

**DATE PRESENTING CLINICAL SIGNS**

12/3/21

History: Presenting Complaint: Vomiting. Bleeding - Other Orifice. Coags are normal.

**PATIENT**

Clementine Hubbard

History: Date: 12-03-2021 Notes: About 3 days ago she was fed a new type of treat; an edible bone type treat. The next morning, she vomited and was depressed with poor appetite. Hasn't eaten well since then. Bloody stool started yesterday; gums were pale today; went to rDVM; PCV was 13 so referred here for continued care. No rodenticides that owners are aware of or other toxins she could have ingested.

**SPECIES**

Labs: pending

Canine

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Sedation: Not required to complete full diagnostic ultrasound.

Golden

Stat Report: STAT requested.

**SEX****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Female

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

**AGE**

2019

**WEIGHT**

67 Lbs.

The left kidney presented normal size (7.59 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, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

The right kidney presented normal size (7.94 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.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.63 cm at caudal pole) (3.14 cm in length); 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**

Animal Emergency  
Hospital

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.81 cm at caudal pole) (3.05 cm in length); 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.

**REFERRING VET**

Dr. Martinoli

**Spleen**

The spleen is normal in size (1.52 cm 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****INVOICE**

12810

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.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is severely thickened. In the region of the fundus, there is retention of the normal layering pattern. As the wall extends toward the pylorus it becomes extremely thickened, irregular and heterogeneous with a loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. 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. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.80 cm in length.

### ***Other***

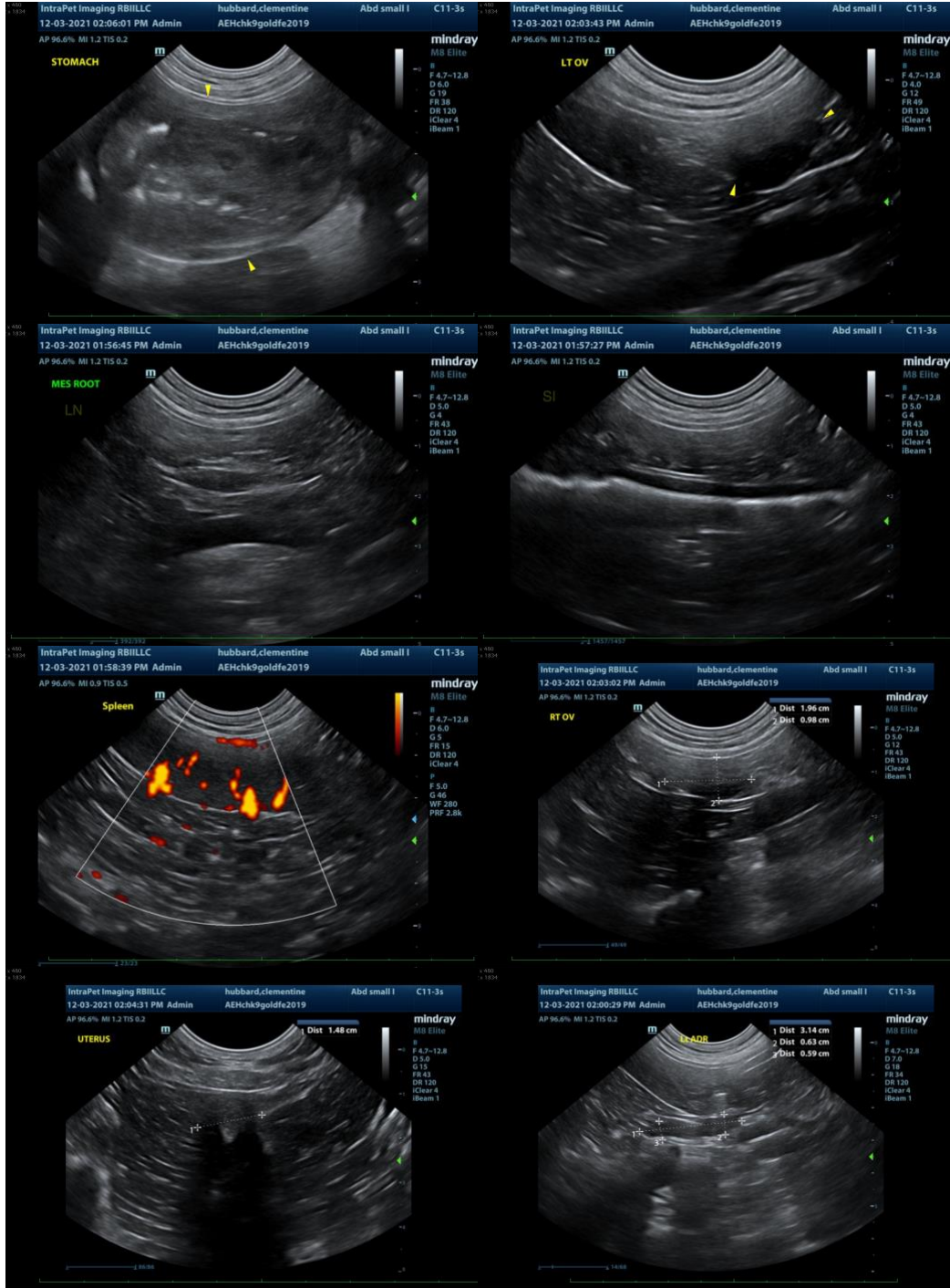
The left ovary measures 1.64 cm x 0.60 cm. The right ovary measures 1.96 cm x 0.98 cm. The ovaries are subjectively normal in size with a normal shape and homogeneous parenchyma. No obvious pathology is observed. The uterine body is visible and is normal in size (1.04 cm in width). No obvious is observed.

