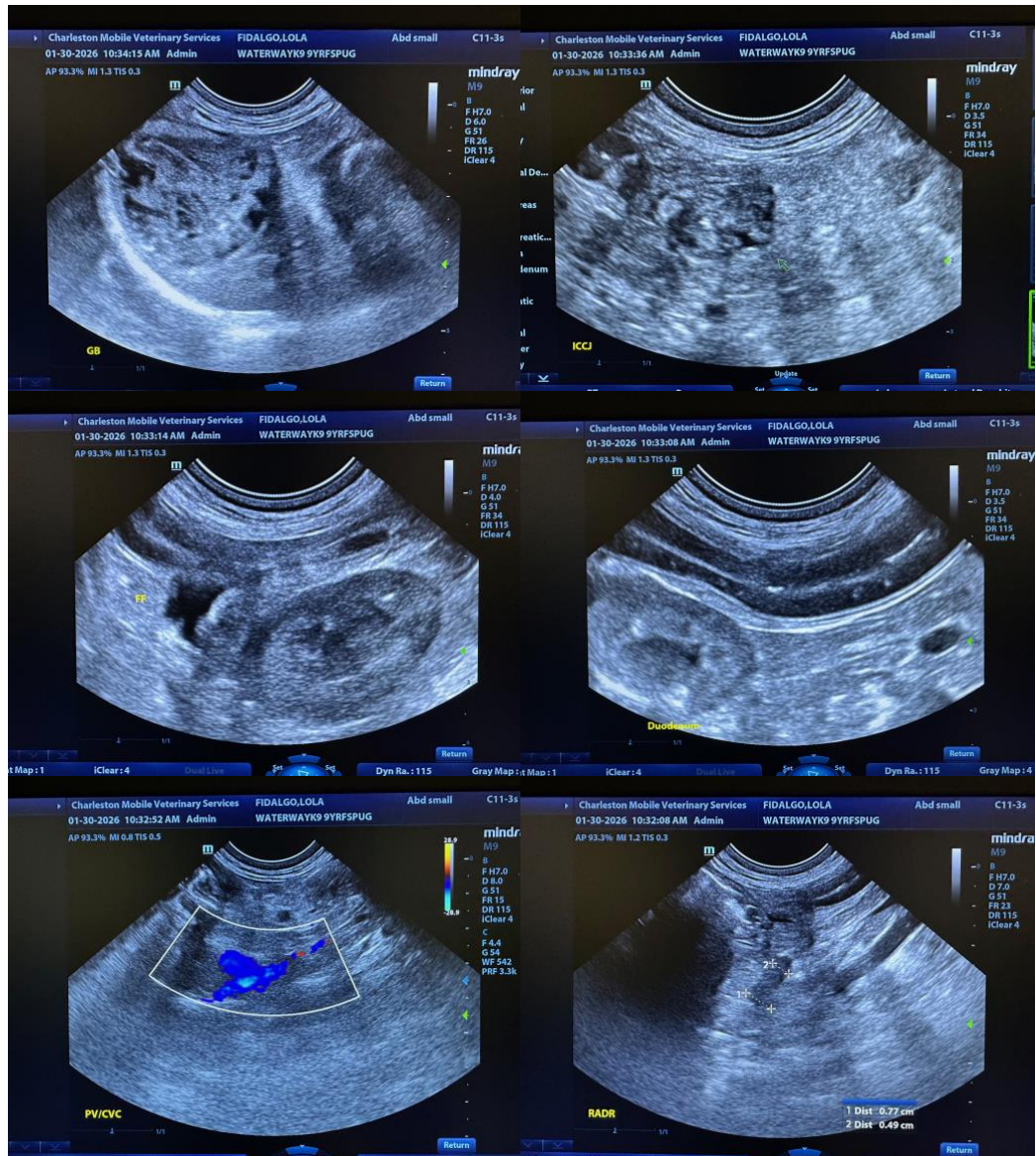
Dr Eliza Roland

INVOICE

22478

DATE

1-30-26





PATIENT

Lola Fidalgo

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

9

WEIGHT

20.7 lbs

