



**PATIENT**

Gideon Vialpando

**PRESENTING CLINICAL SIGNS**

History: History of chronic pancreatitis, gastritis and enteritis. Recent weight loss.  
Abnormal PE/Chem/CBC/UA Results: mild hypoalbuminemia =2.2 (2.5-4.4) g/dL, cPL= 646 (<200) ng/mL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Cattle dog

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**SEX**

Male, neutered

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

5 Yrs. 3 months

The left kidney is normal size (5.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**WEIGHT**

42.4 lbs.

The right kidney is normal size (5.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

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

The caudal pole of the right adrenal gland is visualized and is normal in size (0.73 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

*Spleen*

The spleen is normal in size (1.82 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Sarah Green

*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. A moderate to large amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Healing Spirit Animal  
Wellness

**REFERRING VET**

Dr. Sarah Green

*Gastrointestinal*

The gastric wall is normal to moderately thickened (up to 1.21 cm) with suspected retention of the normal layering pattern. The gastric lumen is not distended. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. A portion of the colonic lumen is fluid distended. No obstructive disease is noted.

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*Pancreas*

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

**DATE**

9/13/21



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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.

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Canine

**Free Abdomen**

There is no evidence of free fluid. A few visible mesenteric lymph nodes are seen, the largest measuring 2.29 cm in length.

**BREED**

Cattle dog

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**SEX**

Male, neutered

- The gastric wall changes are most consistent with an inflammatory process with potential for emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

5 Yrs. 3 months

**Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostics/treatment recommendations can be considered:

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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
8. Three-view thoracic radiographs should be performed prior to any anesthetic event.
9. To further assess for causes of hypoalbuminemia, consider:

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- a. UPC
- b. Pre- and post-prandial serum bile acids

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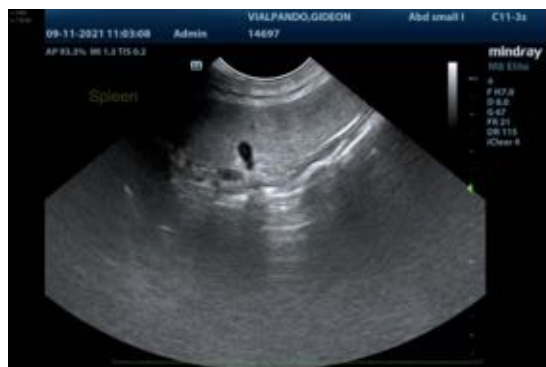
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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