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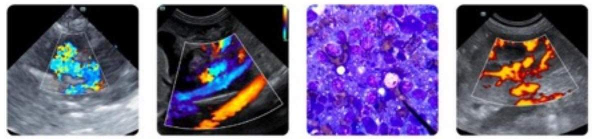


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Millie Jett

SPECIES
Canine

BREED
Pointer mix

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
58.7 lbs.

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

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
Animal Care VC

REFERRING VET
Dr. Beard

INVOICE
13350

DATE
11/18/25

PRESENTING CLINICAL SIGNS

History: Three weeks ago presented with acute vomiting episode, she has continued to vomit daily, not eating, drinking okay. Has diarrhea which is runny and fetid. RDVM treated with Cerenia and Sucralfate. Abnormal PE/Chem/CBC/UA Results: 3 view abdominal rads submitted for interpretation with the conclusion of no evidence of obstructive ileus, empty stomach, mostly fluid in small intestine (sentinel sign for enteritis). RDVM AUS suspected area near rt kidney. CBC mild monocytosis and increased platelet count. Chemistry normal. UA pending. Pt sedated with Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.71 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is in the upper limits of normal in size (0.65 cm at cranial pole) (0.71 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.

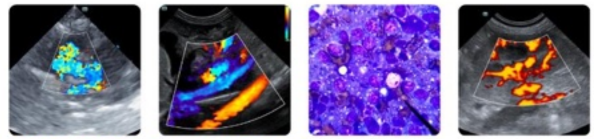
The caudal pole of the right adrenal gland is visualized and is mildly enlarged (0.77 cm in width) with smooth peripheral contours. The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

Spleen
The spleen is normal in size (2.14 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 prominent in size with smooth peripheral contours .The parenchyma is hypoechoic relative to the spleen and subtly mottled and heterogeneous in appearance. Several ill-defined hypoechoic nodules are observed, one of the largest measuring 1.02 x 0.96 cm (left lateral lobe). Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Several polypoid like lesions are arising from the mucosal surface. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In one segment of what is thought to be jejunum, there is severe wall thickening (up to 1.21 cm). The wall in this region is hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious 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.

Lymph nodes
A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.81 x 0.96 cm.

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal small intestinal wall thickening is concerning for infiltrative neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma) with a lower possibility of an inflammatory process. Adjacent peritonitis is present.
- The mesenteric lymphadenopathy could be consistent with metastatic disease or reactive change.

Secondary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. The hepatic nodules, particularly the lesion in the left lateral lobe could be consistent with a metastatic disease, emerging primary hepatic tumor, regenerative nodule, inflammatory focus, other.
- Borderline bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the thickened segment of small intestine (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider an abdominal exploratory with resection of the thickened bowel segment and submission for histopathology. Biopsies of the adjacent lymph nodes should also be obtained. Also consider containing hepatic biopsies at the time of surgery, particularly if the patient’s liver values are abnormal.

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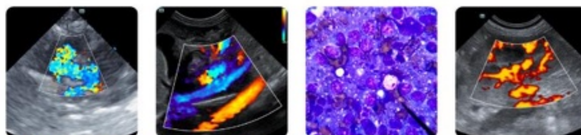

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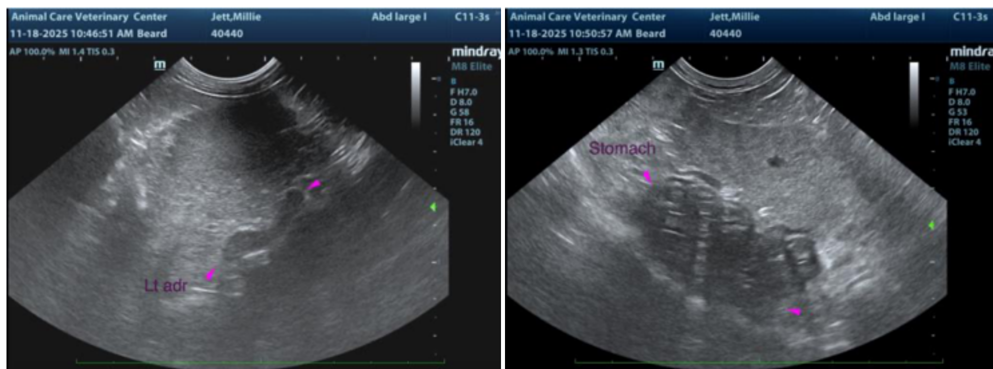

