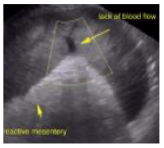
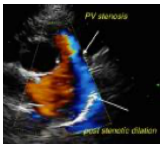
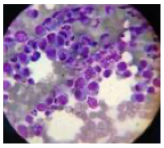
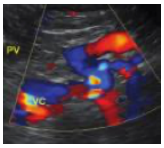
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Louisa Lewis

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
6 years

WEIGHT
59.5 lbs

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Pinecrest AH

INVOICE
11828

DATE
10.13.22

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: See attached.
White count 23,000 with a mature neutrophilia. SDMA 20. Creatinine 28. BUN 18. Albumen 1.9. T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (6.35 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.

The **right kidney** is normal size (6.88 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 at cranial pole) (0.56 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.

The **right adrenal gland** is normal size (0.52 cm at cranial pole) (0.56 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.

Spleen

The **spleen** is normal in size (1.77 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. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with fluid and gas. In the region of the fundus, there is a focal wall thickening (up to 1.22 cm) with apparent loss of the normal layering pattern in this region. The mesentery effacing the serosal surface in this area is hyperechoic. The remaining 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. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 2.42 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal gastric wall thickening with adjacent peritonitis. Neoplasia (i.e., adenocarcinoma, round cell tumor, lymphoma) is suspected. However, a focal inflammatory process cannot be completely excluded.

- The abdominal lymphadenopathy could be consistent with reactive lymphadenopathy, lymphoid hyperplasia or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine-needle aspirate of the focal gastric wall thickening is recommended if clotting status is appropriate. Given the history of mast cell disease, the patient should be pretreated with diphenhydramine 15 minutes prior to aspiration to help reduce the risk of mast cell degranulation.

Given the hypoalbuminemia, consider the following:

1. Pre-and postprandial serum bile acids to assess hepatic function
2. Urine dipstick +/- UPC (if proteinuria is present)
3. Resting cortisol level to screen for hypoadrenocorticism
4. If the above diagnostics are inconclusive, small intestinal biopsies may be warranted.


Lt Adrenal


Right Pancreas


Rt Adrenal


Spleen Body


Liver Rt Trv


Stomah Trv


MID LN

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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