



**PATIENT**

Stanley Schneider

**PRESENTING CLINICAL SIGNS**

- Intermittent v+ x 1month
- Current meds: Meloxicam (chronic)

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: WNL

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Mastiff

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. 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 3-4 cm, are normal.

**SEX**

Neutered Male

The prostate is prominent-in-size (1.68 cm in width) with smooth peripheral contours. Parenchyma is homogenous. The prostatic urethra is not overtly dilated.

**AGE**

10

The left kidney is normal in size (8.30 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

190 lbs

The right kidney is normal in size (8.24 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal in size (0.58 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.

**IMAGING PERFORMED BY**

Meghan Morse LVT CVT

The right adrenal gland is normal in size (0.64 cm at cranial pole) (0.72 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.

**HOSPITAL NAME**

Narrowsburg  
 Veterinary

**Spleen**

The spleen is normal in size (2.49 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.

**REFERRING VET**

Dr. Hess

**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.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

The gastric lumen is not distended. A focal area of gastric wall is moderately-to-severely thickened (up to



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1.6 cm) and hypoechoic, with suspected loss of the normal layering pattern. The remaining gastric wall is normal-to-subjectively thickened, with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious 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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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SEX**

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Focal gastric wall thickening. Differentials include neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma) vs a focal inflammatory process.

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**Secondary Findings**

- Minor bilateral age-related renal changes
- Gallbladder changes, non-mucocele
- The prominent prostate may be a normal variant for this large-breed patient, but could be secondary to late-in-life neutering (if applicable), prostatitis, hyperplasia, emerging neoplasia, other. Correlation with the patient's clinical history is recommended.

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 (Sm Animal Internal Med)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Regarding the gastric wall changes, endoscopic or surgical GI biopsies would be necessary to get a definitive diagnosis.

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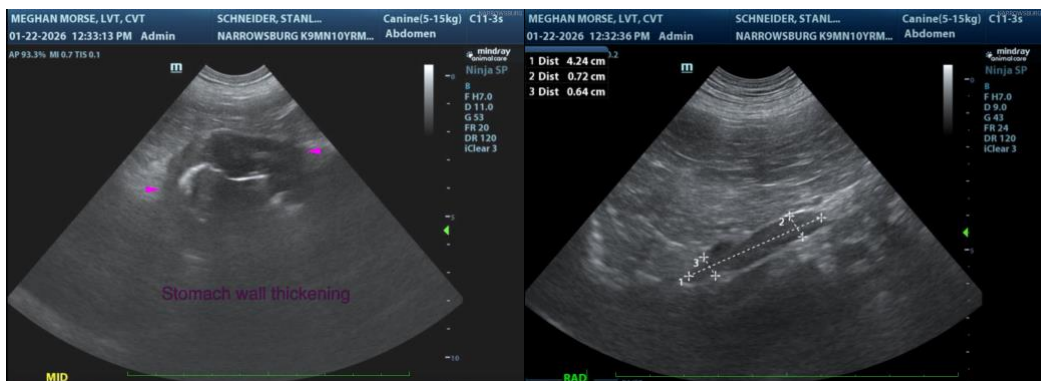
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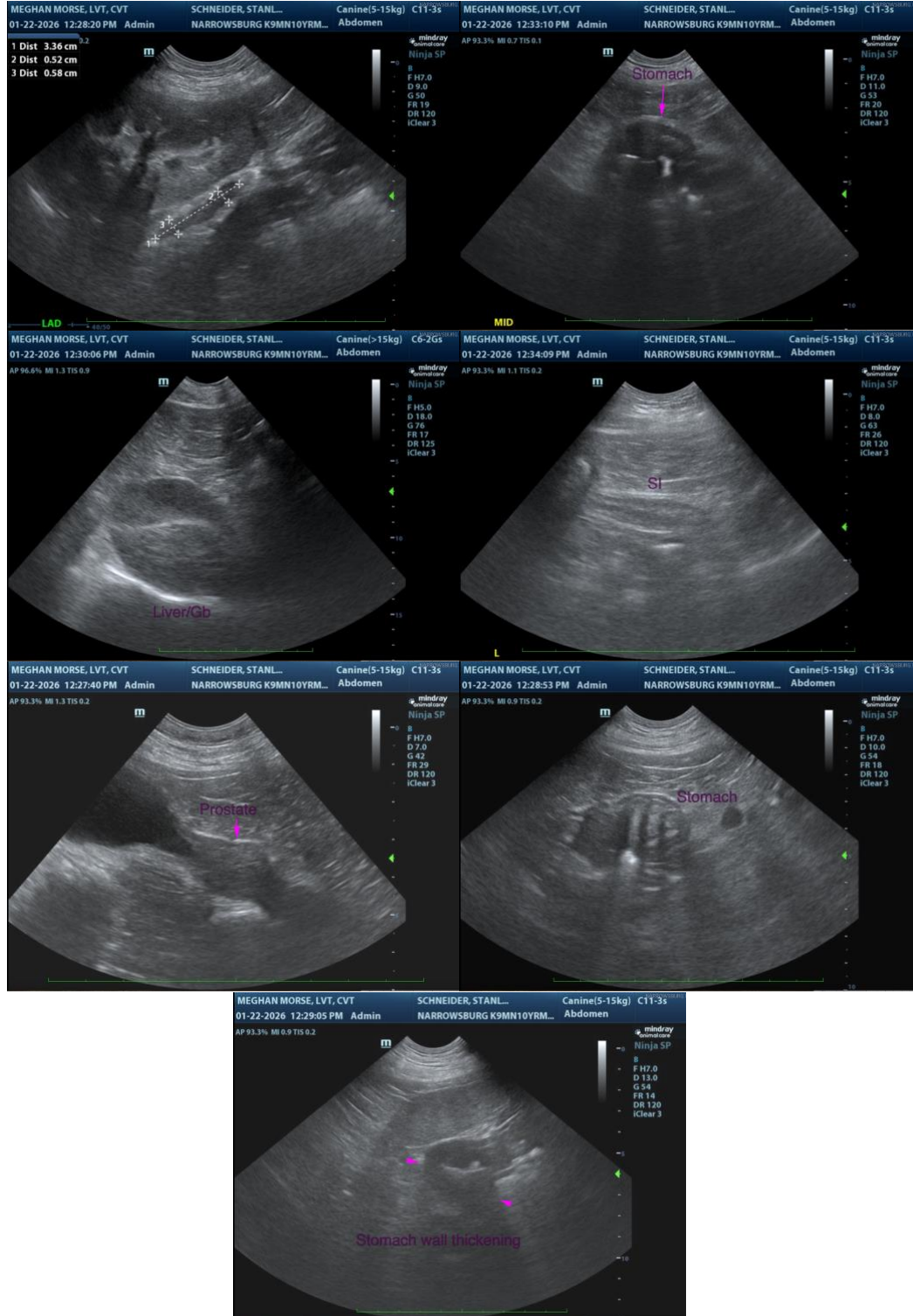
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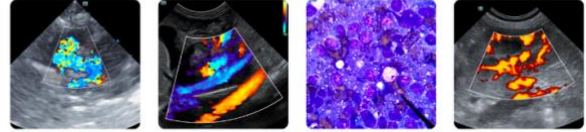
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



**PATIENT** the image/video clips provided.

Stanley Schneider 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.

**SPECIES**

Canine

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