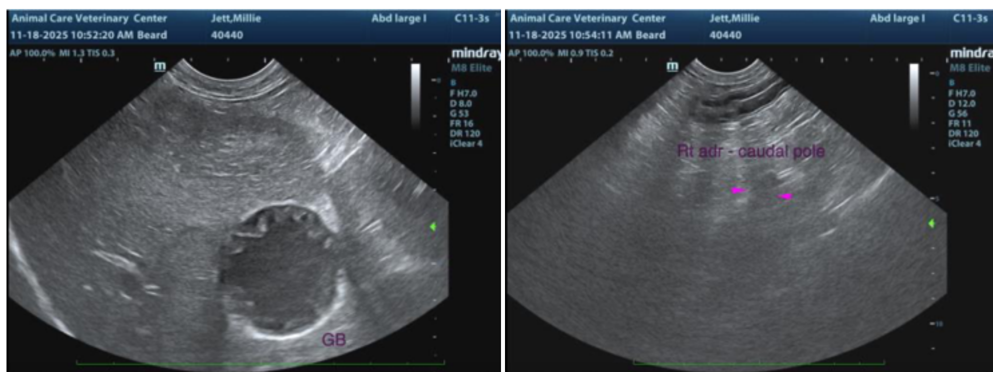

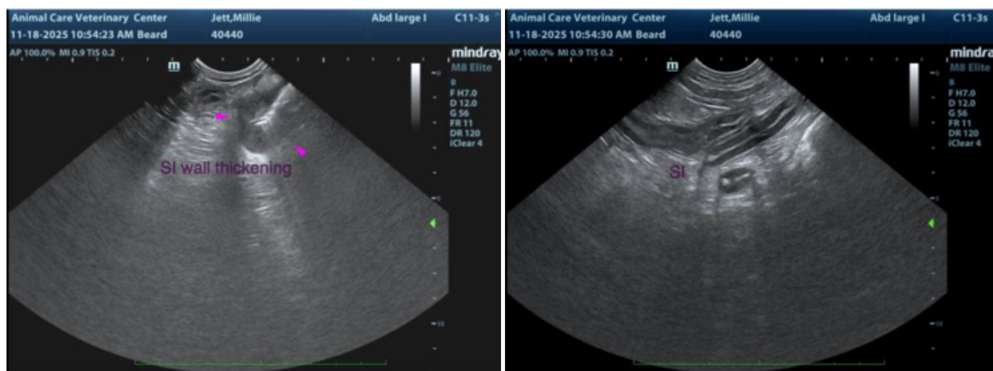

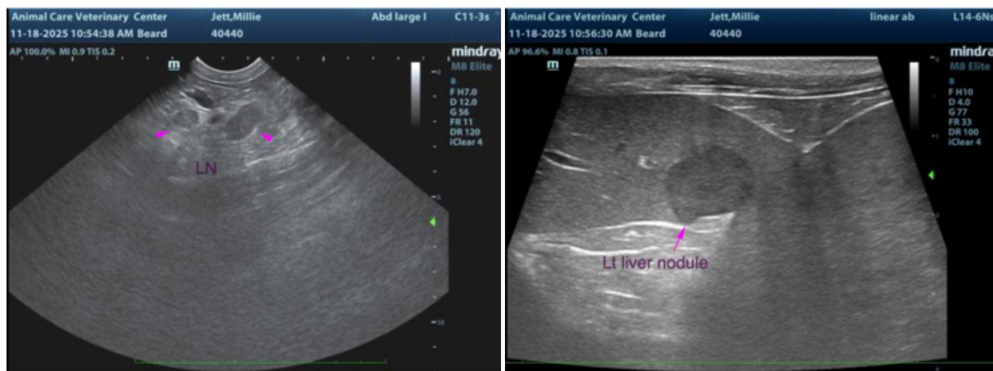

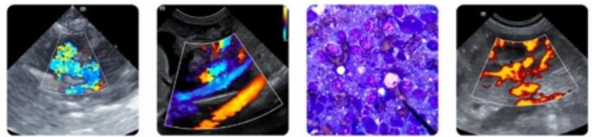

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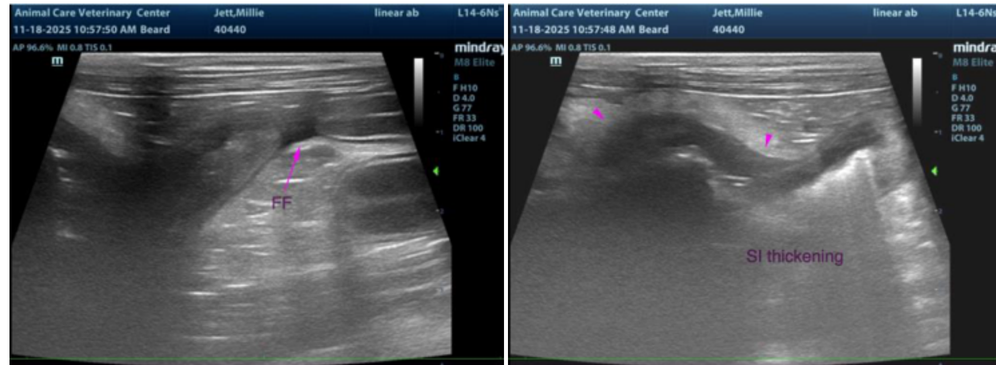

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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