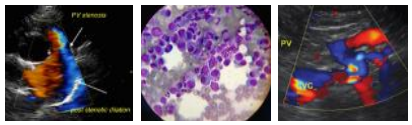
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/9/2022

PATIENT

Snickers Ambrose

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

4-4-2010

WEIGHT

29 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Riehl

INVOICE

10300

PRESENTING CLINICAL SIGNS

History: Vomiting and not eating. Unresponsive to Cerenia/Pepcid/Entyce.

Lab Results: Normal bloodwork. Many epis/non-squamous epis on urinalysis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.11 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic to mineralized foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. A small cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.69 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic to mineralized foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.61 cm at caudal pole) (2.33 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.

The right adrenal gland is normal size (0.64 cm at cranial pole) (0.49 cm at caudal pole) (2.34 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.

Spleen

The spleen is normal in size (1.16 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.52 cm hypoechoic to anechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. Numerous varying-sized nodules are observed throughout the parenchyma, some of which are target-like, some of which are hypoechoic, and some of which are hyperechoic. Some of the nodules cause capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 in the region of the fundus is normal in thickness with a normal layering pattern. Near the pyloric antrum, a mass effect is observed circumferentially. The wall in this region is severely thickened (up to 2.46 cm); and hypoechoic to slightly heterogenous in appearance, with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. 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. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric mass. In the visualized portions, (right limb), the pancreas appears isoechoic relative to surrounding omental fat and slightly mottled in appearance.

Free Abdomen

There is no evidence of free fluid. There is a questionably enlarged lymph node adjacent to the gastric wall.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

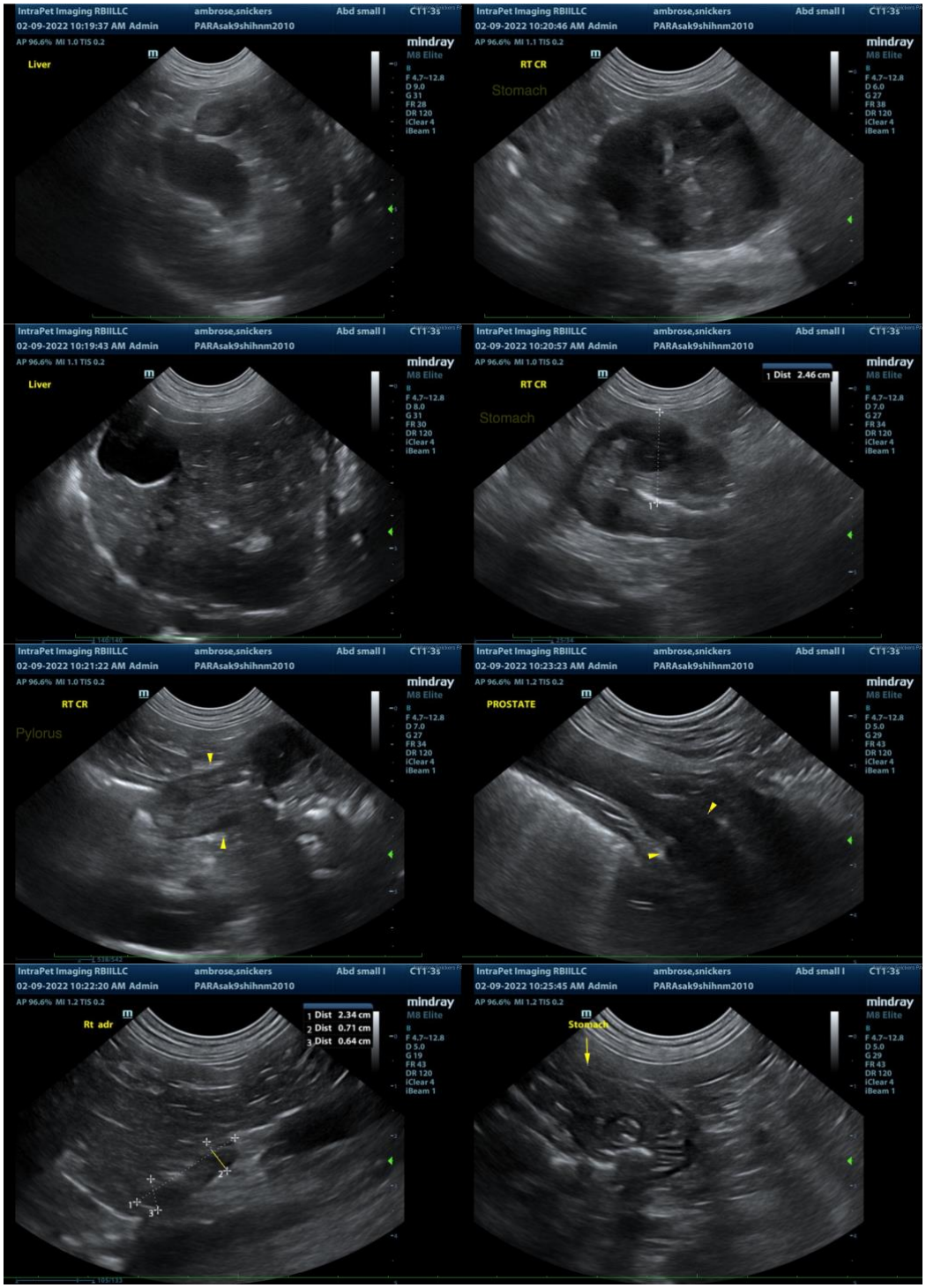
- Gastric wall mass in the region of the pyloric antrum. Neoplasia (i.e., adenocarcinoma, lymphoma), is considered likely with a low possibility of benign pathology. Regional peritonitis is present.
- The hepatic nodules are most consistent with metastatic disease with a lower possibility of benign pathology (i.e., regenerative nodules).

Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization.
- The splenic nodule trends toward the benign with a possibility of a metastatic lesion or emerging primary splenic tumor.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the gastric wall mass can be considered. However, given the high likelihood of metastatic disease in the abdomen, the prognosis is considered guarded and palliative care is recommended.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ambrose,snickers
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mindray
M8 Elite
Liver
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RT CR
Stomach
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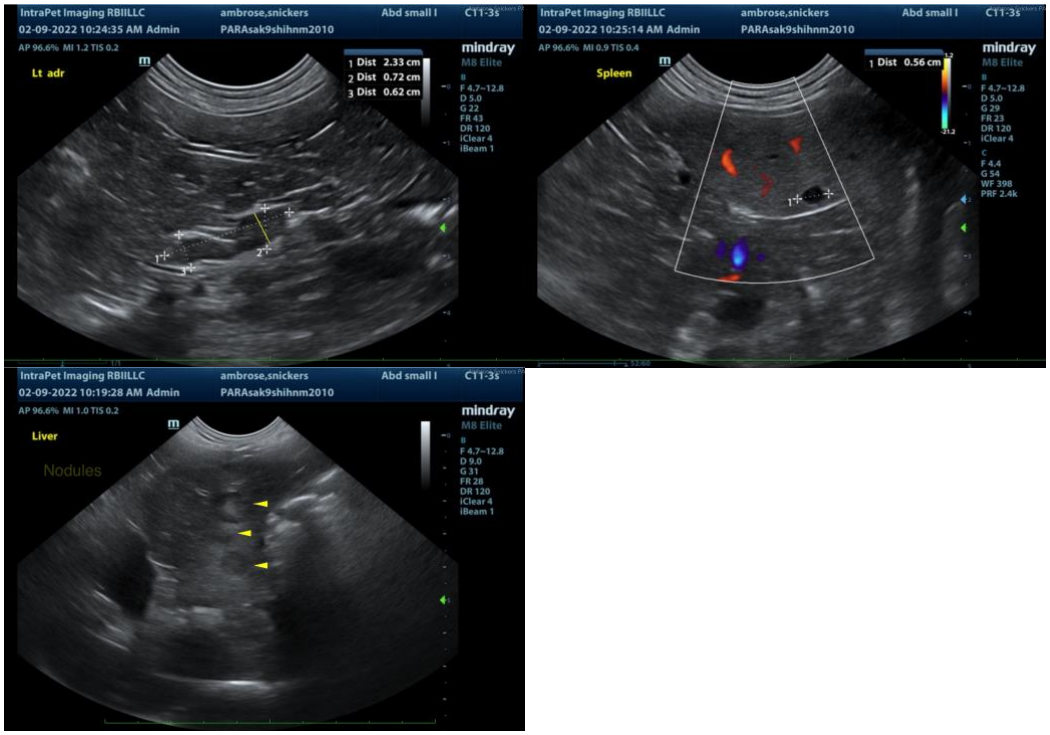
Stomach



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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