



PATIENT PRESENTING CLINICAL SIGNS

Brody Meaney History: Presented for occasional vomiting on and off for weeks. Got worse last week. Severe weight loss in exam. Lost 20# in 6 months. No significant findings in exam. On Cerenia 60 mg 1t SID. Chest radiographs NSF.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: UA + 2 protein, no WBC or RBC, precision PSL slightly elevated 147.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Newfoundland

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The region of the prostate is not visualized due to its pelvic location.

AGE

9 years

The left kidney is normal in size (7.58 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.

WEIGHT

109 lbs

The right kidney is normal in size (7.07 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.86 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 right adrenal gland is in normal size (0.77 cm at cranial pole) (0.77 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCE

Spleen

The spleen is normal in size (1.94 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Norfolk County VS

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.

REFERRING VET

Tami Ilovich, DVM

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

INVOICE

12447

DATE

3.16.23

Gastrointestinal

The gastric lumen is mildly fluid-distended. The wall in the region of the fundus is normal to borderline thickened with retention of the normal layering pattern. The gastric wall in the region of the pyloric antrum is severely thickened (up to 1.91 cm) and irregular, with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

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 obvious evidence of free fluid. Several enlarged, rounded hypoechoic lymph nodes are observed adjacent to the stomach. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

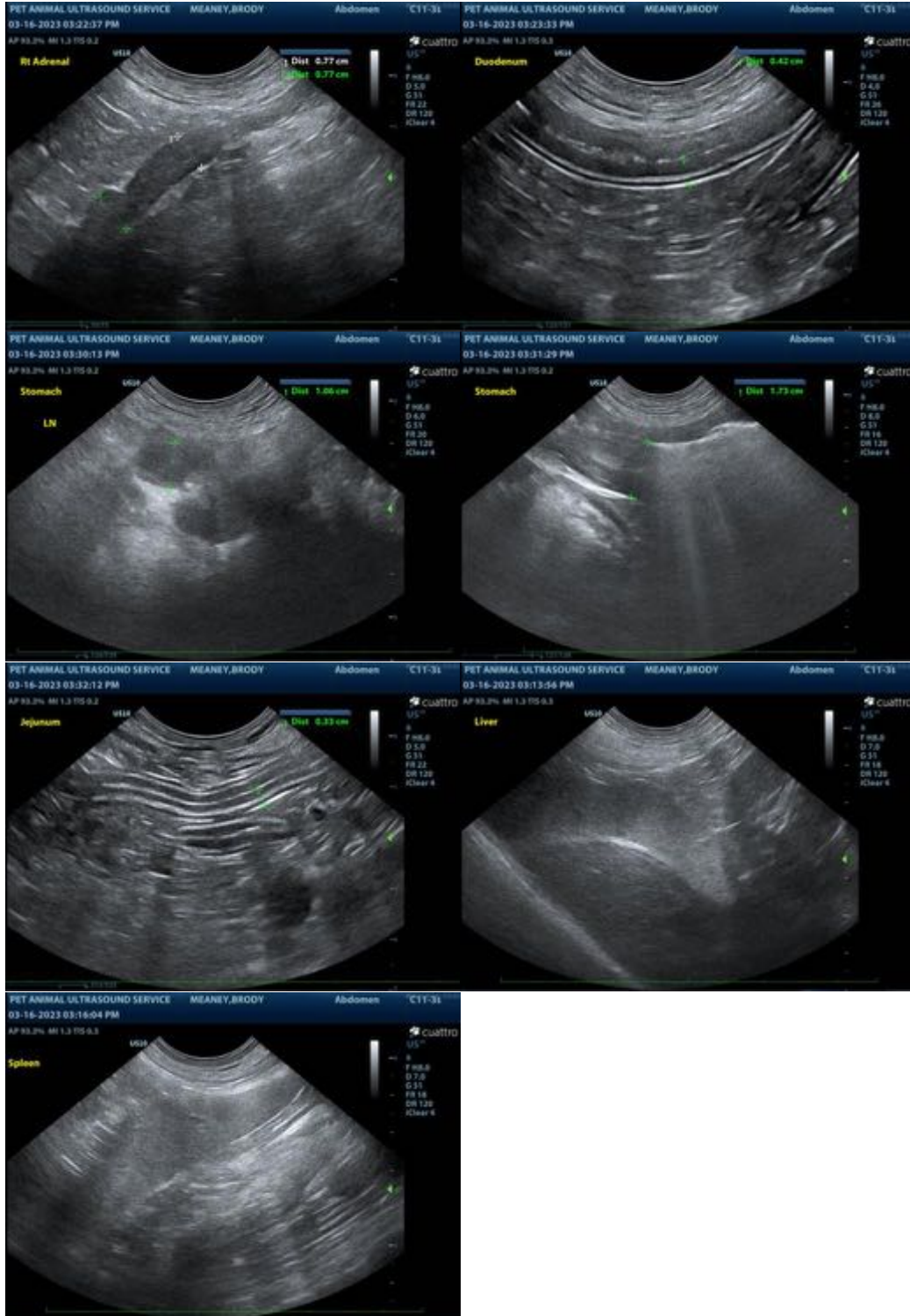
Primary Findings

- The thickened the gastric wall is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be excluded. Regional peritonitis is present.
- The cranial abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma, lymphadenitis or lymphoid hyperplasia). A neoplastic process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, aspiration of the thickened portion of gastric wall, as well as the prominent cranial abdominal lymph nodes is recommended (if clotting status is normal). Twenty-five gauge-needles should be used. If the areas are not accessible or if results are inconclusive, consider surgical biopsies. Endoscopic biopsies of the gastric wall can be considered. However, the cranial abdominal lymph nodes can only be accessed laparoscopically or surgically.





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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