

**DATE PRESENTING CLINICAL SIGNS**

3/16/22

Presented to ER 3/13 for inappetence, lethargy, shaking, acute onset.

Treated symptomatically with cerenia and Buprenorphine and discharged. No improvement was noted by owner. 3/15 abdominal rads- radiodense structure in the area of the stomach has not changed appreciably.

**PATIENT**

Pet now febrile-temp 104.4.

Bella Homan

Radiographs: Radiodense structure area pylorus.

Labs: ALP 255, T-bili 1.5

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Stat Report: Requested.

Canine

Imaging Performed By: Stephanie Pearec RDCS, RVT.

**BREED**

Beagle

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

Female, spayed

**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 cm, are normal.

**AGE**

1/1/2012

The left kidney is normal size (6.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

34.9 lbs.

The right kidney is normal size (6.36 cm in length); normal shape and architecture with 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.

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

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.51 cm at caudal pole) (1.52 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**

Chadwell AH

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.49 cm at caudal pole) (2.98 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. Malick

**Spleen**

The spleen is normal in size (1.41 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.

**INVOICE**

13132

**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 mildly thickened (up to 0.31 cm) and slightly irregular. A small amount of aggregated echogenic to mineralized gravity-dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery effacing the serosal surface of the gallbladder is hyperechoic.

### ***Gastrointestinal***

The gastric lumen is mildly distended with ingesta and gas. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. A focal area of wall thickening along the greater curvature near the pylorus is observed. The wall in this region measures up to 1.40 cm and is irregular with questionable retention of the normal layering pattern. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the peritonitis in the cranial abdomen. In the visualized portions, no obvious abnormalities were seen.

### ***Free Abdomen***

The mesentery in the right cranial quadrant is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

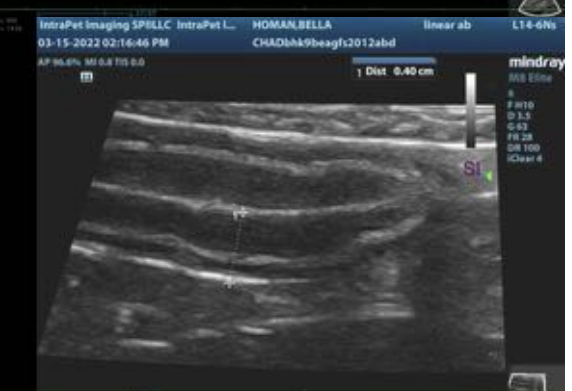
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia.
- The focal gastric wall thickening in the region of the pylorus could be consistent with inflammation, hypertrophy, or emerging neoplasia. Alternatively, the thickening may represent a prominent rugal fold.
- Peritonitis is present in the right cranial quadrant, the cause of which is unclear. It may be secondary to gastric, gallbladder or other pathology.

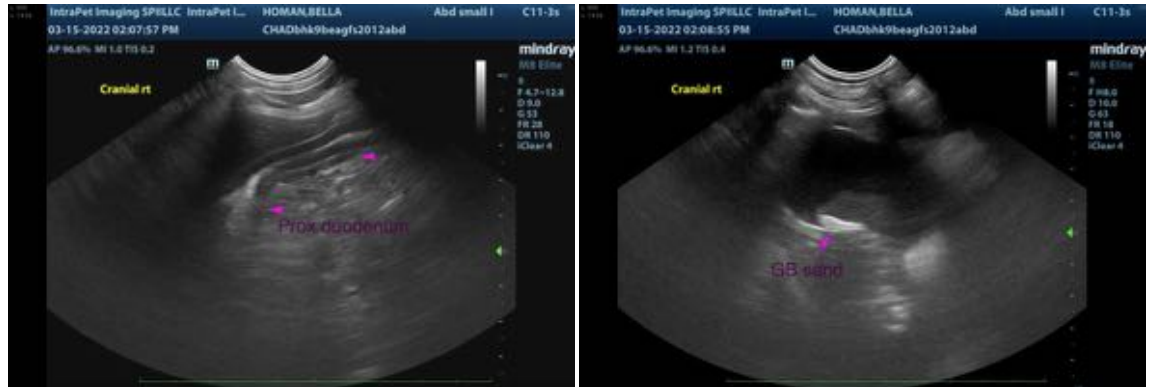
### **Secondary Findings:**

- Minor age-related renal changes.

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

- Supportive care for acute cholecystitis/gastritis is recommended including fluid therapy, broad-spectrum antibiotics, antiemetics, gastric protectants and pain medication as needed with serial monitoring (i.e., daily) of the patient's liver values. If the patient's clinical status and/or liver values do not improve within 48-72 hours of aggressive medical management, an abdominal exploratory with evaluation of the gallbladder and gastric wall biopsies may be warranted.
- A CBC is also recommended, if not already performed.
- Three-view thoracic radiographs should also be considered to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.





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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