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

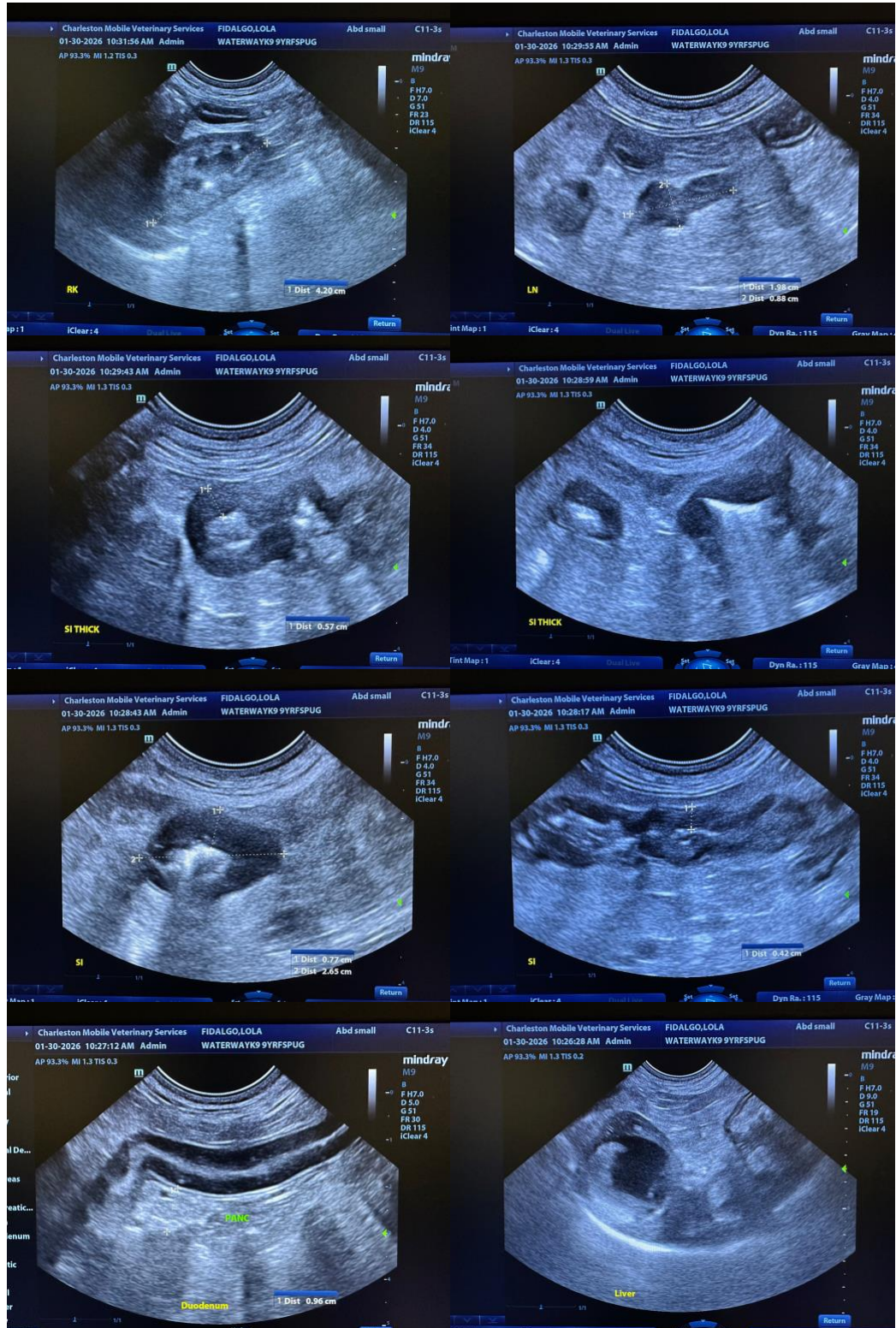
Dr Eliza Roland

INVOICE

22478

DATE

1-30-26





PATIENT

Lola Fidalgo

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

9