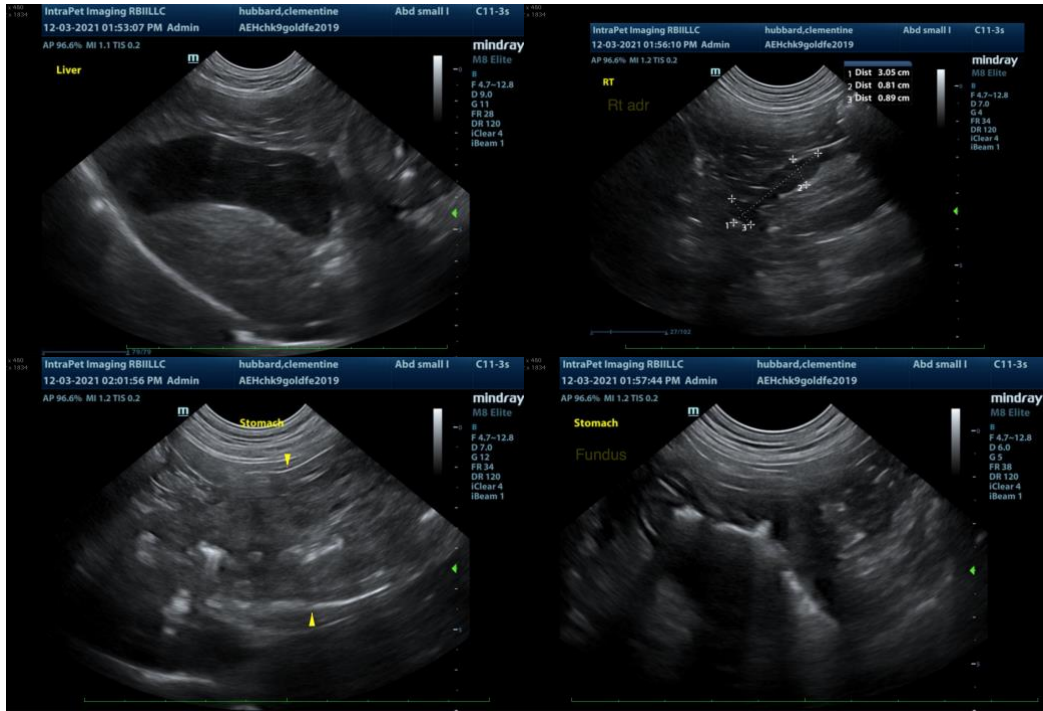
## **ULTRASONOGRAPHIC FINDINGS**

- The gastric wall changes are extremely concerning for infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma, other). However, a severe inflammatory process cannot be completely excluded. Regional peritonitis is present.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the stomach wall is recommended if clotting status is appropriate. If cytologic evaluation is inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.





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.

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