



**PATIENT**

Lupin Grabowski

**PRESENTING CLINICAL SIGNS**

History: Will gulp/hiccup somewhat still on occasion as if stomach is upset, licks lips a lot afterwards. Has hx of presumed reflux. Seems improved on antacid.

Abnormal PE/Chem/CBC/UA Results: Progressively elevating ALT most recently 263

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Hound mix

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly 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 2-3 cm, are normal.

**SEX**

Male, neutered

The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

5 Yrs.

The left kidney is normal size (6.86 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.

**WEIGHT**

69 lbs.

The right kidney is normal size (7.14 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.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.43 cm at caudal pole); 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.

**IMAGING PERFORMED BY**

Amy Mayhew

The right adrenal gland is normal size (0.84 cm at cranial pole)(0.58 cm at caudal pole); 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.

**HOSPITAL NAME**

SVS Imaging Michigan

*Spleen*

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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*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 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*



**PATIENT**

Lupin Grabowski

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended (mild). 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. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

***Pancreas***

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**BREED**

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***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Male, neutered

**AGE**

5 Yrs.

**WEIGHT**

69 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen.

An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., esophageal dysfunction, esophagitis, gastric reflux, infectious parasitic disease (i.e., Helicobacter), inflammatory bowel disease, food allergy), underlying metabolic issue, mild pancreatitis, other.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease. If the concern for esophageal dysfunction is high, consider a barium esophogram, preferably via fluoroscopy.
- Other diagnostic considerations include the following:
  1. A fecal evaluation for ova/Giardia.
  2. 6-week limited antigen or hydrolyzed protein diet trial.
  3. GI panel including serum cobalamin folate, TLI, PLI and resting cortisol level (send to Texas A&M).
  4. Ultimately, an upper GI endoscopy with GI biopsies may be necessary to get a definitive diagnosis.
  5. While awaiting test results, continuation of the antacid is recommended as empirical treatment for gastric reflux.

**IMAGING PERFORMED BY**

Amy Mayhew

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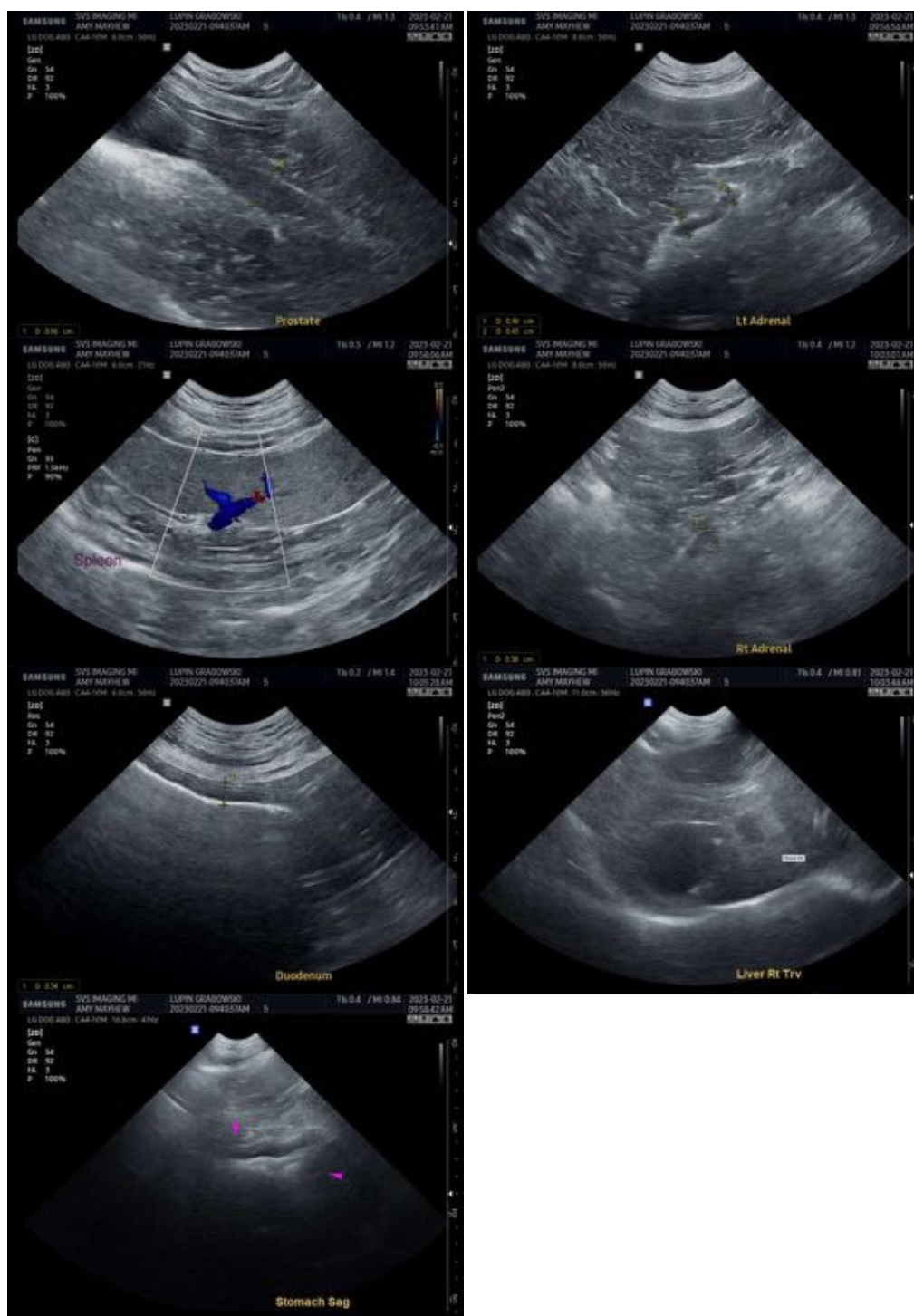
## REFERRING VET

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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.



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

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