WEIGHT

20.7 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

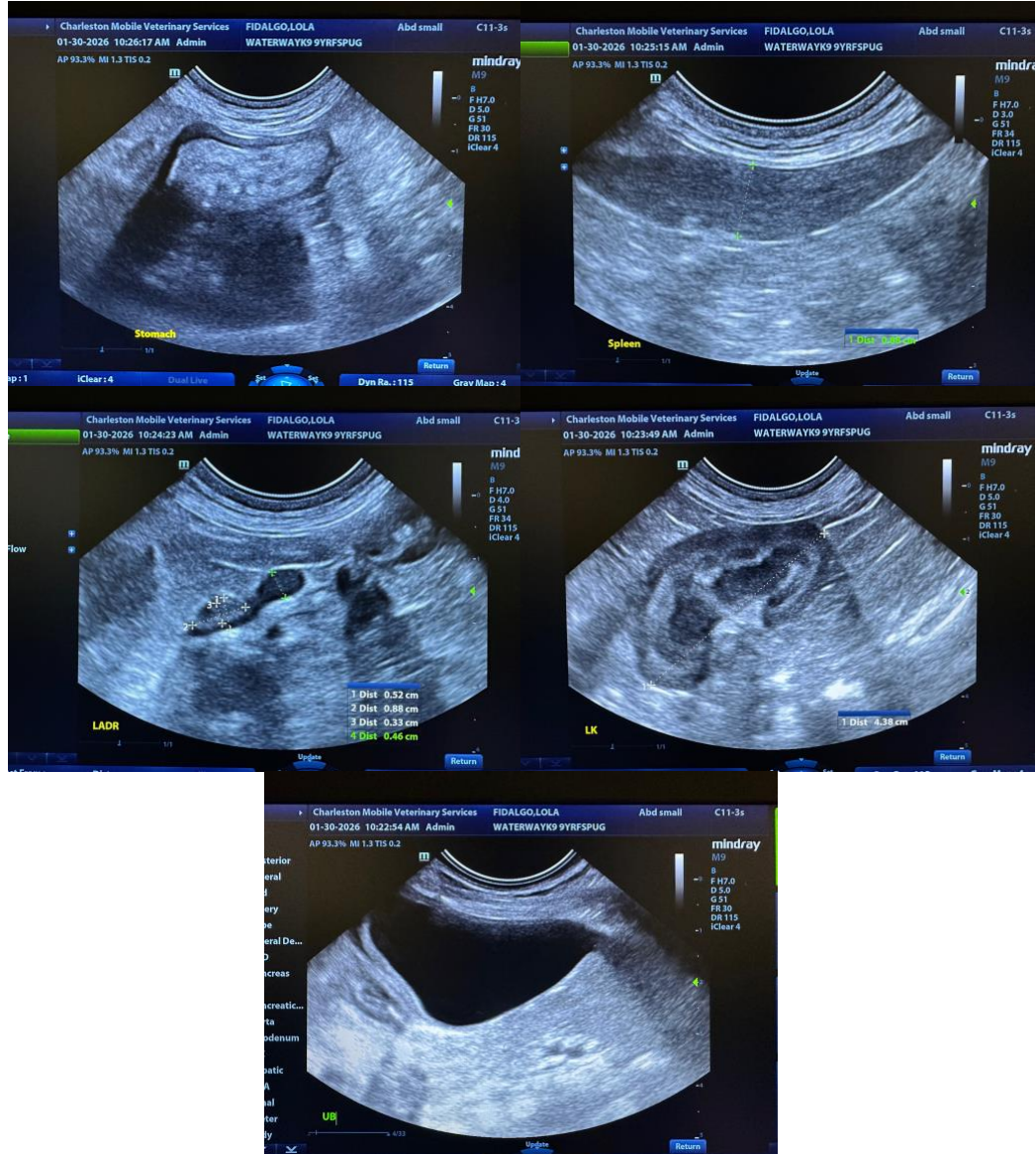
Dr Eliza Roland

INVOICE

22478

DATE

1-30-